



# Suffolk Drug & Alcohol Action Team Strategy 2009-2011

Simon Aalders – DAAT Coordinator, Suffolk Drug & Alcohol Action Team

## Our Mission

'Suffolk DAAT is committed to reducing the harm drugs and alcohol causes individuals, families and our communities. We work for the people of Suffolk to continually improve drug and alcohol treatment and deliver the best possible services.'

We will achieve this by:

- Improving access to, and the quality of, drug treatment using clear performance managed contracts with commissioned services and a strong focus upon successful treatment completions.
- Reduce drug and alcohol related crime by working closely with Suffolk's Community Safety Partnerships, Suffolk Constabulary and Suffolk's drug treatment agencies and measured by our crime statistics.
- Work with partners to secure and sustain access to effective alcohol services and reduce alcohol related harm
- Delivering improved workforce competence through the DAAT training strategy and supporting other professional development activities.
- Ensuring drug using offenders are effectively engaged in treatment from arrest through incarceration and in returning to the community. Delivered by the Drug Intervention Programme, Prolific and other Priority Offender scheme and the Integrated Drug Treatment System.
- Working with the Supporting People programme to keep people who abuse substances in the community and to develop their skills for independent living.

## **Our structure and purpose.**

Suffolk Drug and Alcohol Action Team is a countywide partnership. Together with Suffolk's five Community Safety Partnerships, Suffolk's PCT's, Suffolk Children's Trust, Police and Probation and local authority partners we are responsible for the local implementation of the national drug and alcohol strategies.

The team is located at Suffolk County Council, Endeavour House, Ipswich and is part of the Public Protection and Social Inclusion and Diversity department.

Suffolk DAAT Chief officer board consists of senior representatives from the Local Authorities, Constabulary, Probation area, Primary Care Trusts, Voluntary sector, Prisons and regional Government structures. The Chief officer board oversee the work of the DAAT officers and has overall accountability for the delivery of the countywide strategic objectives, delivering the key Local Area Agreement (PSA) targets and ensuring the effective financial management of the grants allocated to Suffolk DAAT.

Suffolk's Children Trust brings together all organisations that provide services or support to children and young people in Suffolk. Suffolk's new Children & Young People's Plan (2009-11) includes a priority focusing on preventative work with families where children are likely to be at risk of harm or neglect as a result of substance misuse by their parents.

The Young People's Substance Misuse Joint Commissioning Group co-ordinates the strategic commissioning of drug and alcohol services for children and young people. This Group reports to the Suffolk DAAT Board and also to the Children's Trust.

Suffolk DAAT has been working closely with the counties Community Safety Partnerships, the County Community Safety Unit and Constabulary aligning strategies, plans and resources to ensure a joined up approach to tackle the complex issues of substance misuse related disorder in the community. The clear links between crime, anti social behaviour and substance misuse require all the local partners to innovate responses and maintain public safety. The Drug Intervention Programme (DIP), Prolific and Priority Offender scheme and the Integrated Drug Treatment System in prisons ensure that all partners are able to focus on the small number of offenders that cause the most harm to communities, deliver continuity of treatment throughout prison sentences and when returning to the community we ensure that former prisoners are engaged by drug treatment services and assisted away from previous peer groups and old, damaging patterns of behaviour.

The importance of accessing supported housing is a key aspect as it can give people a regulated and supportive environment in which to live. Having settled accommodation enables other behaviours to be addressed as a supported housing environment can prepare people for independent living and contribute to improving confidence and self-esteem. Housing-related support is also available once people are ready to move into more independent living options.

Suffolk's strategic plans reflect the national priorities set out in the National Alcohol strategy: Safe, Sensible and Social and in new National Drug Strategy, Drugs: Protecting Families and Communities. The National Drug strategy sets out the key areas for partners to focus on.

This document sets out the key strategic priorities for the Suffolk DAAT between 2009-11 targeting improved performance, development of services and ensuring the successful delivery of the National strategies in Suffolk.

### **Drugs: Protecting Families & Communities**

This is an action orientated strategy with a new direction in terms of focus, engagement into treatment and outcomes including re-employment; interventions into families with damaging parental drug use; and tougher responses against drug dealing.

The key areas in the strategy are:

- Protecting Communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour.
- Preventing harm to children, young people and families affected by drug misuse.
- Delivering new approaches to drug treatment and social re-integration.
- Public information campaigns, communications and community engagement.

Performance measures will be focussed primarily on

- PSA 25 – Reduce the harm caused by alcohol and drugs
- PSA 14 – Increase the numbers of young people on the path to success.
- PSA 16 – increase the proportion of socially excluded adults in settled accommodation and employment, education or training.

These targets are further measured by the National Indicator set as follows:

NI 39 - Alcohol related admission rates

NI 40 - Perception of drunk behaviour as a problem

NI 41 - Perception of drug dealing as a problem

NI 38 - Reduction in supply of class A drugs measured by a reduction in Class A drug related offending

NI 32 - reducing domestic violence

And indirectly to NI 141 – number of vulnerable people achieving independent living.

The strategy is divided into four key areas, and supports two further areas of alcohol and prostitution. For Suffolk DAAT the following points give the partners a clear focus on areas to enhance, develop and deliver.

#### Criminal Justice

- Asset seizure upon arrest of suspected drug dealers fully utilising the Proceeds of Crime Act (POCA)
- At sentence removal of all criminal gains
- Leading role in the development and ongoing provision of the Integrated Drug Treatment System to all prisons in Suffolk
- Post conviction Anti Social Behaviour Orders (ASBO)
- Increased use of Drug Rehabilitation Requirements
- Increased emphasis on DIP, particularly in relation to those released from prison.
- Support the Community Safety partnerships tackling alcohol related anti social behaviour and crime.

#### Young People

- Targeting parental drug use
- Intervention packages for families

- Improved role for school based drug education, based on the Wellbeing Agenda.
- Increase numbers of YP on path to success.
- Earlier intervention for vulnerable YP identified in schools and Youth centres with a particular focus upon those at risk of sexual exploitation
- Improved transitional arrangements
- Improved links to Child and Adolescent Mental Health Services
- Focus upon Looked after children, joining up the work of the young persons substance misuse service with statutory providers.

#### Adults

- Sharper focus on outcomes. Specifically, successful treatment completions by Class A misusers resulting in drug free status.
- Benefits linked to drug treatment engagement.
- Successful completion of treatment enabling employment
- Improved focus on engaging with providers of housing related support to work together to improve people's skills for independent living.
- Improve links to Jobcentre plus. Employment readiness interviews and referral to drug treatment centres by Jobcentre Plus.
- Links to housing authorities and the Supporting People programme to ensure better links at a strategic level and improved partnership working.
- Potential for Pooled Treatment Budget (PTB) to be used alongside other funds for advice work
- PTB may be aligned with other funds if local need determines, for spend against alcohol treatment, but only after drug targets have been achieved.

#### Public Awareness

- Drug and alcohol awareness/education linked to Young People and parents
- Raise awareness in communities about the harms of substance misuse and the work conducted locally to tackle these harms.
- Information via the local media about any Proceeds Of Crime Act (POCA) asset seizures being reinvested in the local community where demonstrable.

#### Alcohol

- Support the development of the new Suffolk PCT alcohol treatment service and the Great Yarmouth & Waveney PCT piloted initiatives.
- Establish clear funding pathways and performance criteria for the Criminal Justice Alcohol Treatment Requirement Service.
- Support the continued development of performance monitoring across the county, providing training for staff.
- Continued development of the Suffolk Alcohol Strategy.
- To take a leading role in support of the continued work of the Community Safety Partnership plans tackling alcohol related anti-social behaviour and violence in a public place.

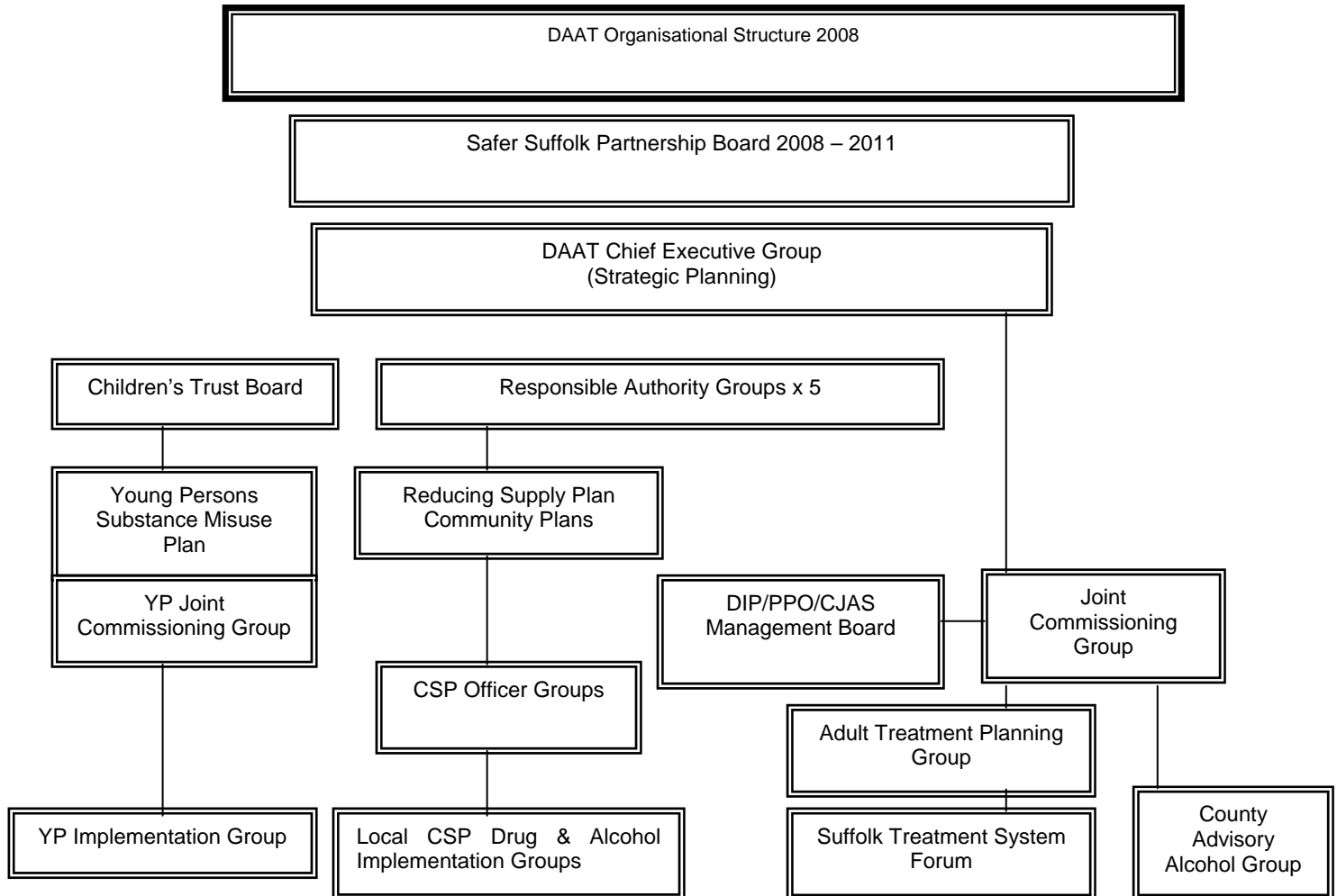
### Prostitution

- Maintain support to the Suffolk Prostitution Strategy
- Continue to support the work of the 'Make a Change' team

The key action points highlighted in the new strategy and the new national indicators linked to drugs form the broader performance context for the DAAT. Our detailed plans highlight the actions delivering on these targets.

**Suffolk DAAT governance structure**

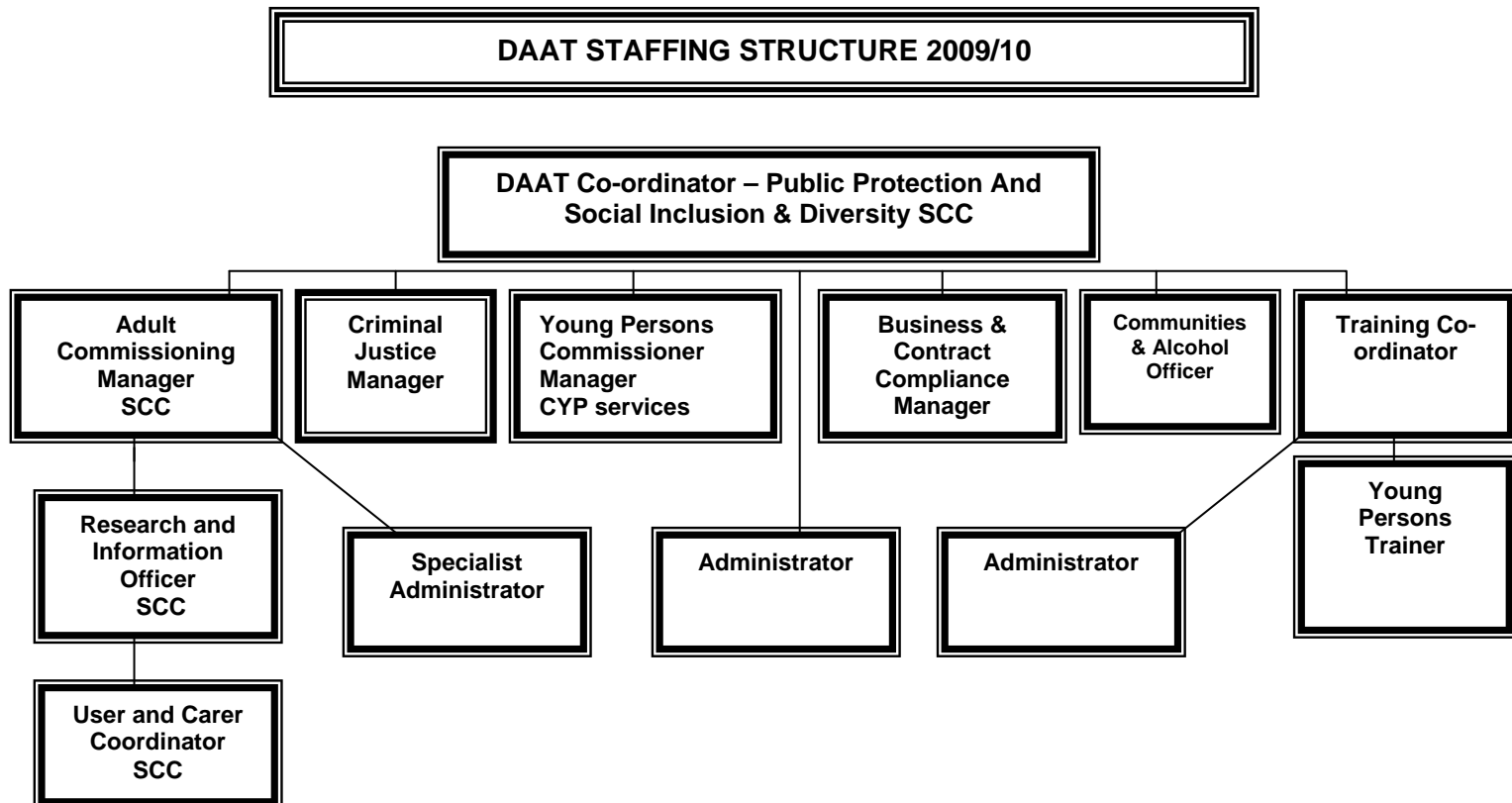
Suffolk DAAT has established a structure of strategic and operational groups to oversee, performance manage and determine the strategic direction of drug and alcohol treatment services and interventions.



**Suffolk DAAT Officer structure**

The Officer team manage and develop local policy with partners, coordinate the work of the partners within the service structure and engage with local political structures and media

The team is comprised as follows



**DAAT regional Government links**

The DAAT reports to the National Treatment Agency for all aspects of drug treatment monitoring and to Government Office East for performance in relation to alcohol issues and crime reduction. In addition the Young persons commissioner has a responsibility to report to the Department for Children, Schools and Families (DCSF) through the Children and Young Peoples Directorate structures.

Representatives from Government Office East, Prisons and the NTA attend DAAT meetings and work with us at local level.

Regional advisors assist the DAAT to monitor progress against national indicators and in the development of performance management and best value indicators for the DAAT

### **Local Government Review**

The Boundary Committee review of local Government structures in Suffolk I made recommendations to the Secretary of State in February 2009. The Secretary of state was expected to announce the Governments decision shortly afterwards, however this decision has been delayed until mid July 2009. The decision will inform the development of the ongoing drug and alcohol strategies for Suffolk. Suffolk DAAT is committed to delivering high quality and sustainable services to Suffolk working within the local government structures however configured.

The partnership will ensure that services and structures remain fit for purpose and fully integrated into the new structures as the DAAT is the key delivery partnership for responding to drug and alcohol issues across the county.

### **Local drug assessment and prevalence**

Suffolk DAAT has commissioned a local needs assessment of the current level of problematic drug users across the county. This assessment will help guide the new configuration of treatment services in Suffolk for the next round of adult drug treatment commissioning

*Excerpts from the needs assessment are detailed below to assist in planning of services.*

#### ***Introduction***

This countywide needs assessment for adult drug misusers was designed to inform the planning and commissioning of substance misuse services for Suffolk in order to:

- Facilitate the maximum number of successful treatment outcomes;
- Optimise harm reduction among the Problematic Drug Users population; and
- Enable local treatment providers to respond effectively to unmet need.

#### ***Drug misuse in Suffolk***

The mapping of locations of treatment clients reveals that very few areas of Suffolk are without a PDU population. However, aside from treatment data and prevalence estimates, little information is currently available to inform analysis of the distribution of drug misuse (PDU or otherwise) within Suffolk.

The needs assessment highlights the need to improve links between assessment and support services with the main treatment providers across the county. It recognise the development of the Shared Care Scheme. It also

highlights the increased referrals and numbers entering, being retained in and completing treatment.

The report contains recommendations for the increase in Shared Care provision, clearer links with assessment services and the development of robust transitional arrangement between young people and adult services.

The full needs assessment report is available on the Suffolk DAAT website. [www.suffolkdaat.org.uk](http://www.suffolkdaat.org.uk)

### ***Current provision of drug treatment in Suffolk***

Treatment in Suffolk is divided into four tiers, or types of service. These are described by the National Treatment Agency as follows;

#### ***Tier 1***

This level mainly involves interventions from general healthcare and other services that are not specialist drugs services, for example hospital A&E departments, pharmacies, GPs, antenatal wards and social care agencies. Providers of supported housing for single people also accommodate a significant number of people that abuse substances. Tier 1 services offer facilities such as information and advice, screening for drug misuse and referral to specialist drugs services.

#### ***Tier 2***

This is open-access drug treatment (such as drop-in services) that does not always need a care plan. Tier 2 services provide triage assessments, advice and information and harm reduction given by specialist drug treatment services.

#### ***Tier 3***

This is drug treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can be Tier 3 if they are part of a care plan.

#### ***Tier 4***

This is residential drug treatment – inpatient treatment and residential rehabilitation. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community.

The needs assessment reported the following observations upon the Suffolk treatment system.

Tier one / generic services are not sufficiently linked into the treatment system – with a lack of awareness of the need for joint working and some negative stereotypes towards drug misusers. Whilst shared care arrangements are being developed, it may be advantageous to devote more resources to this issue to speed up its expansion.

Tier 2 interventions are limited – mainly delivered by the Harm Reduction Team, the Drug Intervention Programme and Newmarket Racing Partnership. These are insufficiently linked into Tier 3 provision to provide clear treatment pathways. Specialist drug treatment providers report having to cease the delivery of Tier 2 interventions due to funding constraints – except for where required by Tier 3 clients. There may be some inappropriate referral of PDUs who are seeking Tier 2 interventions into Tier 3 interventions – this may exacerbate the level of unplanned exits from treatment.

The number of drug misusers in Tier 3 treatment has increased by 23% between 2006/07 and 2007/08 – and is associated with a ‘spread’ of the locations of clients. However, the development of Tier 3 services in Suffolk is limited by this lack of Tier 1 and 2 infra-structure. There are a substantial number of clients who have been in specialist treatment for over two years, and their cases might require review to see if they are appropriate for shared care arrangements.

Referrals into Tier 4 treatment represent 4% of the Tier 3 treatment client population. All provision is out of county, and generally only brief residential rehabilitation stays are funded. With minimal outcome data available for tier 4 clients, it is impossible to comment on the relative effectiveness of current Tier 4 provision – or on the possible merit of commissioning detoxification beds within Suffolk.

### ***Treatment pathways***

#### *Engagement*

- Referrals have risen by 49% between 2006/07 and 2007/08 without any co-ordinated activity to raise awareness of treatment services. Self-referral is the most common route for new entrants to treatment (65% on 2006/07 and 56% in 2007/08).

#### *Delivery*

- A substantial number of treatment clients have been in treatment over two years (35%). Whilst a small proportion of clients may need long-term support, in order to maximise the chance for clients to develop positive lifestyles, greater emphasis needs to be placed on clear pathways out of specialist treatment – and into wider social support / community-based treatment as required.
- Women and male heroin users are more likely to be retained in treatment over a year; and those leaving treatment within twelve months are more likely to identify dual diagnosis and housing support needs (particularly urgent housing need).

### *Completion*

- The number of clients completing treatment has risen substantially between 2006/07 and 2007/08 (from 20% to 38%).
- Clients who exit treatment unsuccessfully are more likely to have urgent housing need than those who manage a successful discharge.

### ***The 'fit' between current need and existing service provision in Suffolk***

Clients generally rate their experiences of treatment in Suffolk positively – valuing many aspects of the service that they receive – particularly the non-judgemental, knowledgeable and supportive staff; the friendly and accessible services that facilitate change; and the wide range of support that meets their needs. However, treatment services are perhaps not sufficiently marketed, and client success stories in particular should be better promoted to encourage more engagement with treatment.

### ***The capability of the treatment system to meet diverse needs***

The profile of drug a user in treatment is very similar to that suggested by local population and drug prevalence estimates – suggesting that Black and Minority Ethnic (BME) clients are well represented within the treatment system. However, it is suggested that women and younger drug misusers are under-represented in specialist services.

Whilst no specific unmet support need was identified that would act as a trigger to attract those outside the treatment system into services, housing need and emotional/mental health were regularly highlighted as common support needs among client and non-client drug misusers alike. Drug misusers with mental health needs are not currently having their needs met – and seem less likely to remain in treatment than other clients. This is also true of clients with housing need and further examination of the cross-over between alcohol and drug misuse may reveal a similar pattern for drug misusers who misuse alcohol. Clients with urgent housing need are less likely to be successfully discharged from treatment than other clients.

### ***Geographical analysis***

The geographical distribution of specialist treatment services has resulted in the development of three treatment hubs in Suffolk: Ipswich, Lowestoft and Bury St Edmunds. It is inevitable that larger population centres should provide specialist services – but equally it is important that the accessibility of treatment is maximised.

### ***Implications for service commissioning and delivery***

In order to provide an equitable, client-centred treatment system across Suffolk that reflects the evidence base on effective practice, the following recommendations are proposed:

#### ***Tier one***

- More systematic dissemination of substance misuse training that:

1. Skills generic staff in working appropriately with substance misusers;
2. Raises awareness of the treatment system;
3. Ensures implementation and review of the assessment and referral process.

Strategic-level support (A '*substance misuse champion*') may be required from each recipient organisation in order to ensure that learning is embedded in frontline working practices.

- Further developments in shared care arrangements should be prioritised with GP referrals into specialist services monitored regularly to inform resource allocation and pro-active support for prescribing practice.
- In partnership with other social /community development services<sup>1</sup>, a 'one-stop-shop' mobile service be developed to enhance access to support for rural communities.

### **Tier two**

- Clearly identified Tier 2 services need developing that:
  1. Work with all substance misusers;
  2. Deliver harm reduction interventions;
  3. Provide motivational work and support access to Tier 3 services;
  4. Re-engage clients who are discharged early from a prescribing service, or who exit unplanned from Tiers 3 and 4.
- Harm reduction outreach work be developed to deliver interventions in specific locations / communities<sup>2</sup> - gathering information for ongoing needs analysis work and developing clear pathways into Tier 3.
- Access to abstinence support should be widely available – this could be telephone support and accompanied referral into self-help groups.

### **Tier three**

- All specialist providers should work to an active discharge policy – such that where appropriate, clients are discharged from Tier 3 services upon stabilisation - with access to longer-term support as required in primary care or alternative support services.
- Any unplanned exit from treatment should trigger a Tier 2 client re-engagement intervention.

### **Families and Carers**

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<sup>1</sup> Eg: providing benefit/budgeting advice, housing advice, signposting to domestic violence services; ETE advice and assistance; mental health support; family and parenting support; etc. – as well as substance misuse work.

<sup>2</sup> Eg: hospital A&E departments and Needle Exchange services where appropriate.

- A generic Family Support Co-ordinator position could be introduced - a domiciliary / peripatetic post that reaches out to underserved communities and includes a specific focus on mental health and all types of substance misuse.

### ***Interagency cooperation and strategic planning***

- Forthcoming changes to incapacity benefit rules<sup>3</sup> should be considered when developing the treatment system – maximising opportunities to enhance Education To Employment support for all substance misusers.

End of Exec Summary

### **Current headline performance**

Performance levels for Suffolk DAAT have increased yearly, with 2008/09 estimated to deliver the highest number of drug users into treatment the county has seen. This increase demonstrates the improved availability and quality of services for clients to access.

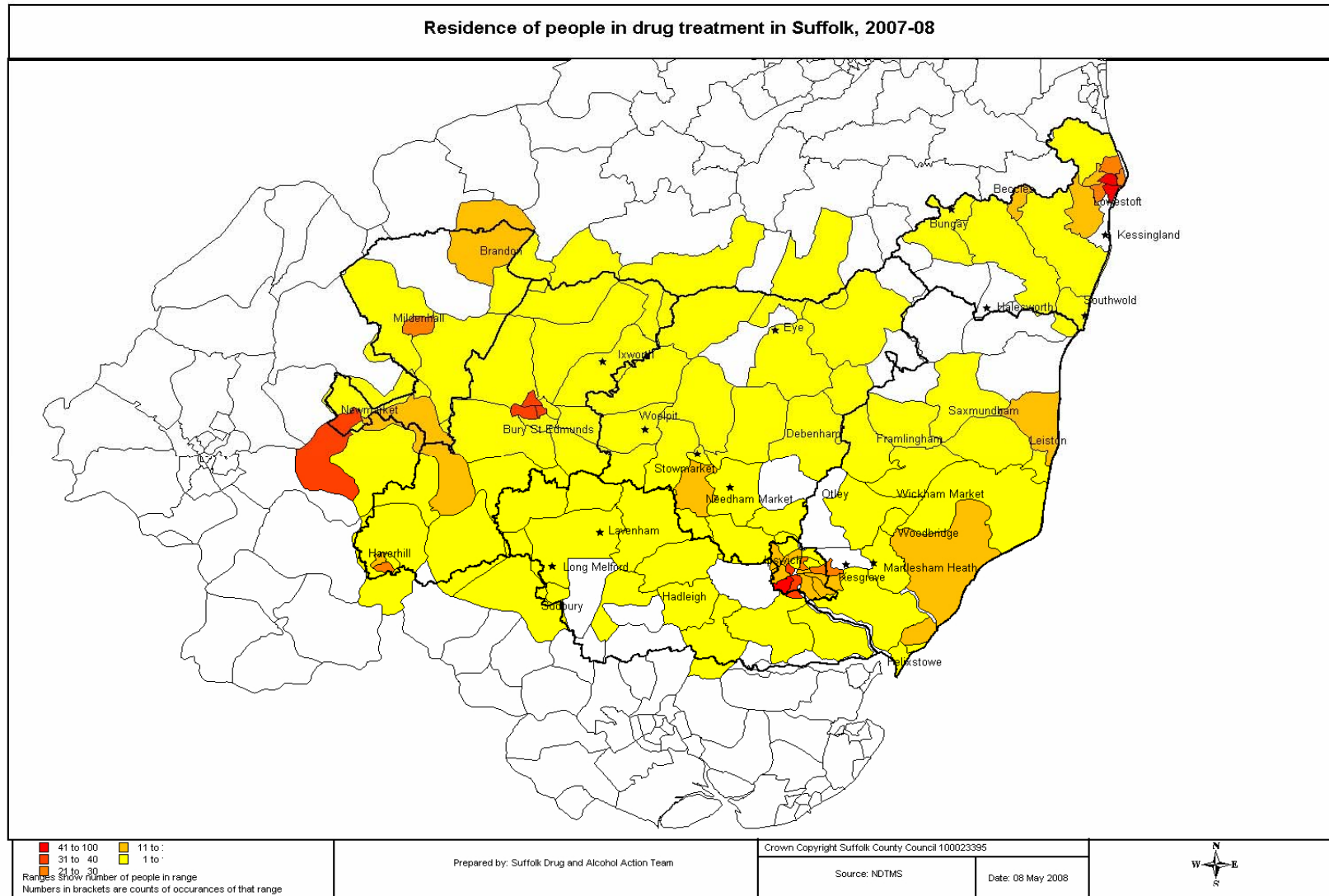
### **Numbers of all clients engaged in treatment in Suffolk.**

<b>Year</b>	<b>Under 18's</b>	<b>Over 18's</b>	<b>All clients</b>
<b>2006-07</b>	<b>291</b>	<b>916</b>	<b>1207</b>
<b>2007-08</b>	<b>297</b>	<b>1165</b>	<b>1432</b>
<b>2008-09</b>	<b>326 (estimate)</b>	<b>1643 (estimate)</b>	<b>1969 (estimate)</b>

**Current Problematic drug user (PDU) target for Suffolk is 953 PDU clients and 1127 of all clients engaged for 2008/2009.**

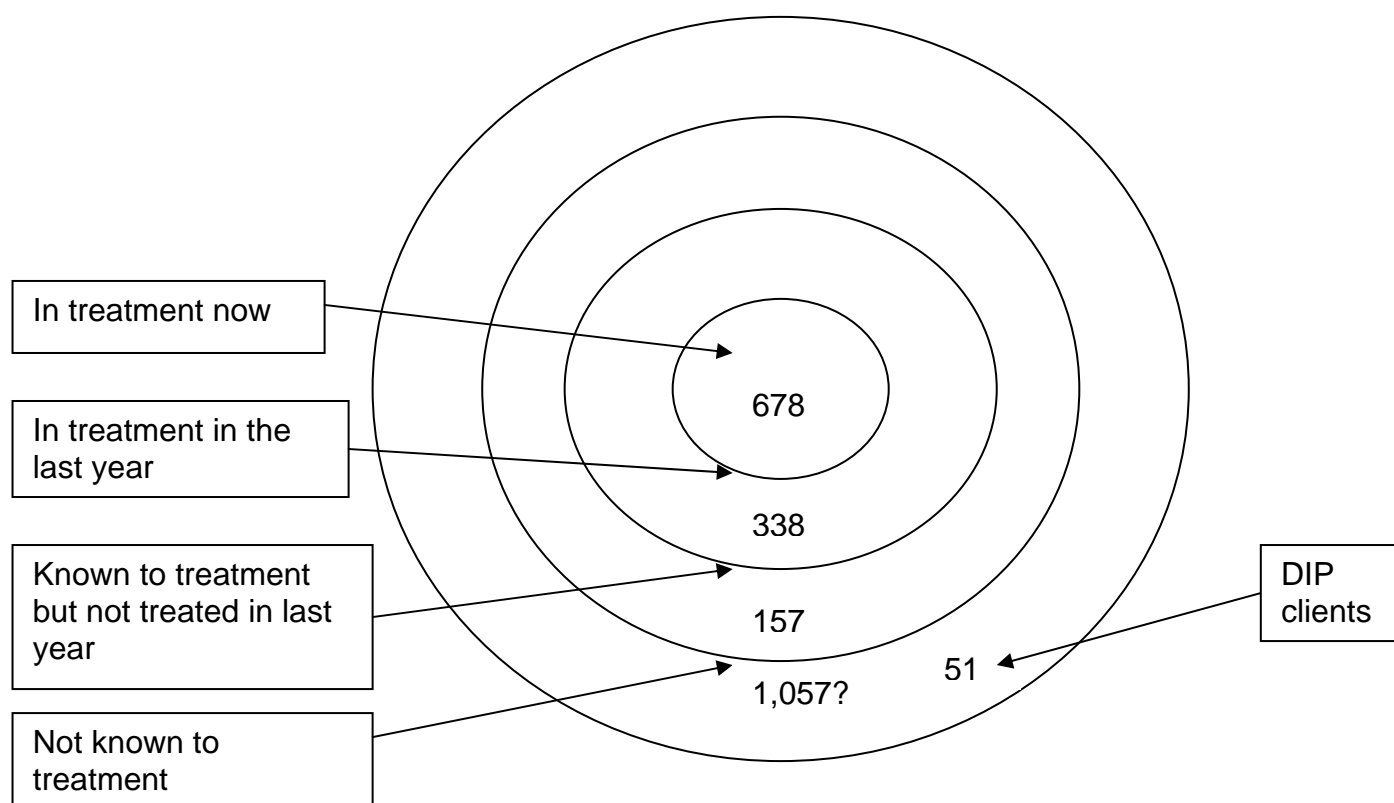
<sup>3</sup> From 27 October 2008 Employment and Support Allowance replaces Incapacity Benefit and Income Support paid on incapacity grounds for new customers.

Current geographic spread of clients entering treatment based on postcode information.



Prevalence of problematic drug misusers in Suffolk.

Estimated number of opiate and/or crack users in Suffolk 2007/08



The needs assessment informs the DAAT and partners of the potential treatment requirements for the future and will be a key resource for determining the tendering of all purchased services prior to the start of financial year 2010/11. The key factor that Suffolk DAAT's Pooled Treatment Budget funding is inherently linked to Tier 3 treatment engagement and outcomes.

**Suffolk DAAT priorities for 2009-11**

The overall aim of the Suffolk DAAT partnership, supporting the Joint Strategic Assessment, is to reduce the harm caused by substance misuse to individuals, families and the community. We will achieve this by focussing on four main areas.

**Young People** – Ensure any young person with a substance misuse problem has access to good quality treatment and increase the quality of drug awareness education across the county. This is measured by **PSA 14** and **NI 115** a reduction in the numbers of young people reporting drug misuse.

Working with partners targeting the key challenges faced by looked after children, and young people at risk of sexual exploitation. We will work with partners in continuing the support to drug and alcohol education and awareness campaigns across the county.

**Adult treatment** – Increase the numbers of adults entering treatment, being retained in treatment and successfully leaving treatment. This is measured by **PSA 25**. This must be combined with a greater emphasis on the key national target of clients being drug free when leaving treatment. This target is aligned with the NHS Vital signs performance framework. Suffolk DAAT works closely with all partners to develop sustained Alcohol treatment services across the county, **NI 39** Alcohol related admission rates is the target linked to this area. We support the new initiatives by Suffolk's Primary Care Trusts to increase the availability of alcohol treatment across the county and the Integrated Drug Treatment System provided by Suffolk's PCT's in our local prisons.

**Communities** – Reduce the harm substance misuse has on communities across the county. This is measured by **PSA 23** – Make communities safer and **NI 40** and **NI 41** Perception of drunken behaviour and of drug dealing as a problem. Working closely with the Community Safety Partnerships and Nightsafe groups we will continue to support the development of sustainable and targeted interventions reducing alcohol related crime and anti social behaviour.

Would also suggest an indirect effect on NI 141 as this measures vulnerable adults moving into the community in a planned way and as such are less likely to fail.

**Reducing Supply** – Reduction of the supply of class A drugs on the streets of Suffolk. This target not only reflects assertive policing activity but also the combined work of the training and education teams raising awareness amongst the community to the harm of substance misuse. This priority is also supported by the work of the Drug Intervention Programme. Suffolk DAAT supports the work of the Drug Strategy Group, Tackling Drugs action days and the work of the Community Safety Partnerships. In part this will be measured by **NI 38** – Class A Offending rate.

The detailed plans for these targets are located with the Adult drug treatment plan, Young Persons treatment plan, Community Safety Partnership plans, DAAT Training Workforce Plan.

## **Our underpinning commitments**

### **Diversity**

The DAAT considers Diversity and equality issues within its planning, commissioning and monitoring processes. Equality impact assessments are used to assess all DAAT policies and to direct service delivery, making recommendations where necessary.

### **Social Inclusion**

The DAAT ensures that community engagement and access for marginalised groups is supported and reflected throughout our policies and plans. The DAAT works closely with local authorities and other partners to support our user/carer strategy and is working to ensure appropriate representation within the DAAT structures.

### **The Rural challenge**

Suffolk has a diverse community with substantial numbers of clients living in rural settings. The DAAT will ensure that adequate resources and service provision is available to the rural community reflecting the increasing difficulties in accessing treatment and support.

### **Research and Development**

Suffolk DAAT has overseen an increase in the admissions to drug treatment in the county of 23% from 2006/7 to 2007/8. The current targets and monitoring, although further revised by the National Treatment Agency, continue to show an upward trend in performance.

It is with this in mind that partners will continue to ensure the delivery of services to the area of most need focussing on Class A substance misusers as the key group the National Strategies and funding are linked to.

Suffolk DAAT must maintain the balance between harm reduction, awareness raising, treatment and rehabilitation in order to deliver sustainable and effective treatment against a backdrop of significant grant reductions for future years.

The DAAT remains committed to utilising good practice models from across the country and to develop best practice models for the benefit of Suffolk residents. We are committed to support work-highlighting areas of need and best practice locally and in the identification of emerging trends.

### **Training and Development**

The DAAT recognises the crucial importance of workforce training and development to ensure the delivery of high quality treatment services. We are committed to supporting education across Suffolk's schools and workplaces to highlight and address the issues of substance misuse.

### **Public Protection**

The DAAT recognises its key role in supporting the Public Protection agenda across Suffolk and supports partners in delivering improved public safety through the work of the County Councils Community Safety Unit, Community Safety Partnerships and Suffolk's criminal justice agencies.