



Reducing the Impact of Drug and Alcohol Misuse in Birmingham



A report from Overview & Scrutiny





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Reducing the Impact of Drug and Alcohol Misuse in Birmingham

Preface

By Councillor Mark Hill

Chairman, Local Services and Community Safety
Overview and Scrutiny Committee



12 January 2010

Drug and alcohol misuse can have negative social, economic, health and community safety impacts affecting users, their families and wider communities. With over 11,000 problem drug users and over 25,000 dependent drinkers in Birmingham 29% of residents feel that drugs are a problem in their locality and 22% feel that drunken and rowdy behaviour is also a problem.

The purpose of this review was to investigate the impact of drug and alcohol misuse on Birmingham's residents and to review the role that the Council plays in working with partners to reduce harm. The topic is so wide that the focus of the report is on the community safety impact and the interventions being put in place to mitigate this.

We wanted to find out how big a problem drugs and alcohol currently are in Birmingham, to understand the role of our key partners and assess the ways we work with them, and to review the interventions that are being put in place.

We felt it was an opportune time to carry out this review as Birmingham's Drug and Alcohol Action Team had just taken on alcohol and was undertaking a three year refresh of services.

We also keen to ensure that the needs of local areas and communities are also recognised, and in particular:

- We feel that there is more scope to assess where drugs and alcohol are contributing to local concerns through improving our data collection. We suggest that this could enable resources to be better focused in certain areas as need arises;
- We feel that there has been inadequate dialogue and sharing of information and data between members and constituencies and the Birmingham Drug and Alcohol Action Team because its focus has been at a pan-Birmingham level and it is an independent agency. Improving communication and intelligence should help guard against potential gaps in or duplication of services;
- Residents also need reassurance that these issues are being tackled, even if, in the short-term this increases reporting of problems or referrals to treatment.

We were reassured to see the extent of work being undertaken in Birmingham by a range of agencies to tackle drug and alcohol misuse and note that there have been a number of significant initiatives. The aim of our recommendations is to encourage on-going improvements and to ensure that the Committee is made aware of these through the tracking process.



Summary

Drugs and alcohol have many negative impacts upon Birmingham's residents. For example, around a third of acquisitive crime in Birmingham is carried out in order to obtain drugs. The data also indicates links to anti-social behaviour, domestic violence, and fatal accidents. Between 2007 and 2008 residents' perceptions of drugs and drunkenness as a problem in their neighbourhoods have increased by 10% and 8% respectively. Perceptions, impacts and responses vary considerably across the city. But, nationally data indicates that investment in tackling drug and alcohol is worthwhile with every £1 spent on drugs interventions saving £9.50 in the long-term.

The Local Services and Community Safety Overview and Scrutiny Committee has undertaken this review into the impact of drugs and alcohol misuse in order to influence the approach taken by the City Council and its partners in responding to the problems that arise. One intention was to feed into the service review currently being carried out by the Birmingham Drug and Alcohol Action Team.

A plethora of partnerships, strategies and treatment plans exist with the most important agencies being the Safer Birmingham Partnership and the Birmingham Drug and Alcohol Action team. A range of interventions are used in Birmingham ranging from criminal justice and civil law responses to treatment and support regarding housing, training and employment for those reintegrating into society. An important element of innovation in Birmingham has been the recent development of a single phone number for referral to treatment and advice.

Within both the Drug and Alcohol Action Team and treatment providers, structures are being put in place to ensure that service users can have an input into services to ensure that services meet local needs.

Most constituencies in the city have set out intended actions relating to drugs and alcohol in their Community Plans. Some have made great strides in attracting funding and commissioning services, whilst others have lacked information about the extent and type of drug and alcohol issues locally and an understanding of treatment services which have been commissioned by the Drug and Alcohol Action Team. Partnership working is becoming well-established at a pan-Birmingham level, but recommendations are made in order to improve this at a constituency level and to engage regularly with local residents.

It is clear that trying to prevent problems arising through education and prevention can be difficult, and requires on-going work from council officers and others in the City.

Young people's use of drugs and alcohol was of particular concern. Around a third of Birmingham's school children aged 10 – 15 say they had never had a drink and a further 26% say they have never been drunk, whilst 8% of young people (aged 12-15) have taken drugs. Young people stressed the importance of approachable and skilled substance misuse workers and also advised that services to support young people should be better marketed.

Finally, in the course of the review it became clear that intervention should not stop with a successful treatment, but that further support can be required to support former substance misusers into accommodation, training and jobs, in order to prevent using and reoffending.



Summary of Recommendations

	Recommendation	Responsibility	Completion Date
R01	The Cabinet Member for Local Services and Community Safety requests that Birmingham Drug and Alcohol Action Team (BDAAT) determines how data can be shared with Constituency community safety teams to enable it to form part of Constituencies' needs analysis.	Cabinet Member for Local Services and Community Safety	September 2010
R02	The Deputy Leader to investigate whether it would be possible to collect better data through according cases a special interest marker (as the West Midlands Police do and accident and emergency departments have started to do) to inform needs analysis and improve interventions.	Deputy Leader	September 2010
R03	The Cabinet Member for Local Services and Community Safety asks the lead commissioners for drugs, alcohol and young people's substance misuse services to consider the model set out and report back their views on how this could implemented or improved upon	Cabinet Member for Local Services and Community Safety	September 2010
R04	The Cabinet Member for Local Services and Community Safety asks BDAAT to consult on and give further consideration as to how it best ensures access to and delivers treatment to a wide range of potential service users including parents, women, new and established black and minority ethnic groups, young people in their 20s, and people with dual diagnosis and how it provides support and information to existing organisations working with such groups.	Cabinet Member for Local Services and Community Safety	December 2010
R05	That the Chair of the Licensing Committee asks Regulatory Services to work proactively with Safer Birmingham Partnership, BDAAT, West Midlands Police and the PCTs to engage with bodies such as sports clubs and student organisations around harm reduction of alcohol and drugs.	Chair of Licensing Committee	September 2010



R06	That the Chair of Licensing Committee asks Regulatory Services to investigate what further could be done to curb excessive drinking through the use of alcohol pricing, licensing conditions, restrictions on advertising outside licensed premises and off-licences and clear labelling of alcohol units in each drink in licensed premises.	Chair of Licensing Committee	September 2010
R07	That the Cabinet Member for Local Services and Community Safety asks the Safer Birmingham Partnership and Regulatory Services to include the Local Services and Community Safety Overview and Scrutiny Committee in the consultation process when developing the 2010-2013 alcohol strategy.	Cabinet Member for Local Services and Community Safety	September 2010
R08	That Constituencies work with relevant Directorates and partner agencies (including BDAAT, the Police, Safer Birmingham Partnership and service providers) to provide feedback to residents on how issues relating to drugs and alcohol are being tackled locally and to provide information about sources of support for example through use of existing newsletters.	Cabinet Member for Local Services and Community Safety	September 2010
R09	That the Cabinet Member for Children, Young People and Families does more to promote messages about the harmful effects of the use and impact of drug and alcohol to children, young people and also their families.	Cabinet Member for Children, Young People and Families	September 2010
R10	That the Cabinet Member for Children, Young People and Families ensures that the new service for young people which is currently being recommissioned will be promoted; and advises how this will be incorporated into the contract and contract management; and how young people's views will feed into this.	Cabinet Member for Children, Young People and Families	September 2010
R11	That the Deputy Leader and the Cabinet Member for Local Services and Community Safety through the Policy & Delivery Division of Birmingham City Council, investigates the implications for Birmingham in following the lead of some other cities and becoming a recovery city.	Deputy Leader and the Cabinet Member for Local Services and Community Safety	September 2010



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R12	That the Cabinet Member for Children, Young People & Families contributes to assessing whether following the three year BDAAT service design, there is enough in place to support families, including children of substance misusers.	Cabinet Member Children, Young People & Families	September 2011
R13	That the Cabinet Member for Local Services & Community Safety requests that BDAAT have in place quality control and robust contract management to demonstrate understanding of services provided, impact and value for money.	Cabinet Member for Local Services and Community Safety	September 2010
R14	Progress towards achievement of these recommendations should be reported to the Local Services and Community Safety Overview and Scrutiny Committee in September 2010. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.	Cabinet Member for Local Services and Community Safety	September 2010



Glossary

AA	Alcoholics Anonymous
ARA	Alcohol Restricted Area
BASBU	Birmingham Anti-Social Behaviour Unit
BDAAT	Birmingham Drug and Alcohol Action Team
BEN PCT	Birmingham East and North Primary Care Trust
DATUS	Drug and Treatment User Service – a peer-led service
DCSF	Department of Children, Schools and Families
DIP	Drugs Intervention Programme
GOWM	Government Office West Midlands
HES	Health Education Service
HoB PCT	Heart of Birmingham Primary Care Trust
JCP	Job Centre Plus
LAA	Local Area Agreement
LDG	Local Delivery Group
LI	Local Indicator
LSP	Local Strategic Partnership. In Birmingham this is Be Birmingham.
NA	Narcotics Anonymous
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NHSS	National Healthy School Status
NI	National Indicator
NICE	National Institute for Clinical Excellence
NTA	National Treatment Agency for Substance Misuse
PCT	Primary Care Trust
PDU	Problematic Drug User – someone who uses opiates and/or crack cocaine



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PPO	Priority and Prolific Offender
PSA	Public Service Agreement
PSHEE	Personal, Social, Health and Economic Education
PTB	Pooled Treatment Budget
RoB	Restrictions on Bail
SB PCT	South Birmingham Primary Care Trust
SBP	Safer Birmingham Partnership
SMP	Substance Misuse Panel
SPOC	Single Point Of Contact – Phone number hosted by BDAAT for all referrals and self-referrals for advice and treatment
SRE	Sex and Relationship Education
Unit of alcohol	The amount of a particular drink that contains the equivalent of 10ml of ethyl alcohol.
YJB	Youth Justice Board
YOS	Youth Offending Service
YOT	Youth Offending Team



1 Background

1.1 Introduction

1.1.1 In support of the City Council's key priority to help Birmingham residents to 'stay safe', the Local Services and Community Safety Overview and Scrutiny Committee has considered a number of community safety issues in depth over the past five years, including anti-social behaviour and domestic violence.

1.1.2 There have been many common threads to this work and one recurring theme has been drug and alcohol misuse. Therefore, in March 2009, Members agreed to undertake a Scrutiny Review of Drugs and Alcohol Services to assess the problem in Birmingham caused by drugs and alcohol misuse, and to examine the response of public sector bodies to that problem.

1.1.3 We considered this a good time to approach this issue as the key partnership body designated to respond to drugs and alcohol misuse – the Birmingham Drugs and Alcohol Team (BDAAT) – has recently taken on alcohol services and is currently undertaking a three year review of services. This report will contribute to that review as well as address other issues pertinent to community concerns.

1.1.4 The aim of the Scrutiny Review was to look at how the City Council is working with partners to reduce the impact of drugs and alcohol in the city. The key question asked was:

What impact does the misuse of drugs and alcohol have on the residents of Birmingham and how is the City Council working with partners to reduce harm?

1.1.5 This is a huge area and we have not attempted to capture the full range and depth of work going on in the city in detail. We have however, provided an overview which gives us a solid base from which to continue our work in this area.

1.2 Methodology

1.2.1 The Scrutiny Review was conducted by the Local Services and Community Overview and Scrutiny Committee during 2009. We gathered evidence through a series of evidence gathering sessions at committee meetings, focusing on:

- The extent of the drugs and alcohol problem in Birmingham and the strategies in place to combat these;
- Birmingham's Drugs and Alcohol Team and how they commission services;
- Treatment options, including services provided by the third sector;
- Policing the City and other responses to the threat to community safety;



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- Work in the Constituencies;
- Working with young people;
- Providing 'after care', including employment support and support in housing;
- The experience of ex-drug users.

1.2.2 In addition we visited young people at a Youth Offending Team to find out the impact of substance misuse on their lives. We asked for written evidence from other key stakeholders including the NHS Primary Care Trusts and Job Centre Plus. Scrutiny officers undertook follow up visits to the Pan Birmingham Drugs Forum, Hodge Hill and Perry Barr Drug and Alcohol Forums, and attended a Drugscope conference, a seminar on dual diagnosis at the Birmingham and Solihull Mental Health Trust, a stakeholder conference on their new drug strategy run by Birmingham and Solihull Jobcentre Plus, and a workshop on Total Place.

How much do you drink?

Throughout this report, we will talk about alcohol misuse and the impact this can have on communities and individuals.

Alcohol itself is of course legal, however there are health issues around how much we drink. The Office of National Statistics in January 2009 published findings from a survey showing that over a third of adults exceed the daily drinking limit on at least one day during the week despite growing awareness of safe drinking levels.

The NHS recommends a maximum of 3 to 4 units for men and 2 to 3 units for women each day.

Government research has shown that 77% of people did not know how many units were in a typical large glass of wine

One pint of normal strength beer contains 2 units of alcohol	One 175ml glass of wine (12% abv*) contains 2 units of alcohol and one 250ml glass contains 3 units of alcohol
One 25ml measure of spirits contains 1 unit of alcohol	One 330ml Alcopop (4.5-5.5% abv) contains 1.5 to 2 units of alcohol
One 440ml can of strong lager (4.6 – 6% abv) contains 3 units of alcohol	

Further help to calculate units can be found at: www.aquarius.org.uk/
 Labelling of alcohol is poor and people are confused and can't make informed choices about their drinking. Alcohol Concern believes that there should be mandatory labelling of alcohol products.

*alcohol by volume



2 Context

2.1 Introduction

2.1.1 We commenced our evidence gathering with an examination of the scale of the drugs and alcohol misuse problem in Birmingham and what impact that has on the city in terms of crime and anti-social behaviour. Data provided by the Safer Birmingham Partnership (SBP) also enabled us to look at how we compare to other core cities.

Definitions

Drug misuse: the use of a substance for a purpose not consistent with legal or medical guidelines.

Problematic drug user: those currently using opiates or crack cocaine.

Hazardous drinking: drinking above safe levels. However, the person has so far avoided significant alcohol-related problems

Harmful drinking: drinking above safe levels (usually beyond those of hazardous drinking) with evidence of alcohol-related problems. These people may show a mild level of dependence (even if it is only an importance of alcohol in their lifestyle).

NHS Clinical Knowledge Summaries

2.2 Extent of Drug and Alcohol Misuse in Birmingham

Drug Misuse

2.2.1 Nationally it has been said that around one third of adults admit to having taken illegal drugs at some point in their lives. About a fifth of young adults say that they have recently used drugs, mainly cannabis. In both cases few people go on to develop problem drug use.¹

2.2.2 Figures available for numbers of drug users in Birmingham are estimates. There is no robust methodology locally or nationally for assessing the total number of problem drug users in the city. The most recent estimates by Glasgow University² suggest that there are approximately 11,274 problem drug users (PDUs) in Birmingham. Approximately 10,573 are using opiates only or as the main drug and 6,395 using crack only or as the main drug:

- 4,146 PDUs (37%) are not known by treatment or Drug Intervention Programme (DIP) services;

¹ NTA (2009) *The Story of Drugs Treatment. At:*

www.nta.nhs.uk/publications/documents/storyofdrugtreatment0809.pdf

² Hay, G. Et al (2008) *National and Regional Estimates of the Prevalence of Opiate Use and/ or Crack Cocaine Use 2006/07: A summary of key findings.* Home Office Research Report 9



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- 3,856 PDUs using opiates only or as the main drug (36%) are not known by treatment or DIP services as compared to 3,468 PDUs using crack only or as the main drug (55%);
- 1,277 PDUs aged 16-24 (54%)³ are not known by treatment or DIP services, as compared to 1,694 PDUs aged 25-34 (32%) and 1,140 PDUs aged 35-64 (32%).⁴

2.2.3 The Glasgow Study also indicates a decrease in heroin / crack cocaine users aged 15-24 years and an increase in those aged 35-64 years.

Alcohol Misuse

2.2.4 With regards to alcohol there are likely to be 31,142 harmful drinkers and 25,726 dependant drinkers in Birmingham by 2010.⁵

2.2.5 What evidence is there about who drinks heavily? In one West Midlands study, people in the upper socio-economic categories are over-represented (6% being professional and 30% being employers and managers compared to 5% and 16% in the general population).⁶ Studies also indicate that men generally drink more heavily than women.⁷

2.2.6 Although the data shown in the map in Figure 1 is some four years old it indicates that alcohol use varies around the city. The map indicates that the percentage of those consuming alcohol at rates higher than the recommended limits are highest in Moseley and Kings Heath, Nechells, Washwood Heath, Soho, Erdington and Kingstanding (Figure 1).

2.2.7 Comparisons with other core cities are undertaken via a series of indicators which are combined to yield a single measure of harm which includes alcohol related ill-health, death, crime and poor drinking behaviours.⁸ Birmingham ranks favourable, with only Sheffield performing better (Table 1).

2.2.8 There is a link between drinking and substance misuse. In the study of heavy drinkers in the Midlands 33% of the sample had used cannabis in the previous year (compared to 9% of the general population) and 10% cocaine (compared to 1.7% nationally).

³ BDAAT inform us that the number of PDUs aged 16-24 is disputed as national and local evidence suggests much lower prevalence rates of heroin and/or crack use by this age group with the main drugs of misuse being alcohol and cannabis

⁴ *Birmingham Adult Drug Treatment Plan 2009/10*

⁵ Birmingham DAAT *Alcohol Needs Assessment*

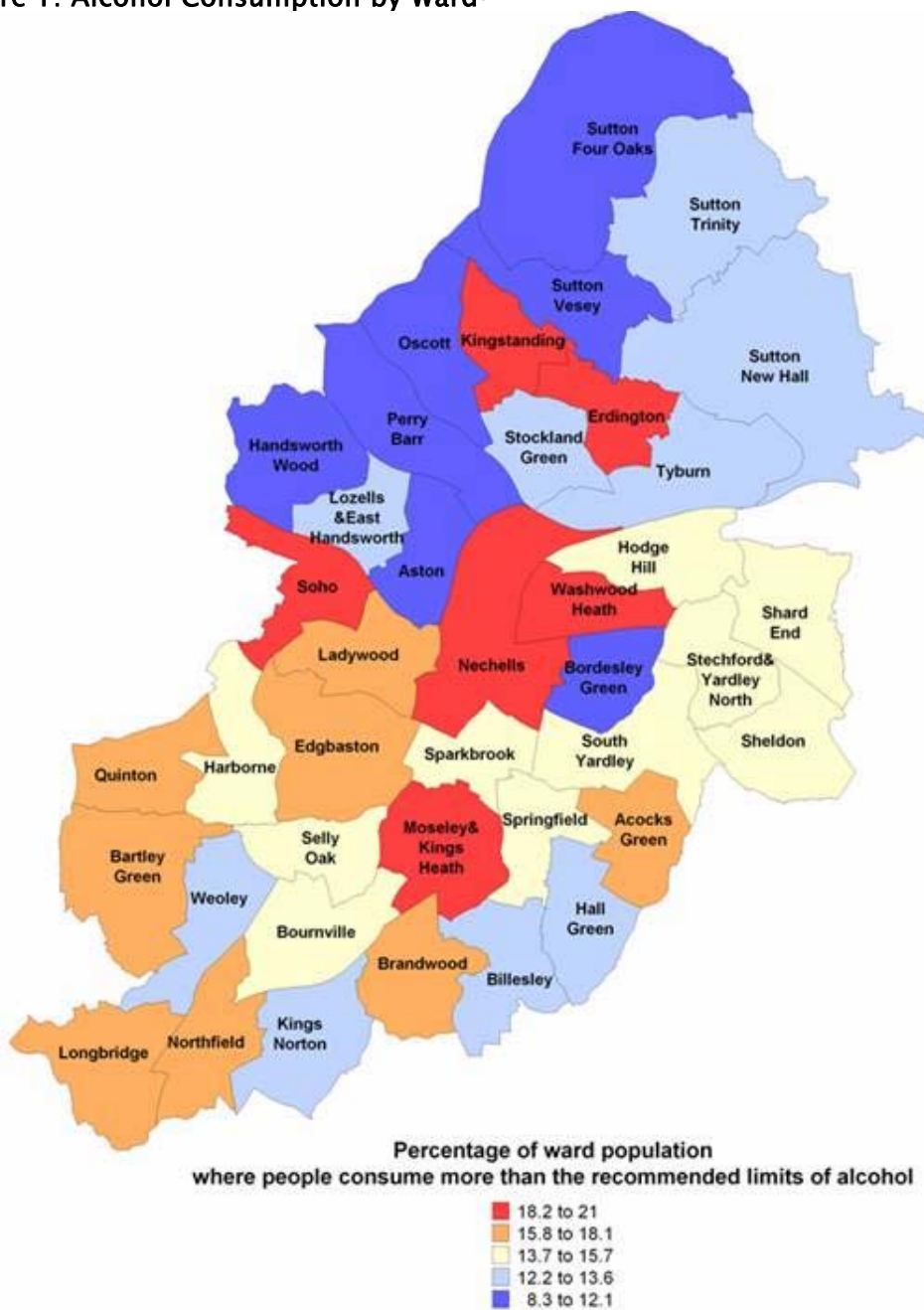
⁶ This was a study of heavy drinkers living or working in the West Midlands. Dalton, S, Orford, J, Guttridge, K, Rich, A and Rose, C (2004) *The Birmingham Untreated Heavy Drinkers Project: Final Report on Wave 4 to the Department of Health*.

⁷ Office for National Statistics (2009) *News Release: Over a third of adults exceed regular daily drinking limit*. At: www.statistics.gov.uk/pdfdir/ghs0109.pdf

⁸ The single measure of harm incorporates: months of life lost (males); months of life lost (females); hospital admissions for alcohol-related harm (NI 39); alcohol-related recorded crimes; claimants of incapacity benefits; hazardous drinking; and harmful drinking.



Figure 1: Alcohol Consumption by Ward⁹



Source: West Midlands Regional Lifestyle Survey

⁹ Data from the Regional Lifestyle Survey 2005 At:
www.birmingham.gov.uk/Media/Alcohol.ppt?MEDIA_ID...Alcohol.ppt



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Table 1: Local Alcohol Profiles – Single Measure of Harm (Core Cities)

	Single Measure of Harm
Manchester	342
Liverpool	333
Nottingham	297
Newcastle	294
Leeds	289
Bristol	271
Birmingham	254
Sheffield	184

Source: Safer Birmingham Partnership

2.3 Impact on Crime and Disorder

2.3.1 We also explored the links between drugs and alcohol misuse and crime. Drugs and alcohol and crime are certainly connected in people's minds. Nationally, the British Crime Survey (2008/09) asked respondents what single factor they thought was the main cause of crime. A quarter thought it was drugs. Alcohol was also perceived by over half as being one of the major causes of crime. From a victim perspective nationally, victims believe that nearly half (47%) of offenders in violent incidents were under the influence of alcohol. Furthermore, 17% of victims believed the offender(s) to be under the influence of drugs.¹⁰ In the West Midlands 46% of people stated that they believed alcohol is a major cause of crime.¹¹

2.3.2 We found some evidence to support the link: the National Treatment Agency (NTA) has conducted research which highlights the clear relationship between heroin and crack dependency and acquisitive crime. However, there is little evidence of a link between substance misuse and acquisitive crime for young people.¹²

2.3.3 The Birmingham Adult Drug Treatment Plan states that:

Around a third of acquisitive crime is believed to be undertaken to fund a drug addiction and problematic drug use destroys families and contributes to a cycle of deprivation and lost opportunity.¹³

¹⁰ A. Walker, J. Flatley, C. Kershaw and D. Moon (2009) *Crime in England and Wales 2008/09. Vol 1. Findings from British Crime Survey and Police Recorded Crime*. At: www.homeoffice.gov.uk/rds/pdfs09/hosb1109vol1.pdf

¹¹ Association of Public Health Observatories, *Indications of Public Health in the Regions; 8: Alcohol*

¹² NTA, *Getting to Grips with Substance Misuse Among Young People: The data for 2007/08*

¹³ *Birmingham Adult Drug Treatment Plan 2009/10*



- 2.3.4 Almost all Prolific and other Priority Offenders (95%) use class A drugs.¹⁴ A targeted response to restrict their offending is therefore expected to have a significant impact on overall crime rates.
- 2.3.5 In terms of alcohol, Birmingham records an average of 546 alcohol related crimes per month, 72% of which are violence related crimes.¹⁵ 9% involve criminal damage and 9% involve domestic violence.
- 2.3.6 Crimes committed can be tagged with special interest markers for drugs or alcohol. In Birmingham City Centre, for example, offences which frequently have an alcohol indicator are:
- Violent offences (generally physical injury to a person);
 - Sexual offences;
 - Criminal damage.¹⁶
- 2.3.7 The heavy drinking study (referred to in 2.2.5) indicated some links between use and crime through descriptions of risky behaviour, and both with possibilities of being victim and perpetrator. In the previous year for example, 17% of men who drink heavily and 6% of women who drink heavily have gone off with strangers. At least 30% of each have walked in areas they consider to be less safe. 17% of men and 14% of women have argued with registered door staff or people bigger than themselves. 29% of men and 33% of women have been inappropriately aggressive and 14% and 10% respectively have been in a violent argument or fight.
- 2.3.8 Another risky – and criminal – behaviour is drink driving. The study of heavy drinkers¹⁷ indicated that over a quarter of the sample do drink and drive. A small minority were persistent offenders with almost 4% of this sample indicating that they had driven whilst over the limit on over 100 occasions in the previous year. In 2008, there were 381 fatal or serious collisions in Birmingham. There was evidence that driver impairment by drink or drugs was a contributory factor in 21 of these incidents (whilst this does represent a decrease from the previous year when 31 out of 427 incidents were due at least in part to impairment by drink or drugs, it does show an increase in the proportion of accidents related to drugs and alcohol misuse).
- 2.3.9 Domestic violence is another crime linked to both drugs and alcohol. Over 25% of all violence against the person offences in Birmingham were domestic violence incidents in the last few years. Of the 5,582 violent domestic violence cases reported 15% had the alcohol involved marker and

¹⁴ Safer Birmingham Partnership, '*DIP in*' Issue 15, April 2007. Prolific Offenders are identified on the nature and volume of crime being committed; Priority Offenders are selected according to the nature and harm they are causing the community

¹⁵ Helen Hodges (2009) *The Impact of Alcohol Use on Crime and Disorder in Birmingham*. At: http://www.agi.org.uk/SITE/UPLOAD/DOCUMENT/Event_Presentations/0091201CD/HelenHodges.pdf

¹⁶ Safer Birmingham Partnership. Submission to Local Services and Community Safety O&S Committee 20 April 2009

¹⁷ Dalton et al, 2004 *ibid*



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17% the under the influence of drugs marker. Alcohol and drugs are also indicated in fires, being involved in 37% accidental dwelling fires resulting in injury.¹⁸

2.3.10 It is likely that some of the statistics provided to us, and used within this report, under-report the role of alcohol and drugs. Research relating to the Birmingham B3 Operational Command Unit found that valuable information regarding the role that alcohol and drugs may play in violent offences is being lost though the under-use and misapplication of Special Interest Markers¹⁹ and that West Midlands Police records do not make the distinction between whether it was the victim, offender(s) or both who were intoxicated.²⁰

Anti-Social Behaviour

2.3.11 Birmingham's Anti-Social Behaviour Unit (BASBU) records suggest that in 5% of cases, drugs or alcohol were the primary causes of anti-social behaviour cases. Drugs or alcohol 'featured' in a further 5% cases,.

2.3.12 Again, these statistics should be considered with caution, as it is believed that the actual percentages are much higher than this. Their current system for retrieving statistical data does not permit us to evidence the actual numbers. However sampling of cases shows that the percentage varies considerably across the city within a range of 5-80%. Constituencies where alcohol and drugs have a major impact are Yardley, Erdington, Ladywood, Perry Bar and Hodge Hill.

Perceptions of Drug and Alcohol Misuse

2.3.13 The West Midlands Police's 'Feel the Difference Survey' puts drug misuse as the third biggest social problem across the force area (with 18% of respondents saying it is a problem, after crime and lack of facilities for young people).²¹ When asked specifically about criminal and anti-social behaviour, the fourth and fifth most prevalent problems were:

- people being drunk or rowdy in public places (16%);
- people using or dealing drugs (15%).

2.3.14 Despite some improvement in recent years (since 2004), concerns about alcohol use have continued to rise across the force area (Figure 2).²²

¹⁸ Safer Birmingham Partnership, submission to Local Services and Community Safety O&S Committee 20 April 2009

¹⁹ 'Forms include 'special interest markers' that indicate when alcohol or drugs are felt to be a factor relevant to the offence in some way.

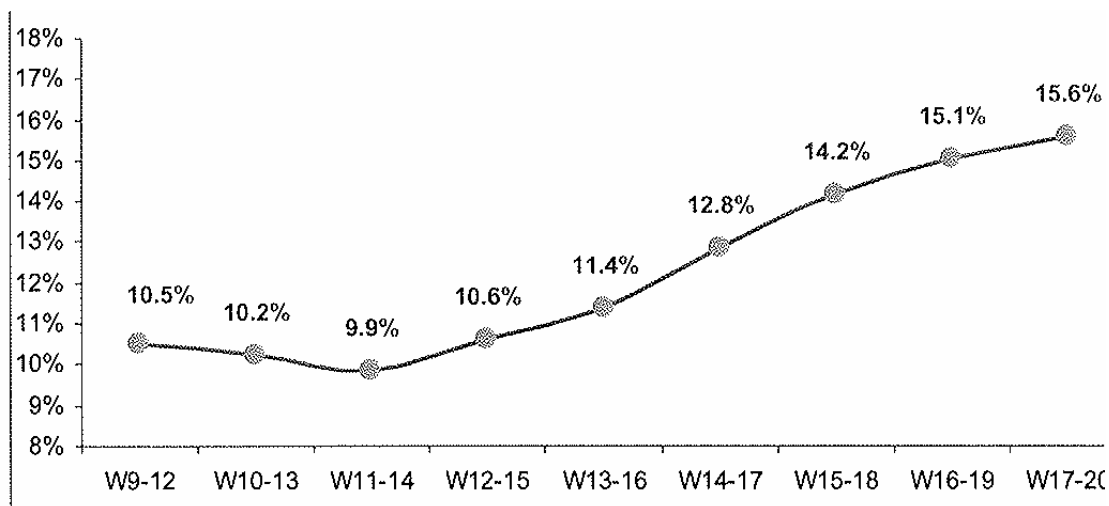
²⁰ Burrell, A (2007) *Cross Cutting Issues in Violence: Results from the tackling violent crime programme*

²¹ www.west-midlands-pa.gov.uk.

²² Figure 2 indicates responses to quarterly surveys between 2006/7 (waves 9-12) and 2008/9 (waves 17-20). Each point on the chart indicates the average result for the year to that date.



Figure 2: Percentage of residents saying people being drunk and rowdy in public places neighbourhood problem



Source: West Midlands Police's Feel the Difference Survey

2.3.15 Birmingham's Annual Opinion Survey²³ also shows how much Birmingham residents felt drugs and alcohol had an impact on their neighbourhoods. People using or dealing drugs is viewed by 29% residents as being a problem in their area, with drunken behaviour being a problem for 22% (see Table 2). Both of these have gone up from 2007 – perceptions of drugs use by 10% and perceptions of drunkenness by 8%. It will come as no surprise that in the 10% of the city which has the highest crime rates as measured by the index of multiple deprivation, the perception of drug dealing and use is at the highest with 44% residents perceiving it was a problem.

Table 2: Extent to which residents perceive drugs and alcohol as an issue in their local area in Birmingham

Issue	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	Unsure	Total problem	Total not problem
People using or dealing drugs	11%	18%	25%	39%	8%	29%	63%
People being drunk or rowdy in public places	8%	14%	28%	46%	4%	22%	74%

Source: Annual Opinion Survey 2008

2.3.16 Appendix 1 (Tables 1a and 1b) show the breakdown of Table 2 at a constituency level. Drunkenness was seen as a particular problem in Edgbaston, Ladywood and Erdington

²³ Annual Opinion Survey 2008, BMG, prepared for Be Birmingham, October 2009



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constituencies with almost a third of residents thinking this was a problem. This was in contrast to Northfield where 83% of residents thought it is not a problem at all. In terms of drug use and dealing, Hodge Hill had the biggest perceived problem with just over half of residents saying that there was a problem. Ladywood and Edgbaston were the next most affected areas. Again the vast majority of residents in Northfield did not perceive drugs to be a problem. Details on how Constituencies are responding to this issue are contained in Chapter 7.

2.4 Costs of Drugs and Alcohol Misuse

- 2.4.1 There are a number of costs associated with drugs and alcohol misuse. There are the costs of treatment and support for users and these will be discussed later in this report. There are also the cost of crime, health and other general costs. These are estimated to be up to £15.4 billion each year.²⁴
- 2.4.2 The costs of the criminal justice system of alcohol alone can be considerable as shown by the analysis shown in Appendix 1 (Table 1c).
- 2.4.3 In Birmingham, a rough indication of the cost of individuals committing crime due to cocaine or opiate use was calculated by the Safer Birmingham Partnership using data from detected offences. In 2008 this amounted to over £5 million.²⁵
- 2.4.4 The National Institute for Clinical Excellence (NICE) estimates the health and crime costs of each injecting drug-user is £480,000 over a lifetime.²⁶ Health costs for alcohol misuse can be found in Appendix 1 (Table 1d).
- 2.4.5 Government figures for alcohol problems in the UK estimate the annual total cost of reduced performance and productivity amounts to £6.4 billion.²⁷ Given that the West Midlands region has the third highest alcohol related death rate this is a particular issue for this region.²⁸
- 2.4.6 There is also the cost of the additional burden on public services. Alcohol is also shown to have a significant impact upon the case loads of a range of workers. One survey in the West Midlands found that 22% of GPs had dealt with 20 or more patients with drink related problems in the previous 6 months.²⁹ A quarter of social workers and 65% of probation officers indicated that more than a quarter of their case load in the previous 6 months involved clients with alcohol-related problems. The impact upon hospitals is another indicator: some figures for Birmingham can be found in Appendix 1 (Table 1e). A study was carried out of Birmingham residents who were

²⁴ *Birmingham Adult Drug Treatment Plan 2009/10*

²⁵ Safer Birmingham Partnership. Submission to Local Services and Community Safety O&S Committee 20 April 2009

²⁶ NTA (2009) *The Story of Drugs Treatment*. At: www.nta.nhs.uk/publications/documents/storyofdrugtreatment0809.pdf

²⁷ business.timesonline.co.uk/tol/business/career_and_jobs/article2041488.ece

²⁸ West Midlands Public Health Group, (no date) *Alcohol in the West Midlands: A review of Alcohol and Alcohol Services in the West Midlands*

²⁹ *Ibid*



admitted to hospital for an alcohol related diagnosis in the 12 months to 31/03/09. There were 127 patients admitted during this period, on average over four times with one bring admitted 26 times. The total cost of hospital- related admissions in Birmingham is estimated at £736,000 per annum.³⁰

2.5 Conclusions

- 2.5.1 Our exploration of the extent of drugs and alcohol misuse in Birmingham shows that the problem is significant, as are the attached costs. However, the picture we have presented is not as detailed as we would have liked. It was notable that, for example, data was not available showing drug usage at a ward or constituency level, and the data relating to alcohol at ward level was four years old. We will return to this issue later in our report.
- 2.5.2 However, the information we do have supports the argument in favour of investment in these fields. Indeed, the Home Office estimates every £1 spent on drug interventions saves £9.50.³¹ We will look at some of these interventions in later chapters, but first we will set out the role of the City Council, Police and other agencies in responding to drugs and alcohol misuse.

³⁰ BDAAT (2009) *Total Place Pilot Scoping Document*

³¹ NTA (2009) *The Story of Drugs Treatment*.



3 Key Partners and Responsibilities

3.1 Introduction

3.1.1 The diverse nature of the problem and its consequences inevitably means there are a number of agencies involved in prevention and response – the City Council, Health Service, Police and Probation Service. These organisations are brought together as the Birmingham Drugs and Alcohol Action Team (BDAAT), a partnership body 'responsible for reducing the harm caused by drugs and alcohol and improving wellbeing'.³²

3.1.2 The next chapter explores the role of these agencies individually, then the partnerships they are engaged in and the key strategies that shape their involvement.

3.2 The Agencies

Birmingham City Council

3.2.1 Whilst the City Council is not a direct provider of treatment services in relation to drugs and alcohol misuse, the Council recognises its duty to promote the well-being of the city and is therefore involved in a range of work to reduce harm from misuse of drugs and alcohol.

3.2.2 Firstly, the Council does have some statutory powers and responsibilities in relation to alcohol as the Licensing Authority. The **Licensing Committee** (which exercises these powers and responsibilities) has the power to license people and premises that sell alcohol in line under the Licensing Act 2003. They also undertake enforcement action where breaches of those licenses occur.

3.2.3 Recognising the major problem that alcohol misuse can cause, the **Public Protection Committee** undertakes work with regard to:

- Tackling illegal sales of alcohol to underage children (Trading Standards);
- Tackling anti-social behaviour by working with the Police to set up alcohol restricted areas where drinking on the street is prohibited (Regulatory Services);
- Involvement in cross-partnership activity including supporting Pub Watch schemes, working with licensees on responsible promotions, taxi marshals and the Know Your Limits social marketing campaign (Regulatory Services).

3.2.4 Furthermore, a number of Council services are involved in dealing with the after-effects of drug and alcohol abuse. The **Housing and Constituencies Directorate** have led on the Supporting People commissioning which can provide housing related support, and are part of the after care

³² Birmingham DAAT Mission Statement



provision for service users going through treatment. In addition, they deal at a neighbourhood level with the impact of drug and alcohol misuse within and affecting their own properties, and have a role to play in licensing of some houses in multiple occupation. The **Adults and Communities Directorate** have worked closely on implementing Supporting People with Housing and Constituencies and the Cabinet Member is on the Joint Commissioning Group which oversees drug and alcohol services across the city. The **Planning and Regeneration** division also have a role to play in addressing worklessness with service users who are recovering.

- 3.2.5 The **Children, Young People and Families Directorate** also have a big role to play: the National Drug Strategy states there should be a separation of drugs and alcohol services between adults and children. The Directorate have therefore worked with BDAAT to develop the Children and Young People's Substance Misuse Strategy 2009-2012, which is discussed in more detail below (Chapter 8).
- 3.2.6 Abuse of drugs and alcohol causes problems for residents, and reducing and preventing these problems is a priority within many Constituencies in the city. Locally, work in many areas of the city is often co-ordinated through City Council-led structures. For example, each Constituency Strategic Partnership has a community safety arm, which includes action to tackle drug and alcohol misuse. Some Constituencies have their own drugs and alcohol strategies, deploying the city-wide strategy in the specific local area.
- 3.2.7 The City Council also funds third sector organisations which support work in drugs and alcohol misuse, including Aquarius, the Irish Welfare Information Centre, SIFA Fireside Day Services, SIFA Fireside Mental Health Project, and Turning Point Birmingham Drugline.

West Midlands Police

- 3.2.8 As the lead law enforcement agency, the Police focus on those who break the law with regards to possession of illegal substances and with related crime and anti-social behaviour. They have the power to arrest and detain people carrying or selling illegal drugs. They can use dispersal notices to address violence and crime and disorder, close properties where drug use is known to take place and can ban people from the City Centre or any specified area. The emphasis is on enforcing the law and protecting the community.
- 3.2.9 Alongside this, Neighbourhood Policing intends to provide reassurance and confidence at the local level via targeted visible patrols and effective community engagement.
- 3.2.10 Recent years have seen an increase in pro-active initiatives by the Police, both alone and in partnership. One example is the Be Safe initiative, operating in Broad Street and Hurst Street. This emphasises prevention of trouble – rather than responding when a fight occurs, officers engage with door staff and customers and employ a 'no nonsense policy' in relation to disorder.
- 3.2.11 The West Midlands Police also functions as a BDAAT commissioned provider, providing an arrest referral service across Birmingham.



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Primary Care Trusts

- 3.2.12 Primary Care Trusts (PCTs) are responsible for buying and providing health services for the people who live and work in its area. They have a duty to improve the health of local people, working with other partners to do this.
- 3.2.13 There are three PCTs in Birmingham: Heart of Birmingham teaching PCT, Birmingham East and North PCT and Birmingham South PCT. These commission services for drugs and alcohol through BDAAT (see section 3.3).
- 3.2.14 Birmingham and Solihull Mental Health Foundation Trust operates as a commissioned provider of services, with services funded through BDAAT pooled treatment service, Drug Interventions Programme funding and PCT/ alcohol funding. There are also other specialist NHS providers commissioned to provide treatment including North Staffordshire PCT and HoBtPCT provider arm (SAFE project).
- 3.2.15 Other areas of the National Health Service are also involved in tackling drug and alcohol misuse. General Practitioners may identify drug and alcohol misusers and as appropriate. Acute Trusts and hospitals are on the front-line of providing emergency treatment when required.
- 3.2.16 An important part of the NHS's role is to promote better awareness and knowledge about substance misuse.

Probation Service

- 3.2.17 Probation work is important in achieving targets to reduce the level of repeat offending among drug misusers. Probation West Midlands act as joint commissioners with BDAAT and work to ensure those who commit drug-related crime have access to appropriate treatment. Specific local programmes include:
- Drink Impaired Drivers' Programme: developed for people who have been convicted of a second drink drive offence, or whose first offence had aggravating features to teach them about the effects and consequences of drinking and driving, to enable them to separate the two activities and move on to become responsible and legal drivers;
 - Offender Substance Abuse Programme: a programme for people who have a dependency upon class A drugs or alcohol, which is related to offending. Offenders learn to examine their addictive behaviour and its link to crime, identify the risk factors inherent in their behaviour, and ways of managing them safely and without recourse to offending.

Community and Voluntary Organisations

- 3.2.18 There are many community and voluntary organisations involved in providing advice, counselling and treatment for those affected by drug and alcohol misuse. They also undertake a more strategic role by working in partnership with other agencies to influence policy and ensure effective delivery. BDAAT holds substantial contracts for the provision of specialist drug treatment interventions with community and third sector organisations.



3.3 The Partnerships

3.3.1 Whilst the preceding section outlined the role of the key organisations, in reality much of the strategic planning and delivery necessarily takes place within partnerships formed by these organisations and others.

Safer Birmingham Partnership (SBP)

3.3.2 The Safer Birmingham Partnership (SBP) is the city's Crime and Disorder Reduction Partnership established under the Crime and Disorder Act 1998. The Partnership aims to ensure a coordinated approach to crime reduction and community safety. It covers a broad range of responsibilities relating to crime and anti-social behaviour, encompassed within 26 work streams, one of which relates to drugs and one to alcohol.

3.3.3 The Birmingham Anti-Social Behaviour Unit (BASBU) is part of the SBP. BASBU carries a caseload of over 250 cases, most of which are serious in nature and difficult to resolve. BASBU officers work across all housing tenures in close partnership with several agencies across the city tackling incidents of anti-social behaviour (ASB).

3.3.4 The Birmingham Drug and Alcohol Action Team (BDAAT) is also part of the SBP and responsible for delivering the National Drug Strategy at a local level as well as Local Area Agreement (LAA) targets. The team took responsibility for the commissioning of alcohol services in March 2009. This is discussed in more detail below.

The Birmingham Drug and Alcohol Action Team (BDAAT)

3.3.5 BDAAT ensures that the work of local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully. They take strategic decisions on expenditure and service delivery and their work involves:

- Commissioning services, including supporting structures;
- Monitoring and reporting on performance;
- Communicating plans, activities and performance to stakeholders.

3.3.6 DAATs are formally accountable to the Home Secretary and the National Treatment Agency (NTA), and are supported by the Home Office team in Government Office West Midlands and centrally by the Drugs Strategy Directorate.

3.3.7 Officers are employed through the Heart of Birmingham (HoB) PCT and act as commissioners or programme managers, reporting to the 'Joint Commissioning Group'. This Group includes service users as well as representatives of the Safer Birmingham Partnership and the Health and Well-Being Partnership.

3.3.8 The Committee were informed that BDAAT's priorities for 2009/10 were:

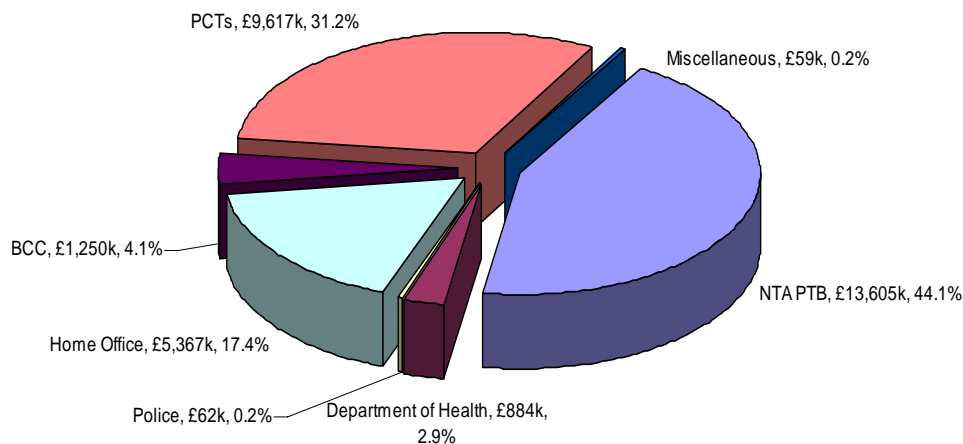


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- Increase the number of drug users from under-represented groups in treatment (primary crack users, drug users aged under 24 years and young male Pakistani drug users);
- Increase opportunities for service users to become and remain abstinent from their drug dependency (e.g. community detoxification and peer-led support groups);
- Contribute to safeguarding children and young people by improving treatment and support for parents misusing drugs;
- Commence implementation of a three year local Harm Reduction Strategy;
- Increase opportunities for community integration for service users (e.g. education, training, employment and housing);
- Reduce the harm experienced by injecting drug users by increasing the range of appropriate harm reduction and structured treatment interventions available.

3.3.9 BDAAT's overall budget for 2009-10 is indicated below and amounts to £30.79m. Birmingham City Council contributes £1,250,000 which equates to just 4.1% of this total.

Figure 3: Funding streams for substance misuse treatment in Birmingham 2009–10



Source: BDAAT

3.3.10 BDAAT's work with drug services is funded through the Department of Health – known as the "Pooled Treatment Budget". Nationally this amounts to over £400 million with the West Midlands receiving over £26 million. Resources are then allocated to individual DAATs according to a formula that takes into account key deprivation factors. From 2009/10, the allocation is also dependent on performance against key indicators. The Heart of Birmingham (HoB) PCT is the accountable body for this funding. The Home Office funds the Drug Intervention Programme main grant.



Table 3: Birmingham City Council Contribution

Description	Amount
Residential treatment for substance addiction	£400,000
Salaries for Assessment and Continuing Care team	£250,000
Third Sector Grants	£513,575
Total	£1,163,575

Source: BDAAT evidence

3.3.11 Alcohol services are dependent on local investment as there is no national budget. In 2009/10, BDAAT received approximately £5 million, mainly from the PCTs. BDAAT also received an additional £300,000 from the Department of Health specifically to address rising alcohol related accident and emergency admissions.

3.3.12 Operating costs for Birmingham Drugs and Alcohol Action Team currently accounted for 8% of the budget compared with an average of 15% for other DAAT organisations.³³ Operating costs in Birmingham for alcohol commissioning is currently around 3%.

3.4 The Strategies

National Drug Strategy

3.4.1 The 2008-2018 National Drug Strategy aims to restrict the supply of illegal drugs and reduce the demand for them. It comprises four strands of work:

- Protecting communities through tackling 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.

3.4.2 The Home Office has overall responsibility for delivery with the Department for Children, Schools and Families responsible for delivery of targets relating to reducing drug use among young people and the Department of Health responsible for delivery of targets relating to increasing the number of individuals entering treatment.

3.4.3 Responsibility at the local level is located primarily with Safer Birmingham Partnership.

³³ Evidence received at Local Services and Community Safety O&S Committee, 20 April 2009



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Alcohol Strategy

3.4.4 In 2004, the Government published the Alcohol Harm Reduction Strategy for England. A follow up – Safe Sensible Social – was published in June 2007, setting out clear goals and actions to promote sensible drinking and reduce the harm that alcohol can cause.

3.4.5 There are eight key steps:

- Sharpened criminal justice for drunken behaviour;
- A review of NHS alcohol spending;
- More help for people who want to drink less;
- Toughened enforcement of underage sales;
- Trusted guidance for parents and young people;
- Public information campaigns to promote a new 'sensible drinking' culture;
- Public consultation on alcohol pricing and promotion;
- Local alcohol strategies.³⁴

3.4.6 In response to the last point, the **Birmingham Alcohol Strategy 2007-2010** was published, which seeks to reduce alcohol-related harm by focusing on four key areas:

- Crime and disorder – recognising the huge impact alcohol misuse has on crime figures, the strategy will look to reduce crime and anti-social behaviour via use of legislation and penalties, working with the alcohol industry, targeting repeat alcohol offenders and designating alcohol restricted areas as appropriate;
- Treatment and prevention – working to ensure that treatment is accessible and relevant to all communities and groups, and developing aftercare services including work with families;
- Children and young people – as increasing numbers of young people are starting to drink alcohol at an earlier age and in larger quantities, the strategy recognises the need to target education and prevention, identify and develop diversionary activities;
- Infrastructure – to ensure a cohesive partnership approach the strategy aims to strengthen commissioning arrangements and increase community engagement.

3.4.7 Birmingham has also developed the **Harm Reduction Strategy 2009/10 - 2011/12**. Priorities in this include:

- Prevention of overdose and deaths through a number of actions;
- Developing social marketing, including around "dance drugs";

³⁴ *Birmingham Alcohol Strategy 2007-2010: Reducing Harm Empowering Change*, Safer Birmingham Partnership (formerly Birmingham Community Safety Partnership)



- Preventing and reducing drugs litter in local communities.³⁵

The Children and Young People's Substance Misuse Strategy 2009–2012

3.4.8 The Children and Young People's Substance Misuse Strategy 2009-2012³⁶ was developed by the Children, Young People and Families directorate in conjunction with BDAAT. The strategy brings together a wide range of statutory, voluntary and community agencies and partnerships to work together to address issues of substance misuse amongst young people and to lessen the impact of it on young people and communities in the city. For 2009/10 the Young People's Substance Misuse funding totalled £1,421,871.

3.4.9 The intended outcomes are broad:

- Children and young people will understand the issues of drug and alcohol use and misuse, and will have access to appropriate information to aid their own, and their parents', understanding;
- Children and young people will have the knowledge, confidence and skills, to be able to make informed and positive choices on their use/non use of drugs and alcohol, and be empowered to resist the pressures, including bullying, associated with this;
- Children and young people at risk of developing substance misuse problems will develop resilience and will feel safe;
- Children and young people whose drug related behaviour leads to worklessness will develop job skills and be empowered to engage in positive activities and gain confidence to make appropriate contributions as citizens in their community;
- Children and young people with substance misuse problems will have access to appropriate young person centered specialist treatment services to improve their physical and mental health and social functioning, empowering them to recognise and accept their responsibilities.

The Local Area Agreement (LAA)

3.4.10 Local Area Agreements (LAA) set out the priorities for a local area as agreed between government and a local area (the local authority, Local Strategic Partnership and other key partners at the local level). Birmingham's first LAA operated from 2006 and was refreshed in 2008 as a 3 year plan to deliver the 2026 Community Strategy.

3.4.11 Birmingham's LAA – "Working together for a better Birmingham" – contains the following objectives which are relevant to this Scrutiny Review:

- Reduce inequalities in health and mortality across Birmingham and support more people to choose healthy lifestyles and improve their wellbeing;

³⁵ www.bdaat.co.uk/documents/Harm_Reduction_Strategy_2009-10finalY1.pdf

³⁶ www.bdaat.co.uk/documents/CYP_Strategy_28.04.09.pdf



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- Increase employment and reduce poverty across all communities through targeted interventions to support people from welfare into work;
- Improve Birmingham's neighbourhoods, particularly the least affluent ones, in terms of deprivation, service delivery and overall quality of life for residents;
- Tackle serious acquisitive crime, and increase public and investor confidence in neighbourhoods by dealing with local crime, disorder and anti-social behaviour and securing cleaner, greener and safer neighbourhoods and public spaces;
- Reduce re-offending through the improved management of offenders and effective treatment of drug and alcohol using offenders.

3.4.12 In relation to drugs and alcohol, the LAA notes:

Better management of offenders and treatment of those abusing drugs and alcohol will result in a reduction in the number and seriousness of offences subsequently committed, with obvious benefits for the city and its residents.

3.4.13 The LAA sets specific targets for the City Council and partners to achieve in relation to drugs and alcohol misuse, and performance against these are discussed in further detail in Chapter 6.

3.5 Summary

3.5.1 In this chapter, we have set out the governance structures for the management of the response to drugs and alcohol misuse: from the agencies and their individual responsibilities to the partnerships which bring them together to commit to mutual goals through to the strategies that express those goals. It can seem complex, but this reflects the complexity of the problem, and the many different types of responses that are needed.

3.5.2 In the next chapter we will look at some of those responses and how they match identified need. We will then consider the performance and impact of this activity.



4 Interventions – Treatment

4.1 Introduction

- 4.1.1 Having set out the roles of the various agencies involved we will now look at the work they undertake, or commission, with individuals and in communities. As stated at the beginning of this report, this is a huge area with a great deal of activity going on and we do not attempt to capture all of that detail here. However, we will provide an overview of the “treatment journey” and accompanying issues.
- 4.1.2 In this chapter therefore, we will follow the treatment journey faced by those in need of support. The following chapter will focus on other responses: prevention and education, aftercare issues and the criminal justice and civil responses to the community safety aspects of drugs and alcohol misuse.
- 4.1.3 As the National Treatment Agency demands that services for adults and young people are separated, we will devote a separate chapter to services for young people (Chapter 8).

4.2 Treatment

- 4.2.1 There are many models or approaches to viewing alcohol and drug dependency and each one leads to a different set of interventions. Witnesses have referred to three models. The ‘disease’ or ‘medical model’ sees substance dependency as an incurable disease. Typical outcomes of this approach are abstinence and the twelve step programmes, such as Alcoholics Anonymous. Substance misusers seek a cure for addiction through medical methods, usually involving some medication. This is in line with national recommended practice.
- 4.2.2 The ‘social construction model’ suggests that addictive behaviours are learnt behaviours and with the right support can be altered. The emphasis is on people being self-responsible and working on ways that an individual can help themselves. Aquarius, one of the treatment agencies within Birmingham, for example, practice within this framework (see Appendix 3).
- 4.2.3 However, the focus may be changing – to one of the ‘recovery model’ which focuses more on the whole process of recovery including health and well-being and a return to full participation in society. Since the publication of the second national drugs strategy in 2008 this approach has been national policy.
- 4.2.4 We will consider the recovery model in more detail later in the next chapter. Firstly however, we will look at treatment as it is currently configured. The Birmingham Drug Adult Treatment Plan notes that medical treatment will remain key:



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Drug treatment is the intervention with the most developed evidence of effectiveness in reducing drug related harms.³⁷

4.2.5 Advice and treatment of substance misuse is provided at different tiers. Table 4 below summarises this and we discuss each in more detail in the following sections.³⁸

Table 4: Treatment Tiers

	Tier	Description
1	General services	Services working with a wide range of clients including substance misusers but the primary purpose is not treatment of alcohol or drug misuse. 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. Tier 1 services offer facilities such as information and advice, screening for substance misuse and referral to specialist drugs and alcohol services.
2	Open access alcohol treatment services	This is open-access drug and alcohol treatment. Services providing accessible alcohol and drug specialist services for a wide range of substance misusers referred from a variety of sources, including self-referrals. Tier 2 covers things like triage assessment, advice and information and harm reduction given by specialist treatment services. Often users will access services through tier 2 and progress to higher levels.
3	Structured community based drug and alcohol services	This is drug and alcohol treatment in the community with regular sessions to attend, undertaken as part of a care plan. This can include cognitive behavioural therapy, motivational interventions, structured counselling, community detoxification or day care. Prescribing, structured day programmes and structured psychosocial interventions are always Tier 3. Advice, information and harm reduction can be Tier 3 if they are part of a care plan.
4	Residential drug and alcohol specific services	Tier 4 services are aimed at individuals presenting with a high level of need. This is residential alcohol & drug treatment. Services include inpatient substance detoxification or stabilisation services and residential rehabilitation units. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community. Services can also be highly specialized residential centres, but not alcohol and drug specific. Examples include specialist liver units that treat the complications of alcohol related and infectious liver diseases and forensic services for mentally ill offenders

First Contact

4.2.6 BDAAT aims to provide a single point of contact through which those needing help with drug related problems can access support or treatment.

³⁷ Birmingham Adult Drug Treatment Plan 2009/10, Birmingham Drug and Alcohol Action Team,

³⁸ West Midlands Public Health Group, *Alcohol in the West Midlands: A review of Alcohol and Alcohol Services in the West Midlands* and National Treatment Agency: www.nta.nhs.uk/about_treatment/the_tier_system.aspx



Free-phone helpline number

The Single Point of Contact helpline number is now in operation – simply call 0800 073 0817 for information and advice about the drug and alcohol treatment and support services available across Birmingham. Helpline staff can deal with all treatment and support related queries and also refer individuals directly into treatment services.

Source: BDAAT Press release May 2009

- 4.2.7 There is a requirement for a contact point for Drug Intervention Programme (DIP) referrals (i.e. those referred on arrest – see Appendix 2 for more details). However in Birmingham BDAAT have widened this to include alcohol and non-DIP referrals – we were told that we are one of the few places in the country to have done so. This single point of contact is a single phone number for individuals and referral agencies and substance misusers. This is run by BDAAT itself and funded by BDAAT in part through the DIP funding. In Birmingham 95% of clients get a response within 5 working days and their first treatment within 3 weeks. The number of new referrals overall fell from 2,523 in 2006/07 to 2,437 in 2007/08. About 9% of these were Black drug users and 15% Asian.³⁹
- 4.2.8 One of the main sources of referral into drug treatment is the criminal justice system – 38% in 2007/08 (down from 42% in 2006/07).⁴⁰ Referrals are made through the DIP Single Point of Contact (SPOC), and information given about the DIP programme. The SPOC directs referrals to the correct provider, keeps a record of each offender's whereabouts in the DIP programme and 'tracks' offenders through the system.
- 4.2.9 Referral routes into treatment (also known as Tier 1 services) can also be through a health professional, such as a GP; or via statutory or voluntary organisations. General services to the public such as pharmacists, teachers, housing offices – anyone who may come into contact with a substance abuser requiring screening – may also refer as appropriate.
- 4.2.10 The treatment journey will then depend on the needs of the individual. Clients often come to treatment in a crisis, usually triggered by more than one thing – crime, homelessness, debt. Dialogue is the key and there is a need to be able to respond rapidly. Most users waited three weeks or less for their first treatment intervention.⁴¹ The service recognises that no treatment journey is the same. Table 5 shows a breakdown of those in drug treatment in 2007/08 and Table 6 shows the types of intervention.

³⁹ *Birmingham Adult Drug Treatment Plan 2009/10*

⁴⁰ *Ibid*

⁴¹ *Ibid*



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Table 5: Profile of those in Treatment in Birmingham 2007/08

In Treatment	Percentage of those in Treatment
Aged 15-24	17%
Aged 25-34	50%
Primary Opiate users	73%
Powdered Cocaine	9%

Table 6: Percentage of People in Intervention Programme 2007/08

Interventions	Percentage of Interventions
Psychosocial interventions ⁴²	51%
Prescribing interventions – specialist	24%
Prescribing interventions – GP	15%
Structure Day Care Interventions	1%
Other Structured interventions	7%
Inpatient Detox and Residential Rehabilitation	2%

Source: Birmingham Adult Drug Treatment Plan 2009/10

Information, Advice and Support

4.2.11 The next stage of treatment (known as Tier 2) consists largely of brief structured interventions, perhaps through the Drug Intervention Programme, or other education, training or outreach programme. It may include information and advice or aftercare, including housing support. For alcohol abusers this could be a brief evidence based intervention of 3-4 weeks; for drug abusers, outreach and harm reduction with structured evidence based interventions to change the cycle. Services include open access drug misuse services and specific substance related services offering a range of easy to access interventions. The aim is to engage the service user in motivational work and reduce drug related harm. Users can be care managed at this level. Tier 2 services may also act as a gate-keeping service for referral on to Tier 3 services (see next section).

4.2.12 These services also include needle exchanges and provision of sterile injecting equipment (used for approximately 28% of all injections). Most needle exchange users are male (85%) and white (93%) and the majority are aged 25-34 (53%) while only 9% are aged under 24%.⁴³

⁴² BDAAT inform us that the percentage of people receiving psychosocial interventions is not accurate as the method of recording interventions has changed.



Comprehensive Interventions

4.2.13 Tier 3 includes specialist prescribing (e.g. methadone prescription); psychological interventions and structured community based specialist drug services. These are offered to problem drug users, alongside support such as day care within a structured programme of support.

Detoxification, Stabilisation and Rehabilitation

4.2.14 These services (called Tier 4) can involve residential rehabilitation and stabilisation, medicalised stabilisation programmes and in-patient detoxification as well as aftercare. These are highly specialist non-substance misuse specific services. These will usually be regional or national services such as specialist liver units, forensic services and specialist psychiatric units involved.

4.2.15 The Birmingham Adult Drug Treatment Plan 2009/10 reports that “current commissioned capacity in structured day care and other structured interventions is under utilised”. There are also gaps in services, with no specific structured day care programmes for people who have achieved abstinence.⁴⁴

4.2.16 Tier 4 treatment is residential, often referred to as detox, and currently all occurs outside of Birmingham. This does take clients away from current habits and associations. However, it also makes interaction with family and friends difficult and these are often relationships that need to be rebuilt during this process. It also makes a separation between treatment and aftercare, whereas if there was a tier 4 service in Birmingham it is likely that this transition can be improved. BDAAT told us that this model of smaller, local residential rehabilitation facilities integrated into local treatment systems is regarded as best practice.

4.2.17 For that reason, £2.3 million was secured from the NTA and NHS to create an 18 bed tier 4 centre in Birmingham. A procurement process led to a consortium of Midland Heart (who own the building), Inclusion Drug Alcohol Services and Phoenix Futures to develop and manage the provision.

4.2.18 The centre will offer assessment and preparation, medical detoxification, and rehabilitation with stabilisation for additional complex cases.

Involvement of Family and Friends

4.2.19 The involvement of family and friends in supporting those in treatment for drugs and alcohol problems can be very positive. Firstly however, it is important to recognise the impact that drugs and alcohol have on family members. It has been estimated that every ‘problem alcohol or drug user’ will negatively affect two close family members⁴⁵ and that many families will be affected by

⁴³ *Birmingham Adult Drug Treatment Plan 2009/10*

⁴⁴ *Ibid*

⁴⁵ Zohhadi, S, *Social Work, Alcohol and Drugs Impact on family members*. At: www.swalcdugs.com/lifespanfamily.htm



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less problematic abuse. Substance misuse can impact in a number of ways on the family with negative impacts upon the following:⁴⁶

- Physical and psychological health (such as depression, stress, ulcers, raised blood pressure);
- Family relationships (such as increased tension, readjustment of familial roles, feelings of neglect);
- Finance and employment (such as theft of money and possessions by the substance misuser and family members losing their job due to ill-health and caring responsibilities); and
- Social life (such as alienation and lack of time due to caring responsibilities).

4.2.20 One study in Glasgow found that many parents felt that the stress of living with their child's drug problem had had a negative impact upon their physical and psychological health. Researchers also determined that there was an increased likelihood that younger brothers and sisters would themselves use drugs and develop drug problems.⁴⁷

4.2.21 In terms of commissioning services it has been suggested that other family members can become the focus of help either through family interventions or as service users themselves. They also suggest that outcomes agreed should be broader and include the effect on families or wider social environment.⁴⁸

4.2.22 Good practice in terms of supporting families would involve BDAAT and partners agreeing clear aims and objectives for family support in Birmingham, including:

- Carrying out a comprehensive needs assessment for families and carers in consultation with families and carers;
- Compiling information on sources of help for families and carers to share with partners and families;
- Evaluating support to find what works and what does not in a Birmingham context.

4.2.23 Treatment agencies should be clear with families about the support they can provide and about where there may be conflict in terms of treatment for the substance misuser. Support should be held in places seen to be accessible and should be well publicised and consideration should be given as to how to support peer support (enabling those who have faced similar circumstances can support others).⁴⁹

4.2.24 BDAAT (drugs) currently commission Aquarius to provide a range of services for carers available through existing treatment services.

⁴⁶ Macdonald, D, Russell, P, Bland, N, Morrison, A and De la Cruz, C (2002) *Effective Interventions Unit Supporting Families and Carers of Drug Users: A review*. At: www.scotland.gov.uk/Publications/2002/11/15774/13421

⁴⁷ Barnard, M (2005) *Drugs in the Family: The impact in parents and Siblings*. JRF Findings At: www.jrf.org.uk

⁴⁸ Copello and Orford in Raistrick, D, Heather, N and Godfrey, C (2006) *Review of the Effectiveness of Treatment for Alcohol Problems*, NTA. Available at: www.nta.nhs.uk

⁴⁹ Macdonald, D et al (2002) Ibid



- 4.2.25 BDAAT has just completed a needs assessment of carer services and are currently working with the City Council to develop a budget which will be assessable to carers and administered as part of mainstream carer provision.
- 4.2.26 The other side of this coin is the impact that family and carers can have on substance misusers accessing treatment and having a positive treatment journey. In the area of alcohol the evidence appears clear that positive engagement of family members could have a positive impact. In one study⁵⁰ family and friends were asked to help get a resistant drinker engaged with treatment and they were given one of three approaches to take, all of which had some impact. Those working with Al Anon (a self help group for families of alcoholics) and those engaged in a confrontational family meeting found both effective. However, over 64% of those who received family training in behaviour change skills successfully encouraged a treatment-resistant drinker to seek treatment.
- 4.2.27 Progress is being made in Birmingham on these issues. Aquarius is funded by BDAAT to provide a city-wide service for families and others affected by someone's drug use. Carers' support is integral to all of their alcohol services.

4.3 Third Sector Involvement

- 4.3.1 As part of our evidence gathering for this section, we spoke to a number of third sector organisations which are commissioned by BDAAT to provide services in Birmingham. The details of each are contained in Appendix 3. All five we spoke to were commissioned by BDAAT at the time of the meeting. The third sector organisations are in a good position to bring in other funding (such as lottery) for specific projects and to respond to local needs.
- 4.3.2 One of our concerns related to the capacity of third sector organisations to bid for contracts and the efficiency of that process.
- 4.3.3 Of the organisations we spoke to, the larger ones tended to be happy with the commissioning process. However, for the smaller organisations it was stated that the commissioning process had tested the organisation's ability to provide services and that the procurement process was disadvantageous to smaller organisations. We were told it can cost £8000 to bid for the contracts. It was suggested that it would be a good idea to undertake a cost/benefit analysis of the procurement process and to consider building in an element of core funding to precede the bidding process.
- 4.3.4 In terms of the efficiency of the BDAAT contracts, the representatives of the organisations said that they were able to maintain an appropriate balance between providing services and recording output, so the requirements of a BDAAT contract were not overly onerous.

⁵⁰ Macdonald, D, Russell, P, Bland, N, Morrison, A and De la Cruz, C (2002) *Effective Interventions Unit Supporting Families and Carers of Drug Users: A review*. At: www.scotland.gov.uk/Publications/2002/11/15774/13421



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4.4 Meeting Specific Needs

- 4.4.1 Whilst we have not considered the needs of different groups of drugs and alcohol users in Birmingham in detail, our exploration has highlighted two areas of particular concern.
- 4.4.2 The first issue is that of the “cultural competence” of organisations offering services. In other words, do those offering services understand patterns of usage amongst different cultural groups, challenge stereotypes and employ staff with appropriate skills and knowledge? BDAAT has received a “good” rating for cultural competency.⁵¹
- 4.4.3 The term “cultural competence” is used in terms of service provision. This is partly about drug works being able to deliver services to a wide client base, and in partly about the organisation’s policies and practice. Individual competence includes:
- Improving knowledge of local communities;
 - Developing inter-personal skills that include challenging assumptions;
 - Developing ways of working with people whose first language is not English, including working effectively with interpreters.
- 4.4.4 Organisation competence includes a commitment to equality in the aims of the organisation; a robust provision of training; engagement with users and communities to ensure services meet local needs; and performance management systems that recognise these issues.
- 4.4.5 National research indicates that consideration should be given to black and minority ethnic groups to ensure that services meet their needs. Concerns have been raised locally with Members too. The National Treatment Agency (NTA) has found that those of south Asian descent are underrepresented in terms of receiving information, advice and treatment. The barriers to treatment include lack of information about what is available, perceptions that services do not meet cultural needs and worries about lack of confidentiality.
- 4.4.6 The research suggests that services for substance misusers of south Asian descent should generally be delivered through mainstream agencies, but that that commissioners and treatment providers need to consider religious beliefs and language, how to engage families in treatment, the ethnicity of drug workers, the benefits of women only services, and delivery of advice and services from a wide range of places community members might use.⁵²
- 4.4.7 Nationally, Black Caribbeans too are underrepresented in receiving information, advice and treatment. Specific needs of Black Caribbeans include more information about drugs and drug

⁵¹ Healthcare Commission / NTA (2009) *Improving Services for Substance Misuse: Diversity and Inpatient and Residential Rehabilitation*. At: http://www.nta.nhs.uk/areas/standards_and_inspections/2007-08_review/

⁵² Fountain, J (2009) *Issues Surrounding Drug Use and Drug Services among the South Asian Communities in England*, NTA. At: www.nta.nhs.uk/publications/documents/1_south_asian_final.pdf



services for users and their families, more Black Caribbean workers to ensure understanding of the problems faced and more flexible access and appointment systems.⁵³

4.4.8 The NTA also advocates targeted outreach and community engagement to raise awareness of local services and raise numbers in treatment from underrepresented groups.

4.4.9 We note that BDAAT has received good ratings about its services, but we also note that the NTA advocates:

avoiding complacency about diversity issues by fostering a culture of continuous improvement. This last point was seen as important because most partnerships conceptualised diversity as a very wide ranging agenda within substance misuse and accepted that there was always room for improvement in its delivery.⁵⁴

4.4.10 Members were concerned that funding might be ceasing to one of the organisations primarily involved in providing culturally sensitive services to BME communities. We were assured that they have funding through the period of the redesign. There are wider questions about the contract management of commissioned services by BDAAT. We have not gone into this level of detail in this Review. However, it is something the Committee will return to when BDAAT introduce World Class Commissioning as part of their own review.

4.4.11 Another group of people seemingly at particular risk are those with drugs and alcohol problems and mental health problems – called ‘dual diagnosis’. The numbers of people admitted to hospital with a diagnosis of “mental and behavioural disorders due to alcohol” appears to be rising and was over 90,000 in 2002/3. There are clear links between alcohol and depression, but it is unclear as to which causes which.⁵⁵

4.4.12 There are two elements to this connection. Firstly, some people with mental health problems use drugs and alcohol to manage their symptoms, such as stress or depression. This can actually perpetuate problems and be counterproductive. Secondly, people with severe mental illness (such as schizophrenia) are three times as likely to be alcohol dependant as the general population.

4.4.13 Nationally services for people with dual diagnosis is poor because:

- Substance misuse and mental health services have developed in isolation from each other and so referrals are made between them;
- Often mental illness and substance misuse are deemed to be either primary or secondary problems and so problems are then addressed in sequence rather than concurrently;

⁵³ Fountain J (2009) *Issues Surrounding Drug Use and Drug Services Among the Black Caribbean Communities in England*, NTA. At: www.nta.nhs.uk/publications/documents/3_black_caribbean_final.pdf

⁵⁴ NTA (2009) *Diversity: Learning from Good Practice in the Field*. At: www.nta.nhs.uk/publications/documents/diversitypractice0709.pdf

⁵⁵ Cornah, D (2006) *Cheers? Understanding the Relationship Between Alcohol and Mental Health*. Mental Health Foundation



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- Limitations of definitions exclude some people who need services ;
- Some clients' problems can appear beyond the scope of either service so they receive neither.⁵⁶

4.4.14 These concerns were supported (and applied to drug misuse too) by some drugs workers in Birmingham.⁵⁷ This is an area we propose to return to (see Chapter 11).

4.5 Summary

4.5.1 Whilst we have taken a wide view of drugs and alcohol services, this overview has nevertheless highlighted a number of issues. A key issue is that of how we can be sure that all those who need treatment can get it.

4.5.2 Because data on the numbers of drug and alcohol misusers are estimates, and because information on who is in treatment is limited, we cannot be sure that treatment is appropriately targeted. This is particularly true when trying to analyse this issue at a Constituency level, as we shall see in Chapter 7, but also when considering particular groups within Birmingham. Do all sections of the community get access, for example women and people in their 20s. The NTA acknowledges that nationally there is a lack of understanding as to who is not within the treatment system who could benefit from it, which reflects some of the concerns we have had about Birmingham.

4.5.3 Understanding the 'revolving door' is also an issue – i.e. do we understand the extent and nature of drop out and re-engagement with drug and alcohol treatment services? Nationally it is said that it can take six attempts over six years to get clean.⁵⁸

4.5.4 We have heard that a lot of referrals come through the criminal justice system – and we know from our own wards that it is the perception that you have to commit a crime in order to get treated. We were glad to see the single point of contact telephone number widened beyond those coming through the criminal justice system and this should be maintained. However, we need to ensure BDAAT and the treatment agencies have sufficient resources to deal with those have taken that decision to ask for help and we recognise that there are constraints on funding and that this may worsen in the future.

4.5.5 Whilst we recognize the need for a tier 4 service we sought assurances about whether it would provide value for money compared to existing options and will continue to monitor this as part of our tracking of this report.

⁵⁶ Cornah, D (2006) *Cheers? Understanding the Relationship Between Alcohol and Mental Health*. Mental Health Foundation

⁵⁷ Drugscope conference, 07 June 2009

⁵⁸ NTA (2009) *The Story of Drug Treatment*. At:

www.nta.nhs.uk/publications/documents/storyofdrugtreatment0809.pdf



- 4.5.6 Support for the families and carers of drug misusers is also important. NICE guidance is that they should be offered a single session of advice with written guidance and given information about self help support groups and this should also be considered as part of BDAAT's redesign.⁵⁹

⁵⁹ NICE, 2008, *Drug Misuse: Psychological Interventions. National Clinical Practice Guideline Number 51*. At www.nice.org.uk/nicemedia/pdf/CG51FullGuideline.pdf



5 Interventions – Other

5.1 Introduction

5.1.1 This chapter considers the interventions other than treatment that occur in Birmingham. This ranges from steps to prevent harm arising from alcohol and drug use to housing and employment support for substance misusers and an exploration of the concept of 'recovery'.

5.2 Prevention and Education

5.2.1 Services that inform people about the effects of alcohol and the risks of drugs and alcohol misuse are an important tool. The aim is to create a culture in which people drink alcohol responsibly and alcohol misuse is considered unacceptable. Much of the prevention and education work is aimed at young people and so will be discussed in Chapter 9. However, prevention and education work amongst adults is important.

5.2.2 There have been some recent national campaigns such as the recent drug driving campaign advertisements on television⁶⁰ and the campaign to communicate the number of alcohol units in different drinks.

5.2.3 One approach is to use social marketing. Social marketing is the planning and implementation of programs designed to bring about social change using concepts from commercial marketing.⁶¹ Social Marketing in terms of drugs and alcohol requires individual strategies for carefully selected groups to achieve specific changes:

- Customer orientation – this requires understanding where the target audience is in terms of their knowledge, attitudes and beliefs;
- Behaviour and behavioural goals – clear focus on understanding existing behaviour and what influences this and setting clear behavioural goals;
- 'Intervention mix' and 'marketing mix' – using a mix of different methods to achieve particular behavioural goals;
- Audience segmentation – using the customer knowledge approach to audience segmentation to target campaigns effectively;
- 'Exchange' – use of the 'exchange' concept – increasing the benefits to the target audience and decreasing the barriers to change;

⁶⁰ www.dft.gov.uk/think/focusareas/driving/drugdriving

⁶¹ www.social-marketing.org/sm.html



- Competition' – What are the competing forces against behavioural change in terms of existing behaviour?⁶²

5.2.4 There was a social marketing campaign run by BCC on alcohol and the national Go Easy campaign was developed in Birmingham. In addition, as part of year 2 of the DAAT service re-design, social marketing campaigns will be used to increase the numbers in treatment from the following under-served groups:

- Primary crack users;
- Problematic drug users aged 16-24;
- Injecting drug users accessing needle exchange services;
- Young Pakistani heroin users.⁶³

5.2.5 We were pleased to hear that good links have been forged with the football clubs in the city and that campaigns to promote sensible drinking and reduce alcohol consumption have been taken. Birmingham City Football Club supports the THINK! campaign by promoting and raising awareness of the Don't Drink and Drive message to its match day audience of supporters, season ticket holders and corporate guests with promotional material displayed and distributed throughout St. Andrew's Stadium.⁶⁴

5.2.6 Aston Villa Football Club has been building capacity in its staff to deal with drug and alcohol issues and ensuring footballers are positive role models. They reported that the Health & Safety Manager recently attended an alcohol and drugs awareness training programme with a view to rolling out an awareness campaign for staff in 2010.⁶⁵

5.2.7 There is scope for other organisations to use their positions for behavioural change, such as the Universities and Students' Unions and other sporting clubs.

5.3 Aftercare

5.3.1 One of our main areas of concern related to what happened to people once people left treatment, particularly in relation to housing and employment.

5.3.2 We acknowledge that many people misusing substances will remain in settled accommodation and in employment. Data about the issue in Birmingham is limited. On a national basis it is estimated that:

⁶² www.nsms.org.uk/public/default.aspx?PageID=10

⁶³ *Birmingham Adult Drug Treatment Plan 2009/10*

⁶⁴ www.dft.gov.uk/think/focusareas/driving/drinkdriving?page=Partners&whoareyou_id=

⁶⁵ Email to Chairman from AVFC 10 November, 2009



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- 7% of benefit claimants are problem drug users;⁶⁶
- Three quarters of class A drug users are on welfare benefits;⁶⁷
- 80% of homeless adults have alcohol or drug problems, although only a fifth feel that this played a part in their homelessness.⁶⁸

Employment and training

5.3.3 We have noted elsewhere a lack of data at a local level (Chapter 2). We note that more detailed data about unemployment and drug and alcohol use could support the interventions required relating to employment. However, some of the Constituency and Neighbourhood Employment and Skills plans (NESP's and CESP's)⁶⁹ have made a specific references to drug and / or alcohol misusers and propose some service interventions targeting these client groups. The specific interventions are in the following areas of the city:

- Washwood Heath: a specific focus on young people with substance abuse issues is linked into the 'Young People's Mobile Bus project';
- Edgbaston: a specific project 'Edgbaston Works' identifies drug and alcohol misusers as a key service user group;
- Hall Green: specific substance misuse intervention is built into a 'Young People's Mobile Midnight Bus project';
- Hodge Hill: a key skills for vulnerable people project includes actions around drug and alcohol misusers;
- Kingstanding: an intermediary labour market project proposal specifically targets drug and solvent misusers;
- Aston: an ex-offender employment project funded through Aston Pride;
- Erdington: a specific service around engagement and employment support for alcohol misusers.

5.3.4 Furthermore there are some city-wide Working Neighbourhoods Fund funded projects being developed at the time of writing which aim to impact on drug and alcohol misusers who are unemployed and a future project which will target the South West of Birmingham:

- Prolific and Priority Offenders (PPO's) Project. The Prolific and Priority Offenders project is in place with workers within the local offender management structures and provides intensive

⁶⁶ Hay, G and Bauld (2008) *Population Estimates of Problematic Drug Users in England who Access DWP Benefits: A feasibility study*. At: <http://research.dwp.gov.uk/asd/asd5/WP46.pdf>

⁶⁷ Evidence from Assistant Director of Employment, 27 October 2009

⁶⁸ Hardman, I 'Homeless drug users miss out on support', *Inside Housing* . 3 July 2009 at: www.insidehousing.co.uk/story.aspx?storycode=6505344

⁶⁹ Constituency and Neighbourhood Employment and Skills Plans are action plans for tackling worklessness



employment support. The Enhanced Employment Education and Training Support Pathway project when approved will support substance misusers into employment, training and voluntary work and also aims to build capacity in employment support providers to better support such clients in the future;

- Enhanced Employment Education and Training Support Pathway Drug and Alcohol Misuse;
- Birmingham Reducing Gang Violence Exiting Gang Members Employment Project;
- Domestic Violence Victims into Employment South West Birmingham.⁷⁰

5.3.5 We have been pleased to see close partnership working developed on these projects between Development Planning and Regeneration and the Safer Birmingham Partnership.

5.3.6 There are two sides to the challenge of employment and we note the work that Birmingham City Council and partners also need to do to work with employers:

Employer prejudice is the biggest barrier to securing employment for drug users, with a recent poll showing that more than six in 10 employers deliberately exclude people with a criminal record, a history of drug or alcohol dependence, or long-term sickness or homelessness, when recruiting staff. Research from the US shows this to be unfounded, with employers who gave former drug or alcohol users a chance discovering benefits, particularly around loyalty and employee retention.⁷¹

5.3.7 A further element of the link between worklessness and benefits relates to the current policy debate on welfare reform. In total it is estimated that 29,975 people in the West Midlands were in receipt of the main benefits⁷² and also problematic drug users, which amounts to 6% of claimants (2008). Furthermore, 1,082 people in the West Midlands (80% of whom are male) were in receipt of incapacity benefit saying that drug use made them unable to work (2008).⁷³

5.3.8 To support the Government's commitment set out in the 2008 Drugs Strategy (see Chapter 3) to ensure that the benefit system supports the new focus on re-integration, Jobcentre Plus (JCP) has employed drug coordinators in England from April 2009 and introduced measures aimed at identifying drug misusers and directing them to agencies able to support them in combating their drug problem.⁷⁴ Each region had a JobCentre Plus drugs co-ordinator whose role is to:

⁷⁰ Evidence from Assistant Director of Employment, 27 October 2009

⁷¹ www.guardian.co.uk/society/joepublic/2008/dec/16/drugsandalcohol-welfare

⁷² The main benefits are incapacity benefit, job seekers allowance, disability living allowance and incapacity benefit.

⁷³ Hay, G and Bauld, L (2008) *Population Estimates of Problematic Drug Users in England who Access DWP benefits: A feasibility study*. At: www.research.dwp.gov.uk/asd/asd5/WP46.pdf.

⁷⁴ www.nta.nhs.uk/news_events/newsarticle.aspx?NewsarticleID=170



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- define a clear set of relationships between individuals, teams and key agencies in the drugs field;
- develop and encourage relationships with external agencies; and
- raise awareness of Jobcentre Plus and its programmes and services.

- 5.3.9 They have also been responsible for ensuring that drug training has been included in the induction programme for all new JCP advisors. Since April JCP advisers have been identifying and referring customers with heroin and crack cocaine problems to a discussion with a Drug Treatment Provider, with a view to accessing treatment. Advisers will determine if someone is a problem drug user and if this is a barrier to them finding employment. If it is, and they are not already on a drug treatment programme, the referral will be made to a discussion with a drug treatment provider. Advisers are currently being encouraged to persuade customers to participate voluntarily, but where customers fail to attend the appointment the adviser will mandate and apply a sanction for non-compliance (legislation awaiting royal assent) but not until establishing if further support is required.
- 5.3.10 In addition, the Department of Work and Pensions will be piloting a new regime for problem drug users (heroin and crack cocaine users) in five Jobcentre Plus Districts, including Birmingham and Solihull. The two-year scheme, starting in October 2010, will seek to identify, assess and refer to a treatment service all heroin and crack cocaine users who are in receipt of Jobseekers Allowance (JSA) and Employment Support Allowance (ESA) and who are not already receiving treatment for their drug problem.
- 5.3.11 It was intended that those who refuse to undergo an assessment will be required to undertake a single or a series of drug tests carried out by Jobcentre Plus, and risk a financial sanction for failing to undertake any of the mandatory activities. While on the new regime (for a maximum of twelve months) they will be paid a treatment allowance in place of their benefits. Drug users in receipt of JSA and ESA who are already in treatment for their drug use will not be affected by this pilot scheme and will continue to receive treatment and benefits as long as they are in treatment.
- 5.3.12 In discussion at meetings in Birmingham⁷⁵, a number of service providers have been concerned that this will subsequently stigmatise claimants, but had been assured that the claimant will still be classed as having their main benefit (such as JSA). Many service providers in Birmingham have been actively supporting the new approach and engaging in the training of advisors. However, there has been some concern about the effectiveness of coercion, although it is, of course, already embedded in the criminal justice system.
- 5.3.13 Following our evidence gathering session the Welfare Reform Bill received royal assent, but with amendments that mean a claimant cannot be forced to undergo treatment. Claimants still have to comply with a rehabilitation plan, but participation in drug treatment will only be included if a

⁷⁵ Attended by the Scrutiny Office 30/9/09; 17/09/09



claimant agrees to it being there. Refusal to 'engage' in for example, educational sessions, or self-esteem, counselling and confidence building, without good cause, may still result in a benefit sanction.⁷⁶

Housing

5.3.14 Housing is another part of the recovery jigsaw. Chapter 2 indicated that drug and alcohol misusers can make for poor neighbours. This section, however considers the housing support that clients may require alongside or after treatment.

5.3.15 In terms of the Housing and Constituencies Directorate role we were informed that housing officers refer their tenants to referral agencies, but we were unable to ascertain whether staff have or require any training in identifying drug and alcohol related problems and in the referrals process. We would encourage close working at a local level between constituency housing teams, alcohol and drug forums and treatment services.

5.3.16 There is additional support available for people (both City Council tenants and others) with varying housing support needs through the Government's Supporting People programme. Whilst it is no longer ring fenced it aims to: 'help end social exclusion by preventing crisis and more costly service intervention and enabling vulnerable people to live independently both in their own home and within their community through the provision of vital housing-related support services.'⁷⁷ The City Council's Supporting People's team and BDAAT have worked together to procure Supporting People services for:

- 55,000 hours of housing related support per year for people with a drug misuse problem;
- 34,200 hours a year for housing related support for people with an alcohol misuse problem;
- 10,000 hours a year for 'step down' support from tier 4 treatment.⁷⁸

5.3.17 The Swanswell project was successful in their bid to provide cross tenure support to vulnerable adults in need of assistance and support in drug and alcohol related issues. It needs to be noted that there has recently been some disquiet about the impact of new supporting people contracts on some third sector organisations, particularly with regards to perceptions of lower levels of support for drinkers⁷⁹ and questioning about whether value for money is best achieved by reducing choice.

5.3.18 A more specific housing need relates to the support required by clients who come out of residential treatment (currently 250 a year) to help with their reintegration. Currently there is one five-bed unit in the city that can offer this residential support. We were told that 'the outcome for

⁷⁶ www.drugscope.org.uk/newsandevents/currentnewspages/Welfare_Reform_Changes.htm

⁷⁷ www.communities.gov.uk/housing/supportandadaptations/supportingpeople/

⁷⁸ Housing and Constituencies Directorate report to Local Services and Community Safety O&S Committee 27 October, 2009

⁷⁹ 'Council funding shake-up 'will hit groups supporting homeless hard', *Birmingham Mail*, 6 October, 2009;



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service users accessing this treatment pathway to reintegration back into the community is far more successful than for those who do not.⁸⁰ To address this gap £2m has been secured from the NTA and Home Office, on condition it is fully committed by the end of 2009/10. It is proposed to develop a specialist facility at Summerhill House, in Ladywood. The proposals are to refurbish an existing council-owned building to provide accommodation for 25 residents. In addition the ground floor is intended to be an information hub and cafe run as a social enterprise and will include office accommodation, HIV information hub, communal space, training accommodation, medical consulting rooms, and a laundry. The cafe will provide opportunities for volunteering and mentoring. The revenue to run the residential element of the project will come through housing benefit and NTA pooled treatment funding.

5.4 Recovery Model

5.4.1 Embedding aftercare including housing, training and employment into the interventions for substance misusers ensures circumstances where treatment is more effective and relapse less likely. The recovery model encompasses this by stepping beyond the current medical model and starting to look at a substance misuser's whole life i.e. beyond a simple approach focused on treatment or meeting simple targets. There has been debate around recovery, particularly in relation to whether or not abstinence is required. It clearly also changes the burden of funding with medical treatment only being part of the package. It can be described as being

characterised by voluntarily–sustained control over substance use which maximises health and well–being, and participation in the rights, roles and responsibilities of society.⁸¹

5.4.2 Recovery is a process that takes time. Although recovery can be kick started through requirements of the criminal justice system it is clear that it needs to be a voluntary process. The overall aim is for the substance misuser to build a satisfying and meaningful life. However the need for service users to be treated as individuals is crucial as different interventions will suit different people, and some people may be able to achieve recovery without formal external interventions.⁸² Some of the outcomes and requirements for people in recovery include:⁸³

- Hope;
- A secure base, such as housing;
- A sense of self;

⁸⁰ BDAAT evidence for Local Services and Community Safety O&S Committee 27 October, 2009

⁸¹ www.ukdpc.org.uk/resources/recovery.ppt

⁸² The UK Drug Policy Commission Recovery Consensus Group (2008) *A Vision of Recovery*. At: www.ukdpc.org.uk/resources/A%20Vision%20of%20Recovery.pdf

⁸³ www.en.wikipedia.org/wiki/Recovery.model



- Supportive relationships from substance misuse worker, families and community;
- Empowerment and inclusion;
- The development of coping strategies;
- A sense of meaning.

5.4.3 Treatment is and will remain central to the national ten year national strategy.⁸⁴ However, there will be an increased emphasis on improving effectiveness, matching quantity of service with quality and a 'radical new focus for treatment services on helping drug misusers to re-establish their lives through education, training and employment':

Having got record numbers of problem drug users into treatment quickly, the focus of the system is now shifting to moving people through treatment, and getting them safely out the other end. Some critics have a point: the system had become too reliant on the immediate benefits to society of users being in treatment, and insufficiently focused on the long-term benefits to the individual of being in recovery. This is why we are encouraging drug workers to be ever more ambitious for their clients, by providing them with the tools they need to upgrade their skills.⁸⁵

5.4.4 Equally BDAAT are moving in this direction:

BDAAT remains committed to a balanced treatment system in which a range of options are available to benefit drug misusers at different times in their lives, including harm reduction services, structured treatments such as substitute prescribing and psychosocial interventions and also residential and community detox and rehabilitation programs for drug misusers aspiring to become abstinent from their drug of dependence.⁸⁶

5.4.5 This is welcomed and we would echo the view of the UK Drugs Commission consensus group:

We feel there is a real opportunity here for a radical improvement in outcomes for those affected by the problems of substance misuse.⁸⁷

5.4.6 As an example, Liverpool is a 'recovery city'. It is a label and an approach that encompasses all the programmes working to address substance misuse with an emphasis on excellent communication

⁸⁴ *Birmingham Adult Drug Treatment Plan 2009/10*

⁸⁵ NTA (2009) *The Story of Treatment*. At: www.nta.nhs.uk/publications/documents/storyofdrugtreatment0809.pdf

⁸⁶ Birmingham Adult Drug Treatment Plan 2009/10

⁸⁷ The UK Drug Policy Commission Recovery Consensus Group (2008) *A Vision of Recovery*. At: www.ukdpc.org.uk/resources/A%20Vision%20of%20Recovery.pdf



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and signposting and a focus on the client. In terms of reaching substance misusers, outreach work with a range of different client groups, such as street drinkers, is carried out. Once users are in treatment every service provider should be able to identify clients needs and signpost to appropriate services, including in relation to reintegration issues such as employment and housing. Services are client focused with service users being required to meet clear criteria with robust contract management and monitoring. Families, carers and children are also seen as clients needing support. Care is also wide and can, for example, ensure a substance misuser gets the dental treatment they require or support with benefits, training, employment or housing.

- 5.4.7 A focus on diversity issues through a diversity treatment sub-group which improves understanding of and focuses attention on specific user groups such as faith groups, black and minority ethnic minorities and lesbian, gay and bisexual groups. Information is translated into existing and emerging community languages and understanding is being developed of specific groups, such as the deaf community. Involving communities is also integral in terms of promoting harm reduction and prevention and supporting communities to deal with substance misuse issues effectively, such as providing a community group with leaflets in an appropriate language.
- 5.4.8 The Liverpool DAAT's approach is: 'no-one is hard to reach. You're just not looking hard enough.'⁸⁸

5.5 Criminal Justice and Civil Law Response

- 5.5.1 The previous section examined interventions as they relate to the individual drug or alcohol misuser. However, the response of agencies also recognises the impact of misuse and accompanying crime and anti-social behaviour on communities.
- 5.5.2 Table 7 sets out the different penalties for possession and dealing and for any resulting violent or acquisitive crime.
- 5.5.3 However, there are also a number of civil and criminal remedies available when looking to minimise the impact of drug misuse. These include anti-social behaviour orders (ASBOs) and injunctions. However, the terms of these are prohibitive, in that perpetrators are only ordered not to do certain things and cannot be compelled to take specific actions, e.g. entering drug treatment. This can limit their usefulness and lead to breaches, where substance misuse is involved).
- 5.5.4 The Drug Interventions Programme (DIP) includes court based initiatives such as restrictions on bail (RoB) and required assessments to maximise the opportunity to engage offenders in treatment.
- 5.5.5 Recent legislation has provided two further court orders:

⁸⁸ Liverpool DAAT 9 November, 2009



- Drinking Banning Orders (whereby the Police or local authority can apply for an order between 2 months and 2 years to stop an individual drinking);
- Drugs Intervention Orders (civil orders aimed at stopping ASB relating to drug misuse by imposing prohibitions necessary for that purpose on the person's entering premises such as pubs, clubs and night clubs).

Table 7: Illegal Drugs, Classification and Penalties for Possession and Dealing

Classification	Drug	Possession:	Dealing
Class A	Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection).	Up to seven years in prison or an unlimited fine or both.	Up to life in prison or an unlimited fine or both.
Class B	Amphetamines, Cannabis, Methylphenidate (Ritalin), Pholcodine.	Up to five years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.
Class C	Tranquilisers, some painkillers, Gamma hydroxybutyrate (GHB), Ketamine.	Up to two years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.

Source: Home Office

5.5.6 The Police can also:

- Close cannabis factories;
- Implement closure orders for crack houses (crack houses and other premises where anti-social behaviour takes place can be closed by Police under legislation introduced in 2008).
- Tackle dealing.

5.5.7 The development of neighbourhood policing to respond to community concerns is welcome with regards to drugs and alcohol.

5.5.8 There are a number of examples of joint working between Police, City Council and other partners. For example the Birmingham Arrest Referral Scheme is a DIP initiative between the police, local drug services and the Drug Action Team which uses point of arrest as an opportunity to help problem drug users access treatment. There is also an alcohol arrest referral scheme, whereby those arrested for alcohol related offences are bailed from the police station and required to attend sessions to get help for their alcohol problems. This was piloted in Erdington and is now being rolled out across the city.

5.5.9 Alcohol Restricted Areas (ARA) are used widely in Birmingham, to allow the Police to ask people within the area to stop drinking or confiscate or dispose of any alcohol the person has, in an effort to curb drink related anti-social behaviour. The Police can apply to the City Council through the Licensing Committee to set up an ARA.



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- 5.5.10 The Council and Police also work to ensure responsible retailing and industry practices. One example of this is the Best Bar None: a national “best practice” initiative, supported by the Home Office, which aims to provide an incentive for licensees to improve their standards of operation to the level of an agreed national benchmark.⁸⁹
- 5.5.11 A bottle watch scheme has been trialled in Northfield and West Heath in 2007 and since been used elsewhere in the city. This is where a number of retailers work together with the Police to tackle underage drinking and anti-social behaviour, including littering. A number of tamper proof labels are purchased and put on certain bottles/cans of alcohol, which come in either different colours or number to identify each shop involved in the scheme. Whenever a broken bottle or underage drinker is found, the label will identify the shop where the alcohol was bought, and provide information about who is selling alcohol illegally or who sold alcohol to someone that gave it to a minor.
- 5.5.12 It is reported that the most successful Bottle Watch schemes charge a small deposit for each marked bottle of say 50p, which is refunded when the bottle is returned. This combats and dramatically reduces the number of broken bottles and litter on the streets as people wish to get their deposit back and helps prevent people attempting to peel the labels off the bottle.⁹⁰
- 5.5.13 Partners working to tackle alcohol misuse in Birmingham say that they have made a difference by:
- Using the Licensing Act 2003;
 - Working through the Joint Licensing Task Force;
 - Tackling underage sales;
 - Identifying hot spots;
 - Understanding the challenges; and
 - Building trust.⁹¹

5.6 Summary

- 5.6.1 The section was only ever intended to give a flavour of the range of work involved in responding to drugs and alcohol misuse. There is much more we could have looked at: for example, there are real concerns about the operation of the Licensing Act 2003. Initial research indicates that there has been little negative impact from the introduction of “24 hour drinking”. However, we would welcome further evidence at a local level to assess impact and understand if the City Council has powers to mitigate this. This concern is not limited to pubs and clubs, however – supermarkets

⁸⁹ Evidence to Local Services and Community Safety O&S Committee 20 April, 2009

⁹⁰ www.bottlewatch.co.uk,

⁹¹ Evidence to Local Services and Community Safety O&S Committee 20 April, 2009



and off-licenses must also promote sensible drinking. We will return to this issue in our final chapter.



6 Performance and Impact

6.1 Introduction

6.1.1 Having looked at governance and activity, we now consider the performance and impact of both. There are a number of ways we can look at this:

- How do the agencies measure against their own performance indicators?
- How effective have treatment and other interventions been?
- What impact has been had on crime and anti-social behaviour figures?

6.1.2 As we have already noted, comprehensive data is not always available and this will form a key recommendation of this report. However, we will look at the data that is available and what that tells us about the effectiveness of all the work that has been done.

6.2 Performance Indicators

6.2.1 New National indicators to measure local authority performance were introduced in April 2008. The National Indicator set comprises a broad range of performance indicators from which local strategic partnerships (in our case Be Birmingham) had to pick for inclusion in the Local Area Agreement (LAA). Table 8 sets out those indicators which directly relate to drugs and alcohol. The indicators in bold have been included in Birmingham's LAA.

Table 8: National Indicators relating to drugs or alcohol

National Indicator (NI)	Measure
38	Drug-related (Class A re-offending rate)
39	Rate of hospital admission per 100,000 for alcohol related harm
40	Number of drug users recorded as being in effective treatment
41	Perceptions of drunk or rowdy behaviour as a problem
42	Perceptions of drug use or drug dealing as a problem
115	Substance misuse by young people



- 6.2.2 Implementation of NI 38 – Class A drug user re-offending rate – commenced in 2008/09 so no data on performance is available. The target at the time of writing for this is a 5% reduction from the baseline year (2008/09). The latest available data (from January – March 2009) shows a reduction of offending by 20% against a target of 5%. The partners responsible for delivering this target are the West Midlands Police (lead partner), Youth Offending Service, Probation, West Midlands Police Authority, South Birmingham PCT, Birmingham East and North PCT and Heart of Birmingham PCT.
- 6.2.3 Also included in Birmingham's LAA is a local indicator on alcohol-related harm. This involves looking at recorded crime which often has a special interest marker (as referred to in section 2.3.10) and includes perceptions of drunk and rowdy behaviour. The partners responsible for delivering this target are South Birmingham PCT, Birmingham East and North PCT, Heart of Birmingham PCT, West Midlands Police, Birmingham City Council and West Midlands Police Authority.
- 6.2.4 The proposed targets for 2010/11 are:
- An 11% reduction against the 2007/08 baseline (equivalent to a reduction from 4,527 offences to 4,029);
 - Reduce the percentage of people who feel people being drunk/rowdy in public places from 17% (as measured in the West Midlands Police's Feel the Difference Survey 2008/09) to 15%.
- 6.2.5 The interim target for 2008/09 for the first part was missed: with 4,866 offences committed (2008/09 was a baseline year for the second part). In a report to the Council's Co-ordinating (Finance and Performance Sub) Overview and Scrutiny Committee, this indicator was deemed to be at risk although the commentary indicated that some of the increase may be due to more accurate reporting.⁹²

6.3 Effective Treatment

- 6.3.1 One of the key measures of the National Drug Strategy is the number of drug users in effective treatment. This measures the number of crack and/or heroin users (Problematic Drug Users, or PDUs) who remain in treatment for 12 weeks or more or successfully complete their treatment in less than 12 weeks:

Research suggests that 12 weeks is the minimum length of time needed to optimize treatment outcomes for heroin users receiving Methadone Maintenance Prescribing and heroin and stimulant users receiving abstinence focussed Residential Rehabilitation services.⁹³

⁹² LAA 2008/9 Annual Progress/End Of Year Performance, Report to Co-ordinating O&S (Finance & Performance Sub) Committee, 10 July 2009

⁹³ National Treatment Agency for Substance Misuse (2005) *Retaining Clients in Drug Treatment* DoH: London



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- 6.3.2 The importance of maximising the effectiveness of that treatment is also recognised in the Strategy, and attempts to measure that captured through the underpinning of the National Drugs Strategy by a specific set of Public Service Agreements (PSAs), the detail of which is set out in Appendix 4.
- 6.3.3 In terms of numbers of drug users in effective treatment in Birmingham, these have increased from 4,394 in 2004/05 to 6,057 in 2007/08 (5,350 of whom were using heroin or crack cocaine). Targets were set for 2008/9 and 2009/10:
- To increase the number of heroin and crack cocaine users in effective treatment by 7% to 5,725 in 2008/09 (the actual number achieved was 5743);
 - To increase the number of heroin and crack cocaine users in effective treatment by a further 2% in 2009/10.
- 6.3.4 The outturn data for number of PDUs in effective treatment was 5,744, exceeding the 7% increase target.
- 6.3.5 This reflects the national picture:
- significant investment in treatment services resulted in doubling the number of drug misusers in treatment nationally from 100,000 in 2004/5 to 200,000 in 2007/8.⁹⁴
- 6.3.6 These indicators are ultimately the responsibility of the Department of Health but local delivery is devolved to the Birmingham Drug and Alcohol Action Team (BDAAT), which developed the Birmingham Adult Drug Treatment Plan.
- 6.3.7 Planned treatment exits are also measured: in 2007/08 these were the same White, Black and Asian, and for males and females. However, they are significantly higher for the 18-24 age group (29%) than for the 25-34 age group (15%) and the 35-34 age group (18%). Planned exits for cocaine users (32%) and cannabis users (40%) are much higher than for primary opiate users (13%) and primary crack users (17%).⁹⁵

National Comparisons

- 6.3.8 Looking at the indicators above and how they are used across the country, it can be seen that there are 131 out of 152 localities that have designated targets against at least one of the above National Indicators.
- 6.3.9 Each of the core cities has between 1 and 3 National Indicators within their respective LAA around reducing the harm caused by drugs and alcohol. Details of each of these can be found in Appendix 4.

⁹⁴ *Birmingham Adult Drug Treatment Plan 2009/10*

⁹⁵ *Ibid*



6.4 Impact on Crime and Disorder

- 6.4.1 As we explained in the first chapter, the main reason for undertaking this Scrutiny Review was to look at how residents are affected by drugs and alcohol misuse and how we can reduce this harm. The current crime position, as set out on the Safer Birmingham Partnership's website⁹⁶ shows crime between 2008/09 and 2007/08 was reduced by over 7% overall. Within this period, serious acquisitive crime which includes burglary, robbery and theft of and from motor vehicles is down by over 6%. In 2007/08 there were 7703 burglaries and in 2008/09, there were 7230 burglaries, that is 473 less burglaries. In 2007/08, there were 9966 incidents of theft from motor vehicle compared to 9452 incidents in 2008/09, a reduction of over 5%. It is impossible to determine the extent to which interventions to address drugs and alcohol have had a direct impact on these figures.
- 6.4.2 There are a number of indicators from the national set which seek to measure this and these are set out in Table 9.

Table 9: National Performance Indicators relating to crime and disorder

Indicator	Baseline	Targets			08/09
		08/09	09/10	10/11	
NI 15 Serious violent crime rate	1.41 crimes per 1,000 pop (07/08) (Equates to 1,419 offences)	1.36 crimes per 1,000	1.31 crimes per 1,000	1.25 crimes per 1,000 (Equates to 1,263 offences)	✘ 1.52 per 1,000
NI 16 Serious acquisitive crime rate	26.24 crimes per 1,000 (2007/8) (Equates to 26,412 offences)	25.28 crimes per 1,000	24.32 crimes per 1,000	23.35 crimes per 1,000 (Equates to 23,507 offences)	✓ 23.35 crimes per 1,000 (equates to 23,507 offences)
NI 21 Dealing with local concerns about anti-social behaviour and crime by the local council and police	26.4% (2008)	Baseline year	-	30% (2010)	No data – baseline year
NI 30 Re-offending rate of prolific and priority offenders	17%	Baseline year	20%	TBC	No data – baseline year
NI 45 Young offenders engagement in suitable education, employment or training	73.24% (2006/7)	78.4%	80.4%	82.4%	✓ 78.9%

⁹⁶ www.saferbirmingham.org.uk/current-crime-position.html; 29 October 2009



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- 6.4.3 A report to the Council's Co-ordinating (Finance and Performance Sub) Overview and Scrutiny Committee noted that NI15 was at risk (i.e. first year target missed) and the commentary noted that alcohol related instances make up a significant proportion of violent crime. However, it is not possible to draw a direct causal link between any increases/decreases in crime to activity described in this report.

6.5 Summary

- 6.5.1 Overall, it is too early to judge the recently set targets for drugs treatment, however numbers in effective treatment are increasing although there was some concern about meeting targets for alcohol. Proving cause and effect between drugs and alcohol interventions and changes in crime rates is not possible, but the drop in acquisitive crime rates is welcome and targeted drug treatment and aftercare can only support this. The rise in violent crime is an issue however, and given the clear links between that and alcohol abuse, makes this a critical issue for the city to address.



7 Views from the Constituencies

7.1 Introduction

- 7.1.1 The report thus far has focused on the range of services provided at a pan-Birmingham level. This is the level at which BDAAT are mandated to act and is often the appropriate level for intervention.
- 7.1.2 However, drugs and alcohol is also a local issue. It is a key issue of concern for residents, as noted in Chapter 2, and this fact is reflected in all Constituency Community Plans: eight out of ten have actions relating to drugs and five out of ten actions relating to alcohol.
- 7.1.3 It is clear that there are different emphases between Constituencies and therefore different approaches are being taken across the city in relation to drugs and alcohol. We therefore invited representatives from three Constituencies – Erdington, Hodge Hill and Sutton Coldfield – and heard evidence on their views of drugs and alcohol services across the city. In addition, we received written evidence from a fourth Constituency – Perry Barr.

7.2 Erdington Constituency

- 7.2.1 The Erdington Constituency Community Plan 2006 to 2010 was produced following extensive consultation with the community. The resulting priorities and actions identified as being most important for the future of Erdington include the need to develop a drugs and alcohol strategy to reduce criminal and anti-social behaviour and improve health.
- 7.2.2 Erdington have secured funding (£64,000) and contracted Aquarius to employ two Detached Workers primarily to serve the Kingstanding and Stockland Green wards. Their task was to work within the community, identifying hard to reach substance misusers and their families and deliver alcohol and drug interventions.⁹⁷
- 7.2.3 Activities undertaken as part of this project have included:
- Partnership work with, and referrals from, the NHS (Hospitals, Primary Care, and Community Mental Health Teams);
 - Specialist alcohol and drug training and co-ordinated work delivered to all front line statutory services (including Police and Magistrates) and local community groups;
 - Workshops in secondary schools on alcohol and drug misuse;
 - Work in partnership with the Fire Service (a reduction in accidental house fires, alcohol-related fires and anti-social behaviour);

⁹⁷ Aquarius Detached Workers *Briefing Paper* to Local Services and Community Safety O&S Committee, 11 May 2009



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- A Self Management and Recovery Training Scheme, run by volunteer facilitators taking a group approach to problem-solving and offering self-help and support;
- The Alcohol Arrest Referral Scheme, which was due to finish at the end of May (referred to in Chapter 5 above. The BDAAT Alcohol Arrest Referral has new funding from Primary Care Trusts and Working Neighbourhood Fund to pilot a scheme in three Operational Command Unit areas running alongside Drugs Arrest referral workers scheme.

7.2.4 Successful outcomes from the one to one work with people with drugs and alcohol problems include (as of May 2009):⁹⁸

- 131 clients have made a significant reduction in their alcohol intake (96% of all clients have reduced their alcohol intake substantially);
- 50 clients have achieved and maintained total abstinence from alcohol;
- 61 clients have improved their health and well being enough to access employment;
- 67 clients have improved their health and well being enough to access training courses, including fork lift licence, CSS building cards, college courses etc;
- 10 clients have successfully regained custody of their children;
- 10 clients have successfully completed residential rehabilitation and are resettled appropriately;
- 44 clients no longer use heroin;
- 11 clients have ceased crack cocaine use;
- 11 clients have stopped using amphetamines.

7.2.5 In the period since the start of the Aquarius project, anti-social behaviour and alcohol-related violent crime has reduced and the number of repeat offenders who have committed a crime while under the influence of alcohol has reduced by a significant 54%. The Constituency Director quoted from an evaluation:

To date the pilot project has managed over 1800 cases, each involving direct intervention work. What is particularly noteworthy is that 48% of these clients self refer – a remarkably high percentage from a client group that is recognised as being exceptionally difficult to reach. It should be recognised that working with substance misusers can be a long term process and success is defined as any client that makes any reduction in their drinking, however minimal.

7.2.6 This does demonstrate how alcohol and drug work can have a major impact on those who drink and misuse drugs. These successes have enabled the Constituency to secure £397,000 of Big Lottery Funding for a further three years work.

⁹⁸ Aquarius Detached Workers *Briefing Paper* to Local Services and Community Safety O&S Committee, 11 May 2009



7.2.7 When questioned about the success of partnership working we were advised that all projects were overseen by the Local Delivery Group and this process was working well. It had been surprising to note that in the past some service providers had been unaware of the services available from other providers, which has been addressed by a strong local lead.

7.3 Hodge Hill Constituency

7.3.1 Drug problems are more prevalent in Hodge Hill than alcohol problems. Drugs were adopted as a priority in 2006 following community concerns and the current Constituency Community Plan states that:

The issue of drugs has come up across the whole Constituency and was seen as a major priority for action at almost all the consultation events. Residents want to see action against drug dealers, education to prevent drug abuse and rehabilitation treatment for drug users.⁹⁹

7.3.2 In 2006, following the initial consultation, a drugs delivery group was established. This sits under the Constituency Strategic Partnership and has a wide membership including:

- Community Representatives;
- Community Drug Team;
- Birmingham DAAT;
- Police;
- Sexual Health Teams;
- Voluntary Sector Organisations.

7.3.3 The key themes have been partnership working, communications, prevention, drugs availability and enforcement. The drugs delivery group initially secured £78,500 Neighbourhood Renewal Funding from the four wards to employ a Drug Strategy Manager and to commission local organisations to deliver against gaps in existing service provision. However, officers in the Constituency had been unable to access adequate data on local needs and numbers of residents in treatment from BDAAT. As a result they decided to carry out their own needs assessment: the Drugs Needs Analysis and Action Plan 2007-2009 which fed into the Constituency Delivery Plan for the Local Delivery Group.¹⁰⁰ More recently Police Occupational Command Unit funding has also been obtained.

7.3.4 Since 2006, the drugs delivery group has:

⁹⁹ *Hodge Hill Constituency Community Plan 2006-10*

¹⁰⁰ Available at www.birmingham.gov.uk/hodgehill



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- Produced and distributed the Hodge Hill Constituency Drugs and Alcohol Needs Analysis and Action Plan 2008-2010;
- Established a local commissioning panel;
- Established a partnership referral process;
- Increased numbers into treatment;
- Achieved a co-ordinated partnership response to drugs enforcement;
- Set up a programme of education and awareness at primary and secondary schools, mosques and madrassas;
- Increased the number of Closure Orders (crack houses and other premises where anti-social behaviour takes place can be closed by Police under legislation introduced in 2008);
- Worked with Asian and South Asian Women's Groups;
- Ensured increased positive interventions with young people through the Beyond Midnight Bus and Hodge Hill's Got Talent;
- Increased access to localised drug & alcohol outreach teams.

7.3.5 Since that time Hodge Hill has seen reductions in Class 'A' drug offending rates: -34.3% against -10% the previous year.¹⁰¹

7.4 Sutton Coldfield Constituency

7.4.1 When the Safer Birmingham Partnership produced analysis showing where problems relating to alcohol were concentrated in 2006, there were two hotspots, the city centre and Sutton Coldfield town centre. Sutton Coldfield residents have expressed concern on matters relating to alcohol consumption and sale, and also young people, drug use and anti-social behaviour

Analysis of drug offences indicates that those who are committing crime in Sutton Coldfield to fund their drug habit are usually resident in other constituencies.

7.4.2 However, out of 40 licensed premises that were tested in 2006-07 for drug misuse, only one did not have traces of drugs on the premises. It has been identified at a city level that residents in Sutton Coldfield have to travel the furthest to treatment centres.¹⁰²

7.4.3 The Stay Safe Local Delivery Group is the key structure in the Constituency for tackling drug and alcohol issues. They have held events focused on raising awareness and educating on drug issues and have developed a Constituency Drug Strategy and the Alcohol Strategy. There was a pilot project on liver testing with residents, using a mobile facility for testing and the results of liver

¹⁰¹ Safer Birmingham Partnership Performance Analysis, March 2009

¹⁰² Stay Safe Alcohol Strategy Sutton Coldfield, 14 April 2009



testing were given by health professionals in a private consultation. However, no details were kept of the proportion of residents who were informed that they had liver problems due to over consumption of alcohol. Other activity includes:

- Test Purchasing Operations in partnership with Trading Standards;
- Continuation of Alcohol;
- Arrest Referral Scheme (ARS);
- Extension of Alcohol Restricted Zone;
- Continuation of Taxi Marshall scheme;
- Joint Licensing Taskforce;
- Review of Pubwatch.

7.5 Perry Barr Constituency

7.5.1 Addressing drugs and alcohol problems is a key priority in the Perry Barr Constituency Community Plan. In Perry Barr the Constituency Community Safety Manager has established a multi-agency Class A Drugs and Alcohol Group. The aims are to locally:

- Satisfy the statutory requirements regarding substance misuse and alcohol misuse;
- Promote a wider understanding of the contributions and responsibilities of individual agencies and develop a shared commitment to the aim of the partnership;
- Consider a variety of options to prevent and reduce crime, disorder and the fear of crime, following an evidenced-based approach;
- Promote the sharing of good practice and to divert people away from substance misuse and crime;
- Promote monitoring, evaluation and research into the effectiveness of local initiatives;
- Develop and maintain links with community groups and to value the views expressed by voluntary, community and businesses;
- Encourage and monitor collaborative partnerships between local communities, statutory and non-statutory organisations, including outreach, detached and peripatetic work.

7.5.2 The group was asked for their views on services for drug and alcohol misusers and they raised a number of concerns. A key one is about the delay between phoning the single point of contact and getting an initial appointment. They felt that some people never entered treatment because they would not ring the number or would ring but by the time the referral came through they could have changed their minds. They also questioned the degree of choice clients had when it came to referral to service providers.



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7.5.3 A key concern was the void that they perceive between BDAAT and the stakeholders at a local level. Over the previous 12 months they feel frustrated at the difficulties they have encountered in achieving effective dialogue with BDAAT and understanding how it can support their local work. In future they wanted to:

- Know how to find out what BDAAT do and what they commission;
- Local data such as tactical assessment and temporal data;
- To know who is accessing the services and the evidence that they are providing services for women, people from black and minority ethnic groups, and that that these services are being used;
- Know if BDAAT commission locally and, if so, what do they commission;
- Know how can BDAAT support constituencies with interventions that run alongside enforcement activity;
- Receive more information about services that there are for those who have not been referred through the criminal justice system and for recreational users especially young people;
- Receive further information about what is happening locally about rehabilitation and what services there are locally.

7.5.4 Some of these issues we have answered in this Scrutiny Review: for example BDAAT have confirmed that they commission at a pan-Birmingham level as they are mandated to do, and the single point of contact is open to all users, not just offenders. However, this reflects some of the concerns we raised in the last chapter – particularly around availability of comprehensive data on who is accessing services and what happens to them post-treatment.

7.5.5 Finally, they felt that front line City Council staff were not taking up valuable opportunities for training on drug awareness. Although this is offered, the fact that it was not made integral to the new personal development review (PDR) process has made it difficult to get manager or staff buy-in for training which they view as crucial to improve the services they provide to customers.

7.6 Summary

7.6.1 It is clear from the evidence in this chapter that local solutions available locally are seen to be key factors of success.

7.6.2 After reviewing the evidence we were concerned about the relationship between neighbourhoods and BDAAT. We heard from Erdington that there is a need to ensure that at a local level there was clarity on what needed to be delivered. However, we also heard from Hodge Hill that insufficient data is available for Constituencies to help them construct a needs analysis and decided on necessary interventions. The witnesses from the Constituencies expressed their concern that BDAAT was more focused on pan-Birmingham issues than on local interventions. One proposal



from witnesses was that resources available to BDAAT should be accessible for local delivery or that use of those resources should be able to be influenced at a local level.

7.6.3 We were told that the focus of the targets was on numbers into treatment and targets could be achieved by targeting those individuals who were arrested or who were in prison. To ensure better access for all targets need to be set more challengingly to ensure that those 'harder to reach' users are also engaged.

7.6.4 When questioned as to what was considered to be the key elements of work to address drug and alcohol misuse the following were amongst the points made by officers from all Constituencies represented:

- Creative thinking on ways to meet needs;
- Willingness to take a risk on developing interventions;
- Leadership;
- 'Can do' approach with it being recognised that structures can sometimes get in the way of service delivery;
- Interventions and measuring outputs;
- Integrated working with partners who would not normally work together;
- Experimentation to test out theories and find new approaches;
- Courage to support services which were not delivered directly by the Council;
- Local commissioning to be based on evidence.

7.6.5 Staff training for City Council and other front line workers was raised as an issue. If an aim is to ensure more people get treatment and understand that treatment is available, then drugs and alcohol should not be a responsibility of specialists alone. For example, does a debt advisor at a neighbourhood office know where he could refer a client to if it is clear that alcohol is taking up a substantial proportion of the household budget?



8 Children and Young People

8.1 Introduction

- 8.1.1 The work that we did for this Scrutiny Review focused on adults, however it is important to recognise the need to work effectively with young people and children to minimise the impact that drugs and alcohol have on their lives. In part this is because evidence that indicates that 'vulnerability to use is highest among young people, with most problem drug users initiating by the age of 20 (typically earlier for cannabis). Individuals dependent on drugs often become so in their early twenties and may remain intermittently dependent for many years.'¹⁰³
- 8.1.2 This section gives a brief overview of the work carried out across the city in terms of education and prevention with young people and about management interventions for those at risk of or using drugs and alcohol. We also look the services provided by the Youth Offending Service for those who have offended and therefore are deemed more at risk of substance misuse or are using drugs or drinking.
- 8.1.3 Treatment for young people and children is commissioned by the City Council with BDAAT and is currently provided by In-volve HIAH (see further information in Appendix 3). This service is currently being recommissioned.

8.2 What do we know about use and attitudes?

- 8.2.1 National Indicator NI 115 measures substance misuse by young people across the country from the Ofsted schools based Tellus3 survey¹⁰⁴ completed by young people. It measures young people frequently using illicit drugs, alcohol or volatile substances. In 2008-09 10.9 % of pupils in England, 10.2% of West Midlands and only 7.5% of pupils in Birmingham had done so. The only core city with a lower proportion is Manchester with 7.0%.¹⁰⁵
- 8.2.2 In terms of alcohol use (for years 6, 8 and 10), 38% of Birmingham's young people say they have never drunk alcohol and a further 26% say they have never been drunk. A quarter (24%) admit to having been drunk on at least one occasion – less than the national average (33%).
- 8.2.3 Figures from the Safer Birmingham Partnership showed that in 2008-09 under 18s carried out 249 offences recorded as involving alcohol and 85% of those were violent crimes. Over 170 defendants of alcohol related crimes were under 18 years of age. 8% of Birmingham's young people (years 8 & 10) have taken drugs, compared to 11% nationally. 5% had used cannabis or skunk in the

¹⁰³ NICE, 2007, *Drug Misuse: Opioid Detoxification*, At: <http://www.nice.org.uk/nicemedia/pdf/DrugMisuseOpioidDetoxFullGuidelinePublishedVersion.pdf>

¹⁰⁴ *TellUs3 National Report*, Ofsted, (September 2008)

¹⁰⁵ Department for Children, Young People and Families 2009



previous four weeks, 1% had sniffed solvents, glue or gas and 1% had used other drugs including cocaine and 'magic mushrooms'.

- 8.2.4 Turning to drug offences, 9.5% of defendants involved in drug offence related crimes were under 18. However, the proportion of these offences involving class A drugs is only 3%, much smaller than for all drug offences. Cannabis appears to be the most common type of substance misuse. 18 under 18s were arrested for drug trafficking offences, under 5% of the total.
- 8.2.5 Youth Offending Services data has been analysed and it appears that the more difficulties a young person is exposed to the more likely they are to have a substance misuse problem. Issues include experience of the care system, poor school attendance and substance misuse within the family. Young people misusing substances are more likely to be linked to anti-social behaviour, committing and being victims of violence and risky sexual behaviour, but unlikely to be involved in acquisitive crimes.

National Guidance on Alcohol

- 8.2.6 During the spring of 2009 the Department of Children, Schools and Families (DCSF) carried out a consultation into alcohol guidelines for children and young people.¹⁰⁶ The report outlined the Chief Medical Officer's guidance:

An alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years ... If young people aged 15 to 17 years consume alcohol it should always be with the guidance of a parent or carer or in a supervised environment.

- 8.2.7 It was announced that there will be a communications campaign led by the DCSF targeting young people and their parents with one focus being to support parents to discuss alcohol with their children. There will be further guidance for schools on drugs and alcohol for consultation in the autumn of 2009, and it will include a greater emphasis for alcohol.

8.3 Birmingham's Approach

- 8.3.1 The starting point for considering the interventions regarding the use of drugs and alcohol by young people in Birmingham is the Children and Young People's Substance Misuse Strategy (outlined in Chapter 3).
- 8.3.2 In line with this strategy, BDAAT commissions activity for children and young people. For 2009/10 funding for work with young people to lessen the impact of substance misuse totalled £1,421,871. Some work is also undertaken by Birmingham City Council and by Youth Offending Team. These are discussed below.

¹⁰⁶ Department of Children, Schools and Families (2009) Consultation on Children, Young People and Alcohol. AT: <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00357>



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Health Education

8.3.3 Drug education is not a statutory part of the curriculum in schools. To date issues of drug education have focused predominately on the scientific aspect. There are however opportunities for schools to include drug education as part of the PSHEE (Personal, Social, Health and Economic Education) curriculum that informs students' personal and social development by demonstrating the impact of misuse of drugs and alcohol on their behaviour and health. Statutory requirements include that pupils should be taught:

- At Key Stage 1 (ages 5-7): the role of drugs as medicine;
- At Key Stage 2 (ages 7-11): the effects on the body of tobacco, alcohol and other drugs, and how they relate to health;
- At Key Stage 3 (ages 11-14): the role of lung structure in gas exchange; abuse of alcohol, solvents and how other drugs affect health;
- At Key Stage 4 (ages 14-16): effects of solvents, alcohol, tobacco and other drugs on body functions

8.3.4 Citizenship education in secondary schools at Key Stages 3 and 4 is statutory and aims to ensure that students understand the role of society and their rights and responsibilities within it. As part of the learning pupils can be expected to be taught about the legal aspects of drug use and the effects on communities. Under the Sex and Relationship Education (SRE) strand of the PSHEE schools are encouraged to focus on amongst other topics the impact of alcohol and substance misuse in young people's sexual behaviour. This work also supports the teenage pregnancy strategy.

8.3.5 Since 2004 there has been no specific Government funding for drug education in schools. A small amount of funding has been available through the Healthy Schools Programme (as part of the National Healthy School Status) under the PSHEE standard for drug education. Currently over 95% of schools in Birmingham are involved in gaining the NHSS which ensures that a minimum standard is reached across four areas. The process of achieving NHSS by Birmingham schools will contribute to the 'Every Child Matters' agenda and Council Plan objectives 'Stay Safe' and 'Be Healthy'.

8.3.6 The City Council's HES (Health Education Service) has been involved in a number of projects and policy work aimed at drug education and prevention including representing the city in government consultations and participates in regional and national advisory group. Examples of work undertaken by HES include surveys of drug and alcohol education and drug-related incidents in schools over a 10 year period (since 2000). Survey results show that:

- Almost all of Birmingham schools have a clear policy in respect of drug education and drug-related incidents;
- There is clear ownership of drug education programmes with teachers taking a lead;



- A majority of schools have specific reference to alcohol in their school policy and in their curriculum content;
- Most schools now deliver drug education via PSHEE, Citizenship and Science.

8.3.7 However we learnt of some concerns too. We heard that schools may go for free or cheap services due to budgetary considerations in seeking support for a programme of drug education. This often leads to not considering best practice or following guidance issued by the HES. In addition:

- The HES has no direct funding to monitor practice relating to drug education in schools;
- Few schools measure the effectiveness of their programme of drug education;
- Training for those delivering drug education is poor and is not a high priority in enough schools. Survey responses concerning training for drug education is low as is the demand from individual schools;
- Lack of coordination has meant that appropriate support cannot be offered to schools to encourage a common approach to drug education. This includes identifying and utilising the most effective agencies resulting in unnecessary competition rather than effective cooperation.¹⁰⁷

8.3.8 It is important to note that whilst we fully support drug and alcohol education more evaluation has to be carried out locally, nationally and internationally to determine best practice:

‘Establishing the effectiveness of drug education is a complex task. Almost all evaluations of programmes have been inconclusive in terms of perceived results in reducing or preventing drug use. Where programmes have shown positive results, the benefits have been in improved knowledge, decision-making skills, and improved self-esteem. Personal and social skills, however, have not been shown in themselves to relate directly to the prevention of drug use’.¹⁰⁸

Youth Service

8.3.9 The City Council’s Youth Service works with and for 13-19 years olds and is a universal service open to all young people. It provides in the main preventative and diversionary projects and activities to engage young people in positive alternatives. The role of the Youth Service in relation to the misuse of drugs and alcohol is to provide information and support to young people and signpost those individuals with specific needs to the most appropriate agency or service.

8.3.10 Specific projects relating to substance misuse are run as part of youth club programmes around issues such as health, crime, employment and anti-social behaviour that would feature the negative impact of drugs and alcohol on the lives and aspirations of young people and society as a whole. Examples of these include:

¹⁰⁷ Evidence to Local Services and Community Safety O&S Committee, 29 September 2009

¹⁰⁸ Department for Education and Employment 1998 *‘Protecting Young People’* quoted by Drugscope



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- A specialist Aquarius worker based at the Maypole Youth Centre, to work alongside youth workers in developing a specialist outreach alcohol service for young people in the Druids Heath area;
- A series of sessions run at youth centres in the Hodge Hill and Yardley area, funded by BDAAT, and run through the Fazed Drugs Project, a specialist Youth Service drugs project;
- Specialist health projects run by the Young People's Health Project in the Hodge Hill and Yardley area, delivering specialist health related youth work programmes in youth centres and schools;
- Work undertaken with young people on the streets as part of detached youth work projects across the city;
- Individual support and advice to vulnerable young people through the specialist Youth Information Shops (these projects are located in the Central Library, Northfield, Kingstanding and Kings Norton);
- A number of schemes funded through the PAYP programme, aimed at young people at risk of engagement in crime and substance misuse.

8.3.11 The centrally based Curriculum Team maintain a library of resources for youth workers to access, which contain games, resource packs, information, DVD's etc that can be used to raise issues with young people in youth clubs and centres. Drugs and alcohol resources are part of this library, and are available free of charge to any agency working with young people.

8.3.12 The Youth Service works in partnership with BDAAT to deliver preventative work, both as a commissioned service to deliver face to face work with young people, but also as a partner in planning and commissioning other services. 48 third sector organisations also receive grant aid to undertake programmes of work and activities with young people to tackle negative behaviour and deflect young people away from harmful behaviour both to themselves and to the communities in which they live.

Youth Offending Service

8.3.13 Birmingham's Youth Offending Service (YOS) aims to reduce and prevent youth crime and works with young people between the ages of 10 and 18 years who have had dealings with the criminal justice system. The YOS receives funding from the Youth Justice Board (YJB) for specific work related to substance misuse. This includes the Integrated Resettlement Support grant and the Youth Offending Team Substance Misuse Grant. The latter is pooled with other BDAAT funding to ensure there are dedicated workers based at YOS to carry out assessments and interventions with young people involved in misusing substances. This is done through a service level agreement with In-volve HIAH have provided five substance misuse workers to work with young offenders across the city in the five Youth Offending Teams. Latest figures show that 71% of young people referred to the YOS received an assessment and 90% of referrals received an intervention within the set timescales. 4.2% of young people referred to In-volve HIAH by YOS have demonstrated limited



Class A drug use with the largest percentages focusing on alcohol (50%) and Cannabis (49%). As a consequence of this In-volve HIAH has developed a package for YOS clients to receive support to reduce alcohol and/or cannabis use. (Further details about In-volve HIAH are contained in Appendix 3).

- 8.3.14 The Youth Justice Board Integrated Resettlement Support Grant enables the YOS to provide up to 25 hours per week of voluntary contact with young people who have resettlement issues from custody and in particular 'significant' substance misuse or substance misuse and mental health issues.
- 8.3.15 Substance Misuse Panels (SMPs) operate in each of the five Youth Offending Teams across the city. The SMPs plan and review services for young people in order to reduce substance misuse. Where appropriate referrals are made to mental health services.

8.4 Views from Young Users

- 8.4.1 We met six clients of the North Youth Offending Team and an In-volve HIAH drugs worker who works with them. Discussion covered their own use, their perception of social norms, their views on current approaches to prevention, education and treatment.
- 8.4.2 The majority of young people we spoke to talked of starting drinking or using drugs at an early age, between 9 and 11 years old. One of the reasons given for substance misuse was that a 'lack of activities for young people ... leads to use of drugs and alcohol'. Other reasons cited by the young people for starting and continuing substance misuse included boredom, trying for fun with friends, 'hanging around with the wrong people', family breakdown, arguments at home, having no money, feeling let down, not going to school and availability of cannabis in school. The indication was that 'getting lagged' (drunk) or smoking cannabis were social activities. They talked about the importance of making sure they shared with their friends and knew that when they did not have any substances this would be reciprocated. Whilst we did not hear much about how young people get hold of drugs it was clear that some adults were persuaded (or possibly intimidated) into buying alcohol for young people.
- 8.4.3 Whilst most of the young people felt that use of cannabis does not in itself encourage use of other drugs, one young woman disagreed feeling that it was implicated in her subsequent use of cocaine, crack cocaine and heroin and whilst she had not thought that she would move on from smoking cannabis she did end up doing so. Although we did not get a clear idea about how much drug and alcohol use cost these young people one mentioned a figure of £500 per week. Unsurprisingly, as many had been referred through the criminal justice system burglary was mentioned as a way of raising funds.
- 8.4.4 It was clear that an early step in the treatment journey is persuasion that their current levels of alcohol and drug consumption are harmful because many see their use as the norm. One of the young men, for example, told us that '90% of people I know use drugs'. Further, on the whole the



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young people did not think that they themselves had a problem and it was others who did so. When asked “when does drug use become a problem?” they agreed that “it’s when you got to have it” and “you have it on you everyday”.

- 8.4.5 Role models are important as we were told that young children who hang around with older kids can be influenced. On the other side of this, one of the clients said that having a young sister and needing to be a positive role model had meant she had addressed her addictions.
- 8.4.6 Turning to education and treatment, there was knowledge of the FRANK helpline and web resources, but only one person had used this (which may well be linked to the issue that most felt it was not themselves who had the problem). The young people pointed out that much anti-drug and alcohol input at schools fails to meet the needs of those most at risk as they be more likely to be truanting. There were mixed messages on prevention and a suggestion that DVDs at school would show children what happens as a result of using drugs/alcohol. However, they also acknowledged that using the examples of deaths of young people had little impact until you had experienced a loss of someone you personally know. On the issue of education they did question whether all schools yet have adequate policies in place, suggesting that schools which depend on exclusions are sending pupils into a void to continue abusing drugs and alcohol.
- 8.4.7 In terms of prevention through youth engagement activities, we heard that youth clubs were not perceived as cool. However, organised activities for young people, such as five a-side football were seen to be a good thing. A word of warning was given about the need for variety and change of activities to ensure boredom and disengagement does not occur.
- 8.4.8 The young people accepted that many of them would not have attended treatment if it they had not been referred. In part, this was because “not enough people know about it.” In part, it was also felt to be because “people don’t want to identify themselves as having a problem.” The young people were keen to see HIAH raise its profile and suggested advertising on the radio or having an information event in the Bullring. Certainly, raising the profile is an issue that should be considered for the re-procurement of the young people’s service and through more inter-agency working, such as utilising existing newsletters of housing associations.
- 8.4.9 With regards to treatment and the experiences of this small, admittedly unrepresentative group, acupuncture was seen as a helpful intervention and substitute drugs were not felt to be beneficial, partly due to their side effects. Opportunities for keeping active were noted as an important part of the treatment journey. For the young people we spoke to one of the most important factors in the treatment journey appeared to be the drugs worker. Praise was given to one who, we were told, would listen to anything and one who provided support when the young person had no-one else to talk to. The importance of workers providing support beyond drug and alcohol issues (such as family breakdown, training and accommodation) was noted.



Safeguarding and young people

8.4.10 Over 10% of young offenders in Birmingham had been in contact during the previous 6 months with family members or carers who are involved in heavy alcohol use. Of these young offenders, 46.2% had substance misuse problems of their own.¹⁰⁹ 10% also had had contact during the previous 6 months with family members / carers who were involved in problematic drug use. Amongst this group, the prevalence of the young people's substance misuse was higher at over 50%. For young offenders in Birmingham exposure to family substance misuse increased the likelihood of developing a substance misuse problem threefold and exposure to problematic alcohol increases the likelihood of the young offender having a substance misuse problem twofold.

8.4.11 We support the recommendations to BDAAT within the needs assessment:

- Cross-referencing of referral and treatment data to identify where there are both parents and dependents with substance misuse problems;
- Guidance should be issued to all agencies involved in child protection cases and those completing Common Assessment Frameworks¹¹⁰ to ensure that details of parental drug/alcohol misuse problems are routinely captured. This will aid the BDAAT to get a more complete picture of the extent of the hidden harm problem.

8.4.12 Aquarius is funded by Heart of Birmingham Teaching (HOBt) PCT to provide a family alcohol service specifically where there are child protection concerns.

8.4.13 The recent City Council scrutiny report *Who Cares? Protecting Children and Improving Children's Social Care*¹¹¹ notes the recommendation contained in Lord Laming's Report on the Protection of Children:

All police, probation, adult mental health and adult drug and alcohol services should have well understood referral processes which prioritise the protection and well-being of children. These should include automatic referral where domestic violence or drug or alcohol abuse may put a child at risk of abuse or neglect.¹¹²

8.4.14 However, that Scrutiny report also outlines the current problems faced by the social work department within the City and questioned the capacity to meet this new demand.

8.4.15 Department for Children Schools and Families guidance also emphasises the importance of parental influences on children's alcohol use and that that should be communicated to parents,

¹⁰⁹ Helen Hodges (2009) *Young People's Substance Misuse Needs Assessment 2009-10*

¹¹⁰ The common assessment framework provides a method for assessing needs for children and young people to support earlier intervention and to improve joint working and communication between practitioners

¹¹¹ Birmingham City Council (2009) *Who Cares? Protecting Children and Improving Children's Social Care* ,

¹¹² Lord Laming (2009) *The Protection of Children in England: A Progress Report*. At: <http://publications.everychildmatters.gov.uk/eOrderingDownload/HC-330.pdf>



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carers and professionals. Young people are also badly affected by drinking by their parents. A Turning Point study *Bottling it Up* indicates that parental misuse of alcohol is a factor in over 50% of child protection cases nationally.¹¹³

Alcohol Sales

- 8.4.16 Young people's levels of alcohol use related to their ability to access alcohol, and drinking patterns also depend on the location in which alcohol is consumed. In a home or other supervised environment, parents can monitor the amounts of alcohol consumed, discuss the dangers associated with drinking and set boundaries for consumption. Drinking in parks, streets and other unsupervised settings is related to greater alcohol-related harms.¹¹⁴
- 8.4.17 The 2004 Offending, Crime and Justice survey¹¹⁵ identified that among 10-17 years olds, 22% had obtained alcohol from pubs and bars. Those who had drunk alcohol at least once a month in the past year and who reported feeling very drunk at least once a month, tended to obtain alcohol from either friends (50%), pubs/nightclubs (47%) or shops (40%). Only 23% of this group reported that they obtained it from their parents.
- 8.4.18 The City Council's licensing policy considers that 'Challenge 21' or 'Think 21' policies, where the individual attempting to purchase alcohol must prove he/she is 18 or over if he/she appears to be under 21, are in many circumstances an effective way of preventing the sale of alcohol to children. The Council would also expect premises licensed for the sale or supply of alcohol, particularly off-sales, to display prominent signage informing customers that it is an offence to sell or allow the sale of alcohol to children, to buy or attempt to buy it on a child's behalf, and for children to buy or attempt to buy it themselves.
- 8.4.19 Where the Council is required to review a licence due to the sale of alcohol to children, it will take appropriate steps to ensure the licensing objectives are promoted. This may result in suspension or even revocation of the licence.
- 8.4.20 In 2008/2009 Trading Standards received 77 Requests for Assistance in relation to underage sales, with the majority of complaints (45) being in relation to the sale of alcohol. This is a reduction in more than half from previous year. In the same year the West Midlands Police received funding from the Home Office towards tackling underage sales and alcohol related crime and Trading Standards benefited from greater levels of Police participation in test purchase exercises. Trading Standards Officers have been involved in an array of different campaigns and activities including training for West Midlands Police Licensing Officers and visiting traders and providing a Responsible Retailer pack, which includes guidance on the legislation as well as best practice.

¹¹³ Turning Point, (2006) *Bottling it up: The effects of alcohol misuse on children, parents and families*,

¹¹⁴ Chief Medical Officers of England, Wales and Northern Ireland Draft Guidance on the Consumption of Alcohol by Children and Young People. At: www.dcsf.gov.uk/consultations/downloadableDocs/CMO%20Guidance.pdf

¹¹⁵ Matthews S, Brasnett L and Smith J (2006) *Underage Drinking: Findings from the 2004 Offending, Crime and Justice survey*. London: Home Office in Consultation on Children, Young People and Alcohol, DCSF, (2009)



8.4.21 Of the 106 test purchases carried out 28 resulted in sales to underage children. Of these sales 21 were dealt with by way of fixed penalty notice issued by West Midlands Police, two accepted a simple caution, one was summonsed by West Midlands Police for selling alcohol without a premises licence and the remaining four are still under investigation.¹¹⁶

8.5 Summary

8.5.1 Work is going on across the City to educate young people about the dangers of drug and alcohol use and to enable them to understand choices they can make. Given that a number of the young people we met had started misusing substances whilst still at primary school it is clear that intervention at this age is appropriate. We note the importance of the In-volve HIAH project, currently operating out of a city centre site and embedded within the Youth Offending Teams. We would hope that the recommissioning process will ensure that young people's views are taken into account, robust outcomes are set that ensure young people needing these services get appropriate and wide-ranging support and that the service is supported to have a high profile amongst young people.

¹¹⁶ Report of the Director of Regulatory Services to Public Protection Committee, 17 July, 2009



9 User Engagement and Perspectives

9.1 Introduction

9.1.1 User engagement is slowly becoming embedded in the analysis, evaluation and delivery of treatment in the city. BDAAT have appointed a Service User Involvement Officer post and have just developed a user strategy which has three levels: stronger user input into their treatment options, into the service and into strategy.¹¹⁷

9.1.2 There are four levels of involvement:

- Appropriate information on treatment, advocacy and a meaningful complaints process;
- Involvement in services is embedded within the service level agreement and includes surveys of satisfaction and involvement in organisational development;
- Involvement at the strategic level which includes the peer-led Drug and Treatment User Service (DATUS), service users attending most BDAAT strategic meetings and feeding back to the Pan Birmingham Drugs Forum and then back to the DAAT. Users are involved in the service redesign and have also had opportunities to be involved in recruitment;
- Involvement at a regional and national level is also encouraged through supporting involvement with the National Treatment Agency, encouraging attendance at meetings and lobbies to have a collective voice. BDAAT have funded service users to attend parliament to give feedback on reports and this year encouraged political engagement by promoting voter registration.

9.1.3 We have been told of examples of user forums for particular agencies such as Aquarius, working groups such as for the Tier 4 services and the follow on housing centre. There is also the Pan Birmingham Drugs Forum which has broad agendas covering many aspects of drug policy in the city. BDAAT now commissions DATUS (Drug and Treatment User Service: a charity and company limited by guarantee) to engage service users. Its priorities are:

- Service user involvement (to support the drugs forum and ensure user views are fed into services);
- Advocacy (representation and support for service users);
- Peer-led education and training (training for service users and agencies);
- Peer support (structured sessions to provide support to others going through treatment);

¹¹⁷ Powerpoint summary of Birmingham Service User Involvement Strategy 2009/10-2011/12. Available at: www.bdaat.co.uk/documents/Birmingham_Service_User_Involvement_Strategy_2009-12.pdf



- Volunteer programme (opportunities for a small number of people to train and be involved in the delivery of the above).¹¹⁸

9.1.4 One area BDAAT is working on is ensuring women and black and minority ethnic substance misusers are taking up the above opportunities.

9.1.5 Due to the importance of peer support and peer leadership, mention should be made here of the twelve step programmes such as alcoholics anonymous and narcotics anonymous and parallel ones for family members affected by substance misuse. Twelve step programmes are generally seen as an important part of the treatment journey for some people, although it is accepted that the approach does not suit all. They enable recovering addicts to provide support to others with abstinence being the desired outcome. Twelve narcotics anonymous meetings for Birmingham are noted on the NA web site,¹¹⁹ with one being for women and one being held in Farsi/Iranian. There are between 35¹²⁰ and 46¹²¹ Alcoholics Anonymous meetings are noted on the AA sites with one being held in Polish.

9.1.6 For this review we spoke to service users, although the focus for adults was about drug not alcohol services. The Chairman attended a meeting with young people at a youth offending team. An informal meeting with the committee was held with the User Involvement Officer from BDAAT, the Chair of the Birmingham Drug Forum and the Manager of DATUS (the Drug and Treatment User Service).

9.2 Service users and ex-users

9.2.1 We met three people with an interest in ensuring that users have a say in strategy and treatment services, from BDAAT, DATUS and the Pan Birmingham Drugs Forum. The users were an encouraging reminder of how substance misusers can turn their lives round and support others through their actions. We heard of their previous drug using, criminal convictions and prison sentences over a long period and asked if it was easier to get treatment once someone's in the criminal justice system. We were reassured to hear that whilst that was previously the case and ten years ago it could take over a year to get into treatment, it is not currently in Birmingham. The use of self-referral now means, in their view that users get into treatment within 48 hours.

9.2.2 We learnt that the leadership and culture in a prison explains many of the different approaches to offering treatment and in ensuring this continues this seamlessly on release. Unfortunately many drug related deaths occur on unplanned discharge from prison.

9.2.3 Whilst there are services to reduce harm, we were advised that there is inadequate focus on reintegration. They advised that organisations that enable service users to have an input and

¹¹⁸ www.birminghamdatus.co.uk/

¹¹⁹ www.ukna.org/meetings/browse.php?categoryId=29

¹²⁰ www.aa-uk.org.uk/lists/htf.htm

¹²¹ www.aa-gb.org.uk/midlands/birmingham/



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contribute to service development, delivery and evaluation are part of the reintegration journey. Peer support groups, DATUS and the drugs forum all contribute to building social capital. The role of peers in moving forward was emphasised, particularly in providing a moral compass and offering positive social norms, such as honesty and being non-judgemental. And peers can also help many substance misusers open up when they may not do so for professionals.

- 9.2.4 The contributors welcomed the fact that service users are now regarded as key stakeholders and are involved in BDAAT service redesign and welcomed the post of service user involvement officer. We were reassured that BDAAT are trying to reach all types of hard to reach groups. Overall treatment services were felt to be reasonable, and had certainly improved compared to ten years ago, although it was felt that the quality overall could still improve. Linked to this is the contract management which is felt to lack some robustness as contract managers are somewhat distant from the front line and it was felt that it is possible for treatment services to be economical with the truth when reporting success.
- 9.2.5 A recommendation for moving forward was to follow approaches in the North-West where a recovery oriented system integrates peer support, such as narcotics anonymous, with wrap around services such as housing, training and employment. It was also suggested that the Health and Social Care Act should be properly implemented across health and social care issues and ensure that users are involved in the planning, delivery and quality monitoring of services.
- 9.2.6 They noted that Job Centre Plus were intending stopping benefits for job seeker who are using class A drugs, and questioned the wisdom of this, fearing that it could increase criminal activity, rather than address drug use. It was unfortunate that Job Centre Plus were unable to attend an evidence gathering session they were invited to and respond to these concerns. However, there is felt to be a real need for interventions to provide employment opportunities and access to employment to help with recovery.
- 9.2.7 Finally, it was noted that BDAAT has made real progress, but with the current or imminent gaps in the team of a strategic lead and commissioner there were concerns raised about the ability of the redesign to achieve its potential.

9.3 Summary

- 9.3.1 We were reassured that a robust approach to user engagement is being developed and embedded within the commissioning process. We understand that service users are being involved in BDAAT's service redesign and hope that their views are considered alongside other considerations and that full feedback is given to those getting involved. We hope that this approach is also being embedded in other services such as housing, employment and housing support.



10 Current Issues

10.1 Introduction

10.1.1 This chapter seeks to place the issues we have found in Birmingham into a wider context by: outlining the Total Place pilot scheme; and briefly considering the wider changing policy arena. The field of drugs and alcohol is constantly changing, as policy decisions such as the reclassification of cannabis in 2002 and again in 2009 indicate.

10.2 Total Place pilot

10.2.1 BDAAT are expecting a reduction in real terms in their funding over the next three years. Equally all public sector organisations are looking at how to deliver services with potentially lower budgets. In this context Total Place is a Government initiative to see how working across organisational boundaries public services can be improved at less cost. It aims to identify and avoid duplication across organisations and offers up a carrot of Whitehall regulations being relaxed.¹²² Birmingham is one of 13 national pilots and six themes are being looked at including drugs and alcohol.

10.2.2 The drugs element of this is still being worked up in detail, but is likely to focus on issues of reintegration and recovery and include elements of: discussion with current and recovered users to see what works; assessment of gaps in services; the impact of lack of recovery support and understanding of the financial and personal implications of users dropping out and representing themselves – the revolving door.

10.2.3 The alcohol element will pick up on current priorities relating to hospital admissions with the central question:

How can dependent drinkers and harmful drinkers in danger of becoming dependent, who regularly attend hospital with acute emergencies, be offered intensive multi-agency community-based support to stabilise and manage their condition?

10.2.4 As these points echo many of our concerns, the committee will continue to monitor the progress of Total Place.

¹²² www.localleadership.gov.uk/totalplace/



10.3 Alcohol Pricing

- 10.3.1 We heard a representative of Swanswell (an alcohol treatment provider) make the point that alcohol has no need to be sold 24 hours a day, and certainly that advertising of this should be discouraged, and that a minimum price per unit would reduce consumption. Evidence on alcohol pricing suggests that this does help reduce consumption.
- 10.3.2 The review specifically looked for evidence on groups identified as a priority by the Government: underage drinkers, 18 to 24 year old binge drinkers and harmful drinkers of any age. Consistent evidence was found for an association between alcohol price and patterns of drinking for under 18s, binge drinkers and also harmful drinkers. Point of sales promotions and various types of advertising were also found to influence the attitudes of young people towards drinking and their levels of consumption.¹²³
- 10.3.3 The Core Cities Health Improvement Collaborative project aims to influence the national debate on a minimum price for alcohol. All core city PCT boards are formally being asked to support collaborative work to influence the national policy agenda on alcohol pricing and each PCT/local authority partnership is being asked to confirm their support. The Directors of Public Health in the North West are looking to see if to see if a regional response can be developed.
- 10.3.4 Licensing conditions can also be used at a local level. Oldham Metropolitan Borough Council are renewing the licenses of 22 premises where cut price alcohol is served. If the licensees do not agree to price a unit of alcohol at over 75p they then have to implement other changes such as a limit to number of drinks someone can buy, use of registered door staff and a queuing system at the bar.¹²⁴

10.4 Commission into Illegal Drugs

- 10.4.1 An RSA¹²⁵ commission into illegal drugs, communities and public policy which reported in 2007 with the intention of feeding into the Government's review of the drugs policy came up with wide ranging proposals.¹²⁶ Some of the recommendations from the RSA report are that:
- 10.4.2 The emphasis in school drugs education should be shifted away from Key Stages 3 and 4 and onto primary education;
- 10.4.3 A greater proportion of resourcesshould be spent on work outside schools to reach young people in their own social settings and should focus on those who are most vulnerable to getting caught up in either using or supplying illegal drugs;

¹²³ www.shef.ac.uk/mediacentre/2008/1052.html

¹²⁴ news.bbc.co.uk/panorama/hi/front_page/newsid_8189000/8189357.stm

¹²⁵ Royal Society for the encouragement of Arts, Manufacture and Commerce

¹²⁶ www.thersa.org/projects/past-projects/drugs-commission/drugs-report



- Housing must be recognized as critically important in sustaining the gains made through treatment.
- Services need to be better tailored to local needs. They require joined-up working at the local level.

10.4.4 One set of proposals were around reconfiguring drug (and alcohol) action teams to ensure they take the lead on the wider recovery journey, not just treatment, and to reflect this wider role, that they are decoupled them from crime and disorder reduction partnerships and are represented on local strategic partnerships. Whilst BDAAT does play a role in aftercare and reintegration, it certainly does not lead on all alcohol and drug issues for Birmingham.

10.5 Summary

10.5.1 Changes such as these in external policy, public perception and funding, coupled with building on good practice within Birmingham and elsewhere ensures that drugs and alcohol approaches in the City cannot remain static, but have to change and adopt. Future approaches are likely to have a focus on ensuring departments and organisations collaborate effectively in order to meet substance misusers' and their families' needs.



11 Conclusions and Recommendations

11.1 Our Findings

- 11.1.1 In Chapter 2 of our report, we explored the impact drug and alcohol misuse has on our communities in terms of crime and anti-social behaviour. Our main objective in undertaking this Scrutiny Review was to look at how we can reduce this.
- 11.1.2 We therefore aimed to capture a range of views and supporting information to understand whether the actions being taken or funded by the City Council and our partners could be seen to be reducing harm.
- 11.1.3 On the whole, the Birmingham Drug and Alcohol Action Team (BDAAT) and other agencies are shown to have been performing well, although some indicators are at risk. There is also evidence that instances of some types of crime are decreasing: acquisitive crime for example, which is linked to heroin and crack dependency. However, violent crime is increasing and alcohol abuse is a known key factor.
- 11.1.4 Our inquiry has thrown up a number of issues which we feel need urgent attention, and we have focused our recommendations accordingly.

11.2 Data Availability

- 11.2.1 A key issue is of data availability – both in terms of timeliness and comprehensiveness. We are concerned that there is inadequate information about individual treatment journeys and how many times an individual will get into treatment before he or she successfully completes. We are concerned at the lack of any firm evidence as to who does not access treatment (although we note the work carried out by Glasgow University) as this means we cannot be clear that treatment services can be accessed by all members of the community.
- 11.2.2 We are also concerned about the lack of ownership of the data by treatment agencies. BDAAT receives detailed information from a range of organisations which is sent off to the National Drug Treatment Monitoring System (NDTMS). We welcome the appointment of a data manager to address some of these issues within the BDAAT.
- 11.2.3 We also feel strongly that analysis of data just at a pan-Birmingham level fails to ensure there is understanding of the differences across the city. This issue was highlighted in particular by the fact that Hodge Hill Constituency had to commission its own needs analysis. We would encourage further analysis and mapping at a Constituency level, if not a ward level to aid understanding of need and targeting.
- 11.2.4 As Chapter 7 indicated the majority of the ten Constituency Community Plans prioritised drugs and / or alcohol. To mitigate the impact of drugs and alcohol and to facilitate improvements relating to



treatment users, a variety of leads (such as local delivery groups, community safety managers and drug and alcohol forums) exist. We heard that they often found it difficult to get local data from BDAAT. We recommend that a key role of BDAAT's new data manager is to liaise with constituencies and ensure requests for data are met. This will ensure all partners are working together for a common solution. We were pleased to hear when finalising this report that BDAAT are working with the Safer Birmingham partnership data team to ensure that partnerships and census data is available at constituency and ward level as well as NDTMS treatment data for comparison and provision of reports.

11.2.5 Whilst we understand that this could be time-consuming we recommend that discussion is held with all constituencies to understand their needs and either standardised data is produced for all constituencies or an annual discussion is held to understand local needs and wants. All data shared, of course, should be anonymised and meet the requirements of the Data Protection Act 1998.

11.2.6 Looking beyond BDAAT, the City Council appears to keep very little data on alcohol and drug related cases. For example, BASBU data cannot be easily analysed for this (although they kindly sampled cases to aid the review), and nor do the services delivering legal services, housing, parks or environmental wardens, as examples appear to collect this information. We understand that cause and effect are often not clear, and also that there should be clarity about levels of information that should be held on personal files and the need for training staff to identify substance misuse. However, we would like the Deputy Leader to investigate whether it would be possible to collect better data across the Council through according cases a special interest marker (as the West Midlands Police do and accident and emergency departments have started to do) to inform needs analysis and improve interventions.

	Recommendation	Responsibility	Completion Date
R01	The Cabinet Member for Local Services and Community Safety requests that BDAAT determines how data can be shared with Constituency community safety teams to enable it to form part of Constituencies needs analysis.	Cabinet Member for Local Services and Community Safety	September 2010
R02	The Deputy Leader to investigate whether it would be possible to collect better data through according cases a special interest marker (as the West Midlands Police do and accident and emergency departments have started to do) to inform needs analysis and improve interventions.	Deputy Leader	September 2010



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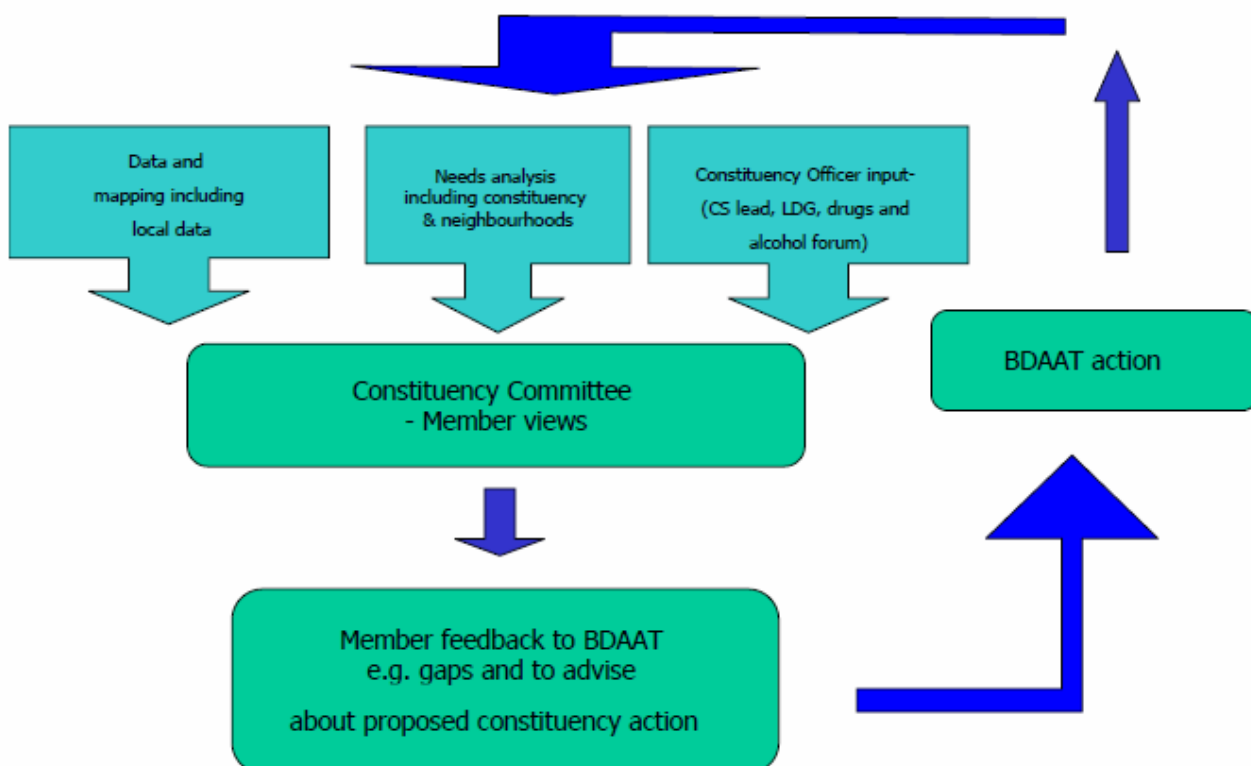
11.3 Links with Constituencies

- 11.3.1 Section 11.2 highlights a key issue we had about the relationship of BDAAT to Constituencies. However, this is broader than data sharing. The availability of information as described previously will enable analysis of local data leading to prioritisation and clarity about commissioning. Constituencies will therefore be better placed to contribute to the planning process. It is critical that those who understand need at a local level – Members and service providers – are able to feed into local and pan-Birmingham analyses. We have heard that treatment agencies have been allocated parts of the city to lead on and to liaise at the local level but we need to build on this.
- 11.3.2 We heard that BDAAT wishes for Members to understand commissioning priorities and why some local services might be decommissioned. Members want to be able to highlight local priorities. Front line staff want to have better info about issues and treatment uptake locally and services provided.
- 11.3.3 We therefore propose a model that would facilitate BDAAT to ensure that commissioned services meet needs locally and amend specifications if not. The Community Safety lead in each Constituency would then pull together other interventions to support this. BDAAT would feed back to local structures how about how views are taken into account and commissioning taking this into account. It could even be that BDAAT consider the impact of local devolvement of some budget to meet needs.
- 11.3.4 When finalising this report we were pleased to hear that BDAAT intends that clearer commissioning processes and better links to Local Delivery Groups (LDGs) at a local level will support local input into BDAAT commissioning. Part of the current redesign will focus on developing this. Whilst we welcome this we would also like to ensure that mechanisms are established to engage with elected members who do not sit on LDGs.
- 11.3.5 Figure 4 below sets out this proposed model to embed the constituency level in planning. We would recommend that the Cabinet Member for Local Services and Community Safety asks the lead commissioners for drugs, alcohol and young people's substance misuse services to consider this and report back their views on how this could be implemented or improved upon.
- 11.3.6 The key elements of the model should include:
- Data in addition to treatment and crime data being used to assess local issues (as recommendation 2);
 - Local data and analysis to be shared as agreed at each constituency with Constituency Directors, neighbourhood managers, elected members, local delivery groups, worklessness leads and drug and alcohol working groups or fora;
 - Local intelligence (such as perceptions from treatment providers, the Police, parks department, elected members etc.) to feed into local analysis;



- Data to be analysed (and mapped if possible) for constituency (and ward or PCT areas basis);
- Area needs analysis to be developed by DAAT with key local stakeholders such as constituencies and elected members;
- Commissioning process by BDAAT and other agencies involved in the recovery process to consider local needs in addition to pan-Birmingham needs (which may require commissioning services to be provided in specific localities);
- Clear communication to local stakeholders and front line staff of the City Council, other agencies and the third sector of what is provided locally and how substance misusers and their families can access support and treatment;
- Clarity about how BDAAT is represented at a local level. We were told that a treatment provider has been asked to be the lead in each part of the city. If this is the preferred approach the requirements of this need to be clearly set out through the commissioning process and all staff in the organisation need to have responsibility for this, not just a senior lead. A key role needs to be communication with constituency structures and elected members and supporting these stakeholders in delivering recommendation 8.

Figure 4: Proposed Model for linking BDAAT and Constituency Activity



Source: Scrutiny Office



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	Recommendation	Responsibility	Completion Date
R03	The Cabinet Member for Local Services and Community Safety asks the lead commissioners for drugs, alcohol and young people's substance misuse services to consider the model set out and report back their views on how this could implemented or improved upon	Cabinet Member for Local Services and Community Safety	September 2010

11.4 Treatment Issues

11.4.1 Following on from our concerns about data at the local level, we also felt that more information could be available on who receives treatment and – and we recognise this is more difficult – who is not. We were unsure how full a picture was really known in Birmingham of alcohol and drug misusers as so many are not in treatment. Equally we were unsure whether particular groups were less likely to be in treatment.

11.4.2 Concerns were raised by some of those we spoke to that some users 'fell through the crack'. We note for example that the 'numbers of users in effective treatment' concerns heroin and crack cocaine only. Estimates quoted in Chapter 2 of the number of problematic drug users in Birmingham:

may reflect a wider definition of "PDU" including problematic use of combinations of cocaine, alcohol and cannabis and the local treatment system must respond to these changing trends even though BDAAT receives significantly less funding to provide effective treatment for cocaine and cannabis users and these services do not count towards performance against the "number of drug users in effective treatment" national indicator.¹²⁷

11.4.3 Another concern is in the groups targeted. For example it is recognised in the Birmingham Adult Drug Treatment Plan 2009/10 that:

There is a relatively large young Pakistani population in Birmingham and this population is under-represented within the local treatment population. National research suggests a different pattern of drug use amongst young Pakistanis with high prevalence rates of non-injecting heroin use but this hypothesis has not

¹²⁷ BDAAT, Adult drug treatment plan 2009/10 Part 1: Strategic summary, needs assessment and key priorities. At: www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2009_10/docs/trpl_pt1_09_10/West_Midlands/Birmingham_trpl1_0910.pdf



been tested locally. BDAAT has not undertaken any assessment of the needs of other ethnic groups and new communities in Birmingham.¹²⁸

11.4.4 This quote also raises the issue of 'cultural sensitivity' – i.e. services that recognise the differences in communities and individuals and target the support accordingly. This is one area where we feel that third sector organisations can make a real contribution – not just in signposting but in providing support and treatment services.

11.4.5 The focus of many of the interventions we heard about involved treatment – whether that be advice, prescribing or detoxification. It is a perception by some in our city that it is easier to get help with drug addiction if you commit a crime. We therefore welcome the BDAAT's widening of the single point of contact telephone number to all. However, more needs to be done to combat this view, and to ensure there are adequate resources to deal with those have taken that decision to ask for help. We have heard different views about how long it takes to get into effective treatment once a referral or self-referral is made and would welcome clarification on this and how it is measured.

	Recommendation	Responsibility	Completion Date
R04	The Cabinet Member for Local Services and Community Safety asks BDAAT to consult on and give further consideration as to how it best ensures access to and delivers treatment to a wide range of potential service users including parents, women, new and established black and minority ethnic groups, young people in their 20s, and people with dual diagnosis and how it provides support and information to existing organisations working with such groups.	Cabinet Member for Local Services and Community Safety	December 2010

11.5 Alcohol Services

11.5.1 Overall, we have seen how BDAAT adds value by bringing people and agencies together – but there are gaps and some of this is related to funding.

11.5.2 Alcohol services are an emerging service and investment in alcohol services has been under resourced for a number of years. This is being looked at nationally but is also a concern locally. Much of BDAAT's core funding – from Government – is ring-fenced to drug misuse.

11.5.3 Nationally, there is also concern about the capacity of DAATs to deal with alcohol misuse:

¹²⁸ Birmingham Adult Drug Treatment Plan 2009/10



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PCTs have often looked to their local Drug and Alcohol Action Teams to take the lead in commissioning services to tackle alcohol harm, but these bodies focus primarily on specialist services for dependent users of illegal drugs and alcohol. They are not equipped to meet the needs of the much larger groups of 'hazardous' and 'harmful' alcohol misusers.¹²⁹

11.5.4 BDAAT now has the capacity to support the wider alcohol treatment agenda and has developed high levels of expertise. This is an area where the City Council and Police are pro-actively engaged.

11.5.5 The work of Oldham Metropolitan Borough Council in tackling alcohol related harm through licensing conditions for premises selling cheap alcohol was noted and there was interest in what lessons could be learnt in Birmingham. It should be noted, however, that there was not universal support for restrictions on pricing from Members.

	Recommendation	Responsibility	Completion Date
R05	That the Chair of the Licensing Committee asks regulatory Services to work proactively with Safer Birmingham Partnership, BDAAT, West Midlands Police and the PCT's to engage with bodies such as sports clubs and student organisations around harm reduction of alcohol and drugs.	Chair of Licensing Committee	September 2010
R06	That the Chair of Licensing Committee asks Regulatory Services to investigate what further could be done to curb excessive drinking through the use of alcohol pricing, licensing conditions, restrictions on advertising outside licensed premises and off-licences and clear labelling of alcohol units in each drink in licensed premises.	Chair of Licensing Committee	September 2010
R07	That the Cabinet Member for Local Services and Community Safety asks the Safer Birmingham Partnership and Regulatory Services to include the Local Services and Community Safety Overview and Scrutiny Committee in the consultation process when developing the 2010-2013 alcohol strategy.	Cabinet Member for Local Services and Community Safety	September 2010

¹²⁹ NAO 2008 *Reducing Alcohol Harm: Health services in England for alcohol misuse*
www.nao.org.uk/publications/0708/reducing_alcohol_harm.aspx



11.6 Community Issues

- 11.6.1 Reassurance in communities should also be a key aim of BDAAT, and one where the City Council and in particular Constituencies can help in mobilising communities to support recovery.
- 11.6.2 We would encourage training opportunities, resources and support to be developed for front line staff to help them identify substance misuse and signpost substance misusers and their families to appropriate support and treatment, and to ensure early interventions can be put in place by staff, such as housing officers.

	Recommendation	Responsibility	Completion Date
R08	That Constituencies work with relevant Directorates and partner agencies (including BDAAT, the Police, Safer Birmingham Partnership and service providers) to provide feedback to residents on how issues relating to drugs and alcohol are being tackled locally and to provide information about sources of support for example through use of existing newsletters.	Cabinet Member for Local Services and Community Safety	September 2010

11.7 Children and Young People

- 11.7.1 We feel a priority in relation to children and young people is to promote key messages on safe drinking for children to families as well as young people, (and in relation to the recent Government consultation undertaken referred to in Chapter 8) through school interventions, youth services and other family activities and communication channels. The current recommissioning of the service for young people provides opportunities to build on what works and ensure it meets local needs. We also recognise the importance of education and role models within the home and note the recent Government consultation on children, young people and alcohol which indicated that:

young people learn from and copy their parents' drinking behaviours.¹³⁰

- 11.7.2 The research also indicates that of the 10-17 year olds who drink almost half get their alcohol from their parents. The Chief Medical Officer's guidance on young people is that an alcohol-free childhood is the healthiest option and that children should not drink alcohol until they are 15 years old. Further (as noted in chapter 8):

If young people aged 15 to 17 years consume alcohol it should always be with the guidance of a parent or carer or in a supervised environment.¹³¹

¹³⁰ Department for Children, Schools and Families (2009) *A Consultation on Children, Young People and Alcohol*. At: www.dcsf.gov.uk/consultations/downloadableDocs/8107-DCSF-Consultation%20on%20Children.pdf



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11.7.3 Respondents to the consultation recognise the importance of clear messages to parents over these matters, although there was debate about the message that should be given of the age drinking should be permitted. As with adults the concept of units was also seen to be confusing and is an area that needs further work.

	Recommendation	Responsibility	Completion Date
R09	That the Cabinet Member for Children, Young People and Families does more to promote messages about the harmful effects of the use and impact of drug and alcohol to children, young people and also their families.	Cabinet Member for Children, Young People and Families	September 2010
R010	That the Cabinet Member for Children, Young People and Families ensures that the new service for young people which is currently being recommissioned will be promoted; and advises how this will be incorporated into the contract and contract management; and how young people's views will feed into this.	Cabinet Member for Children, Young People and Families	September 2010

11.8 Recovery

11.8.1 We support the principles of a recovery model which focuses on reintegration into society and not just treatment to manage addiction and substance misuse and request the Cabinet Member for Local Services and Community Safety to investigate the implications for Birmingham in following the lead of some other cities and becoming a recovery city.

	Recommendation	Responsibility	Completion Date
R011	That the Deputy Leader and the Cabinet Member for Local Services and Community Safety through the Policy & Delivery Division of Birmingham City Council, investigates the implications for Birmingham in following the lead of some other cities and becoming a recovery city.	Deputy Leader and the Cabinet Member for Local Services and Community Safety	September 2010

¹³¹ Ibid



11.9 Other Issues

11.9.1 In addition, there are a number of issues which we had concerns about. In some cases this was because we had not received evidence about an issue. We would like these issues to be considered by Birmingham DAAT over the service review period and for a report as to how these are being addressed to be presented to committee annually. These issues included:

- Whether there are adequate services to support families, including children of substance misusers;
- Quality control and contract management – ensuring BDAAT understand what is being provided, its impact and value for money

11.9.2 We would also welcome reports and briefings to come to committee:

- We would welcome reports to committee on the progress of the Total Place pilot including: the improvements made for service users, families and organisations; the financial impacts; and any Whitehall or other national organisations policy changes in relation to Birmingham;
- We did not receive detailed information on Supporting People, but would be interested in knowing if a monitoring system will be set up which also notes the client groups who do not manage to access supporting people funding and in receiving a report on the effectiveness of the new contracts after the first year;
- We would be interested in receiving a report after the constituency-led and WNF employment projects have been implemented regarding outcomes and lessons learnt;
- We support the increased engagement of users in service planning, delivery and evaluation, although are unsure if young people's views are also been taken into account. We would welcome a report to come to committee as to the outcomes of this outlining the roles service users have had and the changes that have been made due to this, and any recommendations for strengthening this.

	Recommendation	Responsibility	Completion Date
R012	That the Cabinet Member for Children, Young People & Families contributes to assessing whether following the three year BDAAT service design, there is enough in place to support families, including children of substance misusers.	Cabinet Member Children, Young People & Families	September 2011
R013	That the Cabinet Member for Local Services & Community Safety requests that BDAAT have in place quality control and robust contract management to demonstrate understanding of services provided, impact and value for money.	Cabinet Member for Local Services and Community Safety	September 2010



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11.9.3 Finally, one of the issues we have not looked at in sufficient detail is that of dual diagnosis for both young people and adults. We have heard anecdotally that although much is in place, there may be people falling through the gaps in navigating between mental health services and drug and alcohol services. We would like to look at this in a bit more detail to reassure ourselves that substance misusers suffering from a mental disorder are getting the services they need. To address this we propose that the Local Services and Community Safety Overview and Scrutiny Committee together with Health Overview and Scrutiny Committee host a workshop with key stakeholders. This could lead to a further recommendation which would be tracked with the existing ones from this report.

11.10 Progress on Implementation

	Recommendation	Responsibility	Completion Date
R014	Progress towards achievement of these recommendations should be reported to the Local Services and Community Safety Overview and Scrutiny Committee in September 2010. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.	Cabinet Member for Local Services and Community Safety	September 2010



Appendix 1: Cost of Drugs and Alcohol Misuse

Table 1a: Extent to which the issue is a problem in the local area: 'People being drunk or rowdy in public spaces' by Constituency

	Total	Edgbas-ton	Erding-ton	Hall Green	Hodge Hill	Lady-wood	North-field	Perry Barr	Selly Oak	Sutton C-field	Yardley
1 - A very big problem	7%	16%	13%	3%	4%	10%	1%	5%	7%	2%	13%
2 - A fairly big problem	14%	14%	19%	17%	20%	21%	9%	13%	8%	13%	10%
3 - Not a very big problem	28%	32%	23%	33%	28%	29%	6%	41%	23%	28%	32%
4 - Not a problem at all	46%	35%	36%	45%	44%	33%	83%	35%	55%	55%	42%
SUMMARY											
Problem	22%	30%	32%	20%	23%	31%	10%	18%	16%	15%	23%
Not a problem	74%	67%	59%	79%	71%	62%	89%	76%	79%	83%	74%
Don't know	4%	3%	10%	2%	5%	7%	1%	6%	6%	2%	3%

Table 1b: Extent to which the issue is a problem in the local area: 'People using or dealing drugs' by Constituency

	Total	Edgbas-ton	Erding-ton	Hall Green	Hodge Hill	Lady-wood	North-field	Perry Barr	Selly Oak	Sutton C-field	Yardley
1 - A very big problem	11%	19%	14%	8%	16%	17%	2%	9%	10%	1%	17%
2 - A fairly big problem	18%	17%	16%	24%	36%	23%	10%	13%	6%	12%	18%
3 - Not a very big problem	25%	32%	24%	31%	19%	26%	6%	38%	16%	24%	28%
4 - Not a problem at all	39%	24%	34%	33%	23%	23%	79%	31%	52%	57%	31%
SUMMARY											
Problem	29%	37%	31%	32%	51%	40%	12%	22%	16%	13%	35%
Summary											
Not a problem	63%	57%	58%	64%	42%	49%	85%	70%	69%	81%	60%
Don't know	8%	7%	11%	4%	7%	11%	3%	8%	16%	6%	6%

Source: BMG (2009) Birmingham City Council Annual Opinion Survey 2008 (Numbers may not add up to 100% due to rounding)



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Table 1c: Cohort criminal justice service usage costs

This table shows the cost incurred by 307 heavy drinkers from the West Midlands over a two year period

	Males mean	Females mean	All mean	Cohort Total Cost
Police arrests	£96.96	£16.43	£73.09	£22,240
Probation office contacts	£2.33	£0.0	£1.64	£504
Magistrates	£30.97	£13.36 (89.6)	£25.75	£7,906
Crown court	£88.05	£0.0	£61.94	£19,018
County court	£44.02	£0.0	£30.97	£9,509
Total court contacts/appearances	£163.04	£13.36	£118.67	£36,433
Days spent in prison custody	£72.20	£1.09	£51.12	£15,695
Total criminal justice service costs	£334.54	£30.89	£244.54	£75,072

Source: Dalton et al (2004)

Table 1d: The cost of alcohol harm to the NHS in England (estimate (£m))

	£m
Hospital inpatient & day visits	
– Directly attributable to alcohol misuse	167.6
– Partly attributable to alcohol misuse	1,022.7
Hospital outpatient visits	272.4
Accident and emergency visits	645.7
Ambulance services	372.4
NHS GP consultations	102.1
Practice nurse consultations	9.5
Laboratory tests	N/A
Dependency prescribed drugs	2.1
Specialist treatment services	55.3
Other health care costs	54.4
Total	2,704.1

Source: Health Improvement Analytical Team 2008; An Update to the Cabinet Office (2003)



Table 1e: Alcohol related hospital admissions and deaths by Birmingham ward

District	Alcohol related deaths 2002-06	Alcohol related hospital conditions 2002/03-2005/06
Edgbaston	25	1173
Erdington	31	1122
Hall Green	41	999
Hodge Hill	32	603
Ladywood	52	1860
Northfield	23	1138
Perry Barr	44	1029
Selly Oak	23	917
Sutton Coldfield	11	407
Yardley	31	735
Total	347	9983

Source: BCC, Total Place pilot



Appendix 2: Drug Intervention Programme

The Drug Interventions Programme (DIP) is a key part of the Government's Drug Strategy to address the misuse of Class A drugs (heroin, crack and cocaine). It aims to:

- Reduce criminal behaviour by breaking the cycle of drug misuse and offending;
- Motivate offenders who misuse drugs to receive treatment at an early stage and to remain in treatment;
- Track individuals through the criminal justice system, to offer the maximum number of opportunities to receive treatment;
- Re-engage people who drop out of treatment;
- Ensure that those completing treatment or leaving prison receive continued care.

Key Components of DIP are:

- Drug testing on arrest in custody suites;
- Arrest Referral Workers or OCU based drug workers;
- Treatment is delivered in multi-disciplinary Criminal Justice Interventions Teams;
- DIP workers at court track offenders through the system;
- Restriction on Bail: those who test positive are assessed and bail is granted on condition that the offender attends for an assessment and undertakes the follow-up treatment. Failure to cooperate is a breach of bail conditions.

DIP has a crucial role in co-ordinating proactive planning for prison release since this is a high risk time in terms of both overdose and re-offending and in reach in prisons to link to IDTS programme

Birmingham DIP has a nationally advertised 24/7 phone line to give information about DIP and acts as a referral point out of hours. BDAAT recently launched a free-phone number for this service



Appendix 3: Third Sector Organisations

Aquarius

Aquarius, established in 1977, work with people to reduce their drinking to recommended safe levels, or to help them to achieve and maintain abstinence.

Aquarius employs 180 staff and has an annual turnover of £5.6 million. There is an Executive Committee (with service user representation) with skills in research, addictions, management development, human resources, diversity and finance.

The Aquarius approach, Personal Skills Training (PST), is cognitive behavioural based, based on the idea that people use substances to cope with a variety of problems, that people are responsible for thoughts, feelings and actions and are capable of change, that people can change given the right support and alternatives to drinking.

They provide services across the Tiers 1-3:

Tier 1: The interventions are wide ranging including: training (including a rehabilitation course for those convicted of drink driving); Outreach Work (Kings Norton (3 Estates), Kingstanding and Stockland Green); Arrest Referral pilot in North Birmingham.

Tier 2: Contract to develop and deliver alcohol interventions in Good Hope, Heartlands, Selly Oak and City hospitals. Tier 3: Community Alcohol Service advice and structured alcohol interventions and home detoxification. Aquarius is the referral base. The Family Alcohol Service provides structured interventions for families where alcohol is a significant risk factor and there are child protection issues.

Aquarius were the lead agency for the Route 50 project which focused on Moseley and along bus route 50. Its twin aims were to reduce alcohol related harm in communities and to develop partnership working with the police, Trading Standards, Licensing, the drinks industry and community groups. It provided responsible server training and the partnership developed a strategy for reducing alcohol related nuisance looking at under-age sales, sales to intoxicated customers, and alcohol related violence. The evidence indicates that this approach made a difference to crime in the area. Public Place Wounding decreased by -29.5% in the immediate area, which was a greater reduction than in the neighbouring Operational Command Area (OCU) (-17.2%) and Government targeted crime decreased by -37.6% in the immediate area which was greater than in the neighbouring OCU, -8.6%.¹³²

Aquarius also play a role in services for young people. They are commissioned by BDAAT to run Tier 2 alcohol services for young people specifically focussing on care leavers, teenage pregnancy and young offenders. There is a new post, funded by Comic Relief, for three years to work from the Maypole Youth Centre to provide training and work with young people as drinkers or affected others This is the first time

¹³² Mistral, W, Velleman, R, Mastache, C and Templeton, T (2007) *UKCAPP: an Evaluation of 3 UK Community Alcohol Prevention Programs*. Available at: www.aerc.org.uk/documents/pdfs/finalReports/AERC_FinalReport_0039.pdf



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alcohol services have been integrated into a youth centre setting. There is also a 3 year outreach service in the Erdington constituency, funded by the Lottery, providing services for young people and adults.

Birmingham Primary Care Alcohol Service (PCAS)

PCAS is a referral service specifically for primary care in Birmingham, to identify and treat people who misuse alcohol at hazardous or harmful levels.

National Association for the Care and Resettlement of Offenders (NACRO) and Rehabilitation of Prisoners Trust (RAPT) have been commissioned together to provide a joint Tier 1 and 2 service. The Tier 2 service is to work with Primary Care staff (particularly GPs and community-based nurses) to identify people who are misusing alcohol and ensure they receive an appropriate intervention. The Tier 1 service is to facilitate and support self-help groups. The groups will act as peer support networks for people who have reduced their alcohol intake and are making further positive changes to their lifestyle, and they will be open to anyone who wishes to engage with them.

The service has five main components:

- the training of primary care staff in screening for alcohol misuse;
- developing an alcohol awareness and education culture within primary care;
- assessment of clients referred through the screening process and appropriate referrals made;
- delivery of interventions from a single session delivered on the spot to 'extended brief interventions' of up to six scheduled sessions over a period of weeks;
- the facilitation of self-help support groups.

Kikit

Kikit is a community drugs project based in Sparkbrook offering drop in centres, outreach work and groups for users and ex-users. Kikit addresses the gaps in treatment services for BME communities by developing new pathways into services.

KIKIT is part of Ashiana Community Project, a charitable organisation which offers a wide range of wrap around services including employment and access to childcare via an Ofsted registered nursery. Kikit continues to work with clients to improve their lifestyles and empower them with the skills and knowledge they need to gain access to employment. They also work with other providers to offer counselling, auricular acupuncture and self-esteem and self-confidence groups.

KIKIT also provides an education service, going out into communities and educating local people about drug awareness.

Addaction

Addaction is a national drug and alcohol treatment agency. In Birmingham, Addaction, based in Highgate, were commissioned by BDAAT in October 2006. Initially commissioned as a Tier2 service, Addaction agreed



to support structured, care planned work as Tier 3 to assist with the numbers in treatment target. Service provision includes:

- Specialist Needle Exchange;
- Advice and information on treatment options including one to one work;
- Harm reduction advice and information;
- Blood Bourne Virus service – vaccinations and blood testing;
- Ear acupuncture;
- Workshops;
- Comprehensive assessment of treatment needs;
- Onward referral.

They also work in a number of locations across the city, including the St Silas Project, Snow Hill Hostel, South Birmingham Young Homeless Project and Northfield YMCA.

Swanswell Trust

Swanswell provide a range of drug and alcohol treatment services and floating support for adults across Birmingham, Coventry and Warwickshire. They are a charitable trust with 40 years experience of delivering successful community-based programmes. BDAAT and the PCT provides financial support and describes the commitment expected from the practices. Service users are involved in Swanswell at all levels, from treatment to board decisions.

In Birmingham, Swanswell work with GPs and pharmacists to provide shared care. Shared care is where GPs and specialists work together to plan and deliver care for those with drug and alcohol problems. Over 100 GP practices (more than 70%) and over 2,000 service users are involved in shared care with Swanswell and it is the biggest of its kind in the UK.

Shared care is about the holistic treatment of client needs and ensuring clinical safety, with factors like flexibility and local availability means patients have choice. Swanswell Trust also work in collaboration with other agencies concerned with the impact of drug and alcohol related behaviour and offending on neighbours and the wider community.

In-voke HIAH

In-voke HIAH – offer holistic therapies to young people who misuse substances. The aim is to get to the root of the problem rather than offer substitutes for drug dependency as in the case with adults users where methadone is offered to those addicted to heroin to lessen withdrawal symptoms.

Three-quarters of In-voke HIAH's clients are referred by the Youth Offending Team. In 2008/9 594 young people in total were referred, and 518 completed treatment. In the first quarter of 2009/10 191 young



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people were referred and 162 completed their treatment. In 2008/9 the main drugs being used were alcohol, cannabis, cocaine and ecstasy.¹³³

Cannabis and alcohol are the main drugs and only 1-2% clients inject, with those that do tending to inject crack rather than heroin. Only 1-2% of the client group are considered to be dependent drinkers. However, binge drinking is an issue. There is a wide range of different ethnic groups accessing treatment, although 48% were identified as being White British reflecting roughly the same proportion as in the general population under the age of 18. Clients of a Mixed or Black ethnicity are over-represented whilst Asian clients are under-represented. Analysis of the home postcode of those accessing treatment shows that the residences of clients in treatment are not evenly distributed throughout Birmingham but instead cluster around areas such as Erdington, Yardley, Hall Green and Selly Oak

¹³³ Evidence to Local Services and Community Safety Overview and Scrutiny Committee 29 September 2009



Appendix 4: Drug Strategy Indicators

The National Drugs Strategy is underpinned by specific national indicators, making explicit links to other indicators across government departments in order to 'maximise the impact' of effective drugs treatment.

(PSA 8): Maximise employment opportunity for all

- Working age people claiming out of work benefit (NI 152)
- Working age people claiming out of work benefits in the worst performing neighbourhoods (NI 153)

(PSA18): Promote better health and wellbeing for all

- Overall health and wellbeing (NI 119)
- All-age all cause mortality rate (NI 120)

(PSA 16): Increase the proportion of socially excluded adults in settled accommodation and employment, education or training

- Proportion of ex-offenders in settled accommodation (NI 143)
- Proportion of adults in contact with secondary mental health services in settled accommodation (NI 149)
- Proportion of ex-offenders in employment, education or training (NI 144)
- Proportion of adults in contact with secondary mental health services in employment, education or training (NI 150)

(PSA 23): Make communities safer

- Overall satisfaction with local area (NI15)
- Serious violent crime rate (NI 15)
- Serious acquisitive crime rate (NI 16)
- Perceptions of anti-social behaviour (NI 17)
- Adult re-offending rates for those under probation supervision (NI 18)
- Dealing with local concerns about anti-social behaviour and crime by the local council and police (NI 21)
- Re-offending rate of prolific and priority offenders (NI 30)
- Class A drug related offending rate (NI 38)
- Levels of graffiti, litter and fly-posting (NI 195)

(PSA 25): Reducing the harm caused by alcohol and drugs

- Number of drug users recorded as bring in effective treatment (NI 40)
- Rate of alcohol related hospital admissions (NI 39)
- Rate of drug related (class A) offending
- Percentage of the public who perceive drug use or dealing to be a problem in their area (NI 42)
- Percentage of the public who perceive drink and rowdy behaviour to be a problem in their area (NI 41)