



 Staffordshire
County Council

South Staffordshire 
Primary Care Trust


North Staffordshire

Staffordshire Alcohol & Drugs Strategy 2010 - 2015

Produced by the Staffordshire Alcohol and Drugs Strategic Partnership Board.(2011 version)

Foreword



I am delighted to present Staffordshire's first ever Five Year Alcohol and Drugs Strategy. Underpinned by the 'One Staffordshire' approach, the strategy sets out our purpose and principles in relation to the commissioning of alcohol and drugs services. By adopting a pragmatic 'what works' approach we can ensure the best results for people who have alcohol and/or drugs related addiction and/or dependency problems.

It identifies the challenges faced by individuals, the wider community and public bodies whilst establishing Staffordshire as a 'County of Recovery' where the right help is available to people when and where they need it.

It is vital to ensure that public resources are used efficiently in a cross agency collaborative way to provide good quality services and education as to the harm that substance misuse causes to individuals, communities and society in general.

Effectively preventing harm occurring wherever possible and delivering improved outcomes for people will help renew lives whilst reducing the cost burden on the public purse and wider economy of drugs and alcohol misuse.

Sound strategic partnership planning and management are key to delivering improvements. Listening to people who have used services in the past, their families and the communities where they live is vital if we are to enable and empower people to seek the help they need. We must provide the right level of advice and guidance, help people receive appropriate support in relation to their needs, reduce health inequalities and make a real difference to communities.

Staffordshire Social Care and Health is committed to working with partners across the county to deliver integrated service improvements providing quality services to young people, vulnerable adults and families living with addiction and dependency problems.

County Councillor Robert Marshall,
Cabinet Member for Public Health and Community Safety

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Recovery - to enable, empower and support people along a journey of sustainable improvement to health, well-being and independence.

Introduction

Local, regional and national strategy and policy documents together with high profile media stories and anecdotal evidence all show that the misuse of alcohol and drugs are responsible for undermining family and community life. The problems that arise out of addiction and dependency on alcohol and /or drugs destroy potential and hope, and have a devastating and disproportionate effect on the most vulnerable in our society. Collectively termed substance misuse, it contributes dramatically to the volume of anti-social behaviour, acquisitive and violent crime, domestic abuse, road traffic accidents, unemployment, homelessness and, for the children of families where alcohol and drug misuse is prevalent, there will generally be some degree of associated child neglect and emotional abuse.

The challenges are complex and require integrated solutions from a wide range of partners including health, adult and children's social care agencies, the police, probation, the third sector and business sector. Making a difference and bringing about positive change requires multi agency working at all levels supported by legislation and partnership to meet local needs.

This document sets out Staffordshire's purpose, principles and approach to the alcohol and drugs agenda and the changes and improvements planned for the next five years.

Staffordshire's Vision for Alcohol and Drug Services

Our vision is to create an environment that promotes prevention and responsibility, reduces harm to individuals, their families and communities and empowers and enables people to recover from alcohol and/or drug addiction and dependency therefore we will:

- Enable access to education and prevention information so that people can make informed choices and resist pressures – particularly young people.
- Ensure treatment provides a menu of choice and service options are planned, designed and delivered to ensure the needs of individuals, their families and communities are taken into account
- commission to create recovery communities

We will lead this by:

- Commissioning a range of high quality, accessible and flexible services that avoid fragmentation, duplication and overlap taking into account the shared objectives of the wider partnership
- Minimising harm to individuals, their families and the wider community whilst improving quality of life and reducing health inequalities
- Ensuring cost effectiveness and value for money at all times, pooling resources and jointly commissioning services where possible

- Shifting the focus to one of enablement and recovery including education, prevention , aftercare and support so that the positive results of treatment interventions are sustainable
- Developing a ‘whole system approach’ that is person centred making accessing the right solution simpler and more effective
- Ensuring that any concerns about the welfare and safety of vulnerable adults or children are recognised and appropriately responded to and work with our partners to minimise risk in the future .
- Encouraging partners to be proactive, collaborative and committed to using the resources available in a creative way.
- Asking ourselves what difference are we making?

The vision sits within the wider public health and community safety agendas of prevention, education and individual responsibility for ensuring wellbeing and the long-term reduction of health inequalities and the impact of harms associated with substance misuse. The vision includes children, young people and adults (including those in the criminal justice system), their families and the wider community and aspires to an integrated system of solutions tailored to meet people’s needs. Pathways to advice and guidance as well as into services will be developed in line with the Staffordshire Cares model and a first point of contact will be through information points made available across the county.

Executive Summary

The overall direction and purpose of Staffordshire’s Alcohol and Drugs Strategy is to ensure that interventions by partners minimise the harm caused to individuals, their families and the wider community. The vision is to create a continuum of options that promotes education and prevention, provides a menu of choice for service users, their families and communities enabling an individual’s recovery and independence. The Alcohol and Drugs Strategic Partnership Board and its partners need to lead the way in effecting a culture change towards people with substance misuse addiction and dependency problems ensuring they are integrated into our communities and enabled to make a positive contribution.

Where are we now?

We have made a good start in changing peoples’ expectations of alcohol and drugs services and this is set to continue with a tri-partite approach to governance including input from service users and recognition of the importance alcohol and drugs play across a range of social challenges faced by individuals, their families and communities. Person centred planning and key working will ensure that support, help and advice is available to people in easily accessible formats when and where they need it.

The targeting of alcohol misuse continues to be a key priority for the county and the wider impact of substance misuse issues on communities is well understood by partners. It is recognised that a consistent education and prevention message needs further development and that the adoption of a single point of contact would improve transition from one part of the service continuum to the next.

To promote excellence in service delivery and demonstrate value for money, a performance management system is being introduced. However, it is recognised that some exemplary preventative and treatment practice already exists in the county of which we are rightly proud.

Proposed Changes

Over the next five years we intend to:

- Commission education and prevention services in conjunction with public health
- Create a whole systems approach and create recovery communities across the county
- Place service users at the heart of the decision-making process.
- Strengthen partnership arrangements between adult and children's services to ensure agencies are working together to reduce the risk of harm to children, young people and families affected by substance misuse and thus raise practitioner and public awareness about the impact of hidden harm on children.
- Understand 'what works' and invest in the best solutions

Next steps

In order to build upon prevailing goodwill demonstrated in the signing of the Concordat in 2008 and to ensure that this is carried forward into actions, it will be necessary to:

- Clearly communicate strategic objectives
- Gain commitment from partners to support the implementation of commissioning plans
- Agreeing a set of commissioning principles
- Introduce quality assurance and value for money frameworks
- Beginning the commissioning of an agreed reconfigured provision in 2010/11

How do we know what success looks like?

We will know we have achieved what we set out to do when

- We can measure the success of education and prevention programmes and evidence the difference they make
- People with substance misuse problems recognise that they are supported by a recovery community
- Harm to individuals, their families and the wider community is measurably reduced with fewer children subject to child protection plans where substance misuse is a factor.
- People can get the help they need when they need it
- **People are enabled to re-establish their independence in the wider community**
- There is ample evidence of positive outcomes and service users tell us their lives have improved



Alcohol Misuse in Staffordshire

The Profile of Alcohol Misuse in Staffordshire

The data associated with the profile of alcohol misuse in the County is set out in a number of key documents including A Safer, Stronger Staffordshire Strategic Assessment 2009 and the Alcohol Needs Assessment for Staffordshire County 2008. Reference is also made to the negative impact of alcohol misuse in Staffordshire's Sustainable Communities Strategy, the Parenting Strategy, the Joint Strategic Needs Assessment and the District Council Alcohol strategies .

This data is not reproduced in this strategy but the headline issues and priority actions are summarised.

The current position in Staffordshire¹

- In Staffordshire there are 131,000 hazardous drinkers, 32,000 harmful drinkers and 21,000 alcohol dependent drinkers².
- The district areas of Cannock Chase and Newcastle-under-Lyme tend to be the two areas which record the highest levels of alcohol related harm for under 18s
- Binge drinking estimates are highest in Tamworth and Stafford.
- All Districts in Staffordshire have a higher estimate of binge drinking than for the West Midlands as a whole and the estimate for Tamworth is also higher than the estimate for England.
- The number of months of life lost attributable to alcohol are highest in Newcastle-under-Lyme where the figure reaches over a year (12.1 months).
- Just over a quarter (26%) of respondents to the Place Survey for Staffordshire felt that people being drunk or rowdy in public places was a big problem in their local area
- 24.7% of children aged 11-15 reported drinking alcohol (in the week prior to being questioned) in Staffordshire compared with 21% nationally (Staffordshire Schools Alcohol Survey 2009)
- The number of young people in treatment for alcohol has increased by 17% over the last 12 months.
- During 2008/09 there were 14,748 alcohol related hospital admissions for residents of Staffordshire (a 20% increase on the previous year and highest in N-u-L)
- In 2009/10 alcohol and drug misuse was recorded as being a pre-disposing risk factor within 39% of all children who were the subject of child protection plans in Staffordshire. (Data provided by Staffordshire Children & Families Services).

¹ Staffordshire County Strategic Assessment 2009

² Annual Survey 2009

Staffordshire, similarly to other parts of the UK, has seen an increase in the amount of alcohol consumed by the general public and the subsequent impact of that increase including increased numbers of alcohol related hospital admissions and crime including a disproportionate number of young people. The headlines above lead to a conclusion that the level of investment in alcohol interventions needs to be revisited to ensure appropriate services are available to meet demand. Service provision should be targeted at the client groups and geographical areas in most need and greater emphasis should be placed on early intervention and prevention.

Young People and Alcohol³

Among young people, excessive drinking is associated with a range of problems, including anti-social behaviour, accidents, physical and mental health problems, youth offending, teenage pregnancy and poor school performance.

During 2009 just over 1,600 children aged between 11 and 15 years from schools across Staffordshire took part in a survey, designed to understand the drinking habits of young people across the county. In total, a quarter (24.7%) of respondents said that they had consumed alcohol in the last seven days. This is fairly consistent between boys and girls, but higher for all young people aged between 14 and 15 years (35% of young people in this age group said that they had consumed alcohol in the last 7 days). Almost a third of those who had drunk during the last 7 days obtained the alcohol from parents or carers, and a quarter received the alcohol from friends. Just one in five bought the alcohol from a shop, which reinforces local intelligence, that proxy sales and receiving alcohol from adults is more of a problem than underage sales across the county.

Violent Crime and Links with Alcohol⁴

Alcohol misuse, especially binge drinking, is believed to be a factor in many offences, including violence and domestic abuse, sexual assault, disorder, anti-social behaviour and deaths from road traffic accidents. Not only are people who drink heavily more likely to offend, men and women are at increased risk of suffering assault and injury when they are drunk. It is believed up to half of violent crime is alcohol related. There are significant peaks in violent crime recorded on Friday and Saturday nights, implying a connection with alcohol related offences and the night-time economy, and over half of assault related attendances to A&E in North Staffordshire are related to alcohol. Almost half (48%) of all offenders living within the county assessed by Staffordshire Probation during 2008/09 were identified as having violent behaviour related to alcohol misuse, highlighting a significant link.

³ Staffordshire Schools Alcohol Survey 2009

⁴ A Safer & Stronger Staffordshire: Strategic Assessment 2009' <http://www.staffordshirepartnership.org.uk/observatory/publications/>

Education and Prevention

A first step in encouraging individuals to act responsibly involves making sure that they understand the potential risks of irresponsible drinking and alcohol misuse. However, raising awareness alone is not enough. Any successful harm reduction strategy will need to achieve a long-term change in attitudes to irresponsible drinking and behaviour and this can only be achieved by the application of a number of different strategies delivered by all partners.

ACTIONS REQUIRED:

- Commission prevention and education activity from a single agency to oversee its co-ordination, secure efficiencies, enable targeted delivery and evidence improved outcomes.
- Deliver locally agreed alcohol and drugs education as part of the curriculum and wider education programmes
- Include parents in education and training sessions.
- Undertake a public awareness raising campaign in conjunction with Public Health colleagues
- Continue to develop a risk assessment to be used by all professionals who deal with Young People

Treatment

A range of statutory and non-statutory service providers currently provide adult alcohol treatment services in Staffordshire with the majority of spend in the statutory sector. These service providers are primarily commissioned to provide drug misuse treatment, but often include alcohol treatment due to polyuse issues and the fact that there has been little in the way of specifically commissioned alcohol services.

A county-wide service supports young people to tackle their issues with drugs, alcohol and offending and to move on into mainstream youth provision in education, training and employment. The age of those receiving treatment ranges from 9 to 22 years, however over 90% were aged between 12 and 17 years.

Analysis has revealed that the current level of service provision is unable to meet demand. In each of the districts, priority actions in community safety plans all include alcohol, drugs and/or anti-social behaviour particularly in relation to young people. Consequently any commissioning activity must be based on a growing body of evidence demonstrating which interventions work to reduce alcohol-related harms and the assumption that partnership investment should seek to reduce demand, restrict supply and build recovery communities thus limiting negative consequences.

ACTIONS REQUIRED:

- Clearly identify problem areas and groups and target service provision accordingly
- Commission research and analysis of what works under the umbrella of the Total Staffordshire initiative
- Adopt a whole systems approach
- Optimise community based interventions and GP involvement in a shared care approach
- Increase the availability of information and brief advice
- Evaluate success against a set of service user and community outcome measures

Aftercare and Support

The value of good quality aftercare and support in making any recovery journey a success is well documented. Access to housing, education, training, employment and the learning of life skills all help to people with alcohol dependency or addiction problems to establish and maintain an optimum level of independence.

ACTIONS REQUIRED:

- Identify joint commissioning opportunities to create end-to-end service solutions for people in recovery and thus create a seamless service.
- Work with local colleges to establish a lay assessor programme or similar to enable service users to begin to create a set of transferable, marketable employment skills.
- Promote a better understanding of the benefits of working with the client group with the social and private landlord fora.



Drug Misuse in Staffordshire

The Profile of Drug Misuse in Staffordshire

The data associated with the profile drug misuse in the County is set out in a number of key documents including A Safer, Stronger Staffordshire Strategic Assessment 2009 and the Adult and Young Peoples' Needs Assessments for Staffordshire 2010. Reference is also made to the negative impact of drug misuse in Staffordshire's Sustainable Communities Strategy, the Parenting Strategy, the Children & Young People's Plan 2010-2011, Staffordshire Safeguarding Children's Board Business Plan 2010-2011 and the Joint Strategic Needs Assessment .

This data is not reproduced in this strategy but the headline issues and priority actions are summarised.

The current position in Staffordshire

The adult needs assessment revealed:

- National data estimates that Staffordshire has 3028 Problem Drug Users (PDU) the definition of which is an individual that predominantly uses opiates (such as heroin) and/or crack cocaine.
- Based on the needs assessment data 69% of this population is receiving treatment, which leaves an unmet need of 31%.
- Numbers in treatment on the 31st March 2009 have continued an upward trend increasing from 1221 the previous year to 1426 - an increase of 17%.
- The numbers not known to treatment at any time during the past year has fallen by 18% from 934 to 789.
- The largest age category of those in treatment in Staffordshire and the West Midlands is 25-34 years (52%) however nationally the largest age group is 35-46 years.
- A higher percentage of people in treatment are younger in Staffordshire with the age range including people up to 64 years old.
- The amount of injecting drug users in treatment in Staffordshire is 35% - this is higher than the regional (25%) and national (27%) averages

At a county level, data for drug treatment shows the following:

- The gender split remains at 74% male to 26% female which is consistent with the regional and national picture
- Most individuals in drug treatment are aged between 20 and 49, although the age range is expanding in both directions.
- Heroin remains the main presenting drug across Staffordshire, with 77% of people in treatment citing this as their primary drug of use.
- Where a secondary drug is used, crack remains the most common at 14%, which is slightly up on figures from the previous year.
- Numbers in effective treatment have increased from a baseline of 1890 in 2007/08 to 2061 as at quarter three of 2009/10.
- Anecdotal evidence suggests that 2010 has seen a marked increase in the use of legal highs although there is no reliable data to support this

Young people and substance misuse

The average age of young people in treatment is 15, with two-thirds aged between 14 and 16 years. Just over 6% were also receiving mental health treatment and 12% were in contact with the Youth Offending Service a slight increase from 11% during the previous year. The most common presenting primary drug use for young people during 2008/09 was cannabis (38%).

The range of substances misused by young people in the county ranges from Class A illegal drugs through the legally available (to adults) solvents and alcohol. In line with national trends identified by the National Treatment Agency in June 2009, the most commonly used substances amongst young people in Staffordshire are alcohol and cannabis. Service providers working with young people confirm that these two substances still remain the most commonly used although there has been a significant drop in cannabis but an increase in alcohol use. There has also been an increase in the level of cocaine and solvent use amongst young people although numbers are still quite low. However, this is something that needs to be monitored particularly as the report “Drug Misuse Declared – findings from the 2008/09 British Crime Survey” published by the Home Office states that cocaine use amongst young people aged 16 to 24 is on the increase⁵.

Anecdotal evidence suggests that 2010 has seen a marked increase in the number of young people using of legal highs although there is no reliable data to support this.

Serious Acquisitive Crime in Staffordshire⁶

There are clear and proven links between substance misuse, prolific offending and acquisitive crime. Almost half (48%) of offenders assessed by Staffordshire Probation during 2008/09 were identified as having some or significant problems with current alcohol misuse and 37% had drug misuse linked to offending. The majority of offenders currently engaged with the Prolific and Other Priority Offender programme across Staffordshire also have drug and/or alcohol dependencies, which leads them to commit acquisitive crime in order to their habits. This suggests a very strong correlation between substance misuse and criminal behaviour.

All offenders starting a community order with Staffordshire Probation Service are assessed in order to identify their level of need in a number of areas, or pathways, such as alcohol and drug misuse, accommodation, finances and education, training and employment; over two thirds (69%) had used drugs at some point in their lives.

Drug Offences⁷

During 2008/09 there were 1,753 drug offences recorded across Staffordshire County. These are crimes that directly involve drugs, including possession, production and supply. This figure is a reduction of 18% (382 offences) when compared with the previous year. However, despite an overall reduction in all other drug offences, crimes involving the class C drug ketamine have more than tripled (although the numbers are still relatively low), from 3 in

⁵ Staffordshire Young Peoples’ Needs Assessment 2010 – 2011, SMCT

⁶ Staffordshire County Strategic Assessment 2009

⁷ Staffordshire County Strategic Assessment 2009

2007/08 to 11 in 2008/09. Ketamine is currently valued at around half the price of cocaine, which may account for a proportion of the increase. However, like cocaine, ketamine is not known as a dependent drug linked to acquisitive crime and is more widely thought of as a recreational drug linked to the nighttime economy.

268 offences were also identified as being 'drug related', a decrease of 26% (95 offences) when compared with the previous year. This includes any type of crime where drugs were thought to be a contributory factor at the time of the offence (including some direct drug offences mentioned above) and is a subjective measure based on an officer's assessment of the offender. However, this figure is regarded as being just a snap-shot and does not reflect the true extent of drug related offending which is difficult to accurately measure.

Drug related hospital admissions

Both the hospital episode statistics (HES) and the Indications of Public Health in the English Regions (Drug Use) report contain data related to the numbers of people admitted to hospital as a result of drug misuse but these data are not specific to Staffordshire. If it is assumed however that Staffordshire is showing a similar trajectory to that of the rest of the country, then the number of drug related hospital admissions continues to rise and predominantly will be from areas showing high deprivation indices. Further work is required however to ensure data is collected in future that informs the debate and thus assists the commissioning and procurement of appropriate types and amounts of service.

Integrated Drug Treatment Services in Prisons (IDTS)

The Substance Misuse Commissioning Team commissions the Integrated Drug Treatment System (IDTS) for prisons in partnership with the Primary Care Trust and the Prison Service, whilst other general health services in prisons are commissioned by the local Primary Care Trust and delivered in partnership with the Prison Service. IDTS is being rolled out nationally and by 2010, it will be available in all six prisons in Staffordshire.

The objective of IDTS is to expand the quantity and quality of drug treatment within HM Prisons by:

- Increasing the range of treatment options available to those in prisons, notably stabilisation, detoxification and substitute prescribing.
- Integrating clinical and psychological treatment in prison into one system that works to the standards of Models of Care and the Treatment Effectiveness Strategy and works to one care plan.
- To reinforce continuity of care from the community into prison, between prisons, and on release into the community.

IDTS will work closely with the Drugs Interventions programme in particular to ensure that offenders receive seamless support and are retained in treatment after release.

What do the residents of Staffordshire think about substance misuse and offending/ acquisitive crime?⁸

Almost a third (30.7%) of Staffordshire residents who responded to the 2008/09 county Place Survey perceive that drug use or drug dealing is a big problem in their local area. This is in-line with the national figure, and slightly lower than the result recorded across the West Midlands (32.9%). However, this figure varies considerably across different parts of the county, from 20.5% in Stafford Borough to 50.2% in Cannock Chase.

Worklessness and housing issues are seen to be significant contributory factors to drug dependency, therefore an increase may occur as a result of the recession. Substance misuse in general may increase as people turn or return to drugs and alcohol as a result of stress caused by unemployment and financial pressures.

Education and Prevention

A first step in encouraging individuals to act responsibly involves making sure that they understand the risks and harms associated with taking drugs. However, raising awareness alone is not enough. Any successful harm reduction strategy will need to achieve a long-term change in attitudes to drug taking and this can only be achieved by the application of a number of different strategies delivered by all partners.

Most people obtain drug-related information from five main sources:

- public health information and government campaigns;
- education in schools;
- other drug takers;
- television; and
- websites dedicated to the topic

In Staffordshire, education and prevention (in the broadest sense) takes place under all five of these headings and is not limited to a fixed place along the continuum of service provision making consistency of delivery and estimation of cost difficult. An improved approach where prevention and education is better co-ordinated by a single agency would undoubtedly produce efficiencies and enable targeted delivery and improved outcomes.

Addiction to prescription and/or over the counter drugs

There is also a need to educate people about the potential of becoming addicted to drugs that can be bought over the counter or are provided on prescription. Stimulants, prescription analgesics, cough and cold medications and tranquillisers are commonly abused medications. They can lead to addiction and adolescents are particularly vulnerable to their misuse, primarily due to the sometimes high alcohol content in the medications. Other prescription drugs that may be misused are laxatives and pain relievers such as ibuprofen.

⁸ Staffordshire County Strategic Assessment 2009 (produced by The Observatory)

The effects of medication abuse can be very dangerous. An abuse of over-the-counter or prescription drugs can lead to dependence that is both physical and mental. While most people use prescription drugs properly and do so according to the doctor, pharmacist and manufacturer's directions, a significant number of people will still misuse over-the-counter and prescription drugs.

Drugs in sport

There is also a need to educate people about the issues around the use of drugs in sport. Often used to enhance performance it is widely accepted as unethical practice.

ACTIONS REQUIRED:

- Commission prevention and education activity from a single agency to oversee its co-ordination, secure efficiencies, enable targeted delivery and evidence improved outcomes.
- Deliver locally agreed alcohol and drugs education as part of the curriculum
- Include parents in education and training sessions.
- Undertake a public awareness raising campaign in conjunction with Public Health colleagues incorporating the harms associated with drug use including drugs in sport and prescription drugs
- Continue to develop a risk assessment to be used by all professionals who deal with Young People
- Conduct further research on the prevalence and impact of 'legal highs'

Treatment

Drug Treatment Services - Current Service Provision

A range of statutory and non-statutory service providers currently provides drug treatment services for young people and adults both in community and criminal justice settings in Staffordshire. Staffordshire has a good selection of services to cater for the needs of service users ranging from needle and syringe programmes to IDTS within the prisons.

In addition, there are a plethora of services, often within the third sector, that provide education and/or prevention information including brief interventions and signposting on to other services. There is also a range of through care/ aftercare & support interventions with a focus on enabling people to achieve their optimum level of independence including for example, enablement into suitable accommodation, training, education and/or employment.

ACTIONS REQUIRED:

- Clearly identify problem areas and groups and target service provision accordingly
- Identify areas for piloting targeted activity where this will deliver significantly improved outcomes.
- Adopt a whole systems approach to future service design, strategic planning and commissioning
- Optimise community based interventions and GP involvement in a shared care approach
- Increase the availability of support for families, carers and significant others
- Evaluate success against a set of service user and community outcome measures

Aftercare and Support

Past needs assessments have indicated that access to housing has been an issue for those affected by substance misuse, and this has been vocalised by both service users and treatment providers. In recent months, the Substance Misuse Commissioning Team (SMCT) has attempted to remove some of the barriers to housing by making contact and working with local housing providers as well as highlighting the issue with the strategic housing team that sits in the Joint Commissioning Unit.

ACTIONS REQUIRED:

- Identify joint commissioning opportunities to create end-to-end service solutions for people in recovery and thus create a seamless service.
- Work with local colleges to establish a lay assessor programme or similar to enable service users to begin to create a set of transferable, marketable employment skills.
- Promote a better understanding of the benefits of working with the client group with the social and private landlord fora.

The Service User & Carer Perspective (Alcohol & Drugs)

Recognising that service user and carer involvement must be integral to strategic planning and service design, the SMCT have sought to raise the profile of service users and carers at every available opportunity. Events have been held throughout the 2009 in order to emphasise the importance of involvement and engagement and to enable dialogue with professionals about their plans and ideas for appropriate support groups.

Three service user groups are now in place (Oddesy, RIOT and SUGAR) and both groups have been instrumental in setting up the service user forum SPECTRUM – another strand of the tri-partite governance approach with the Chair of this group representing the service user community at the Alcohol and Drugs Strategic Partnership Board.

Seeking the views and input from children and young people is recognised as being more challenging and the Partnership Board have resolved to work in the most appropriate way to elicit meaningful responses that can influence service planning and design.

In addition to this, providers are encouraged to be service user led organisations. In future, the quality assessment framework will include a test of positive service user involvement.

ACTIONS REQUIRED:

- Commission a single access point to provide information, assessment and easy access to services
- Provide access to a county wide information and advice out of hours freephone help line



Other substance misuse in Staffordshire

Volatile Substance Abuse

Volatile substances are a group of products, often household items, that contain chemicals which, if deliberately inhaled, can cause intoxication. Products in this group include cigarette lighter refills, some hair-sprays, deodorants and air-fresheners, some pain-relief sprays, certain adhesives, cleaning products, nail-varnish removers, correction-fluid thinner, petrol and paint thinners.

Broadly speaking, these are products that contain either the chemical butane or the chemical toluene though a number of other chemicals are also effective.

Volatile substances represent a bigger health threat, especially to young people, than most other drugs. While the mortality rate has decreased in recent years, on average in this country one or two young people a week die through solvent-related causes. A significant number of deaths are believed to be amongst first time users.

Volatile substance use is most common in 13 to 16 year-olds, though it does (rarely) continue into later life. While not physically addictive, users can become psychologically dependent on these substances.

Legal Highs

Legal highs or cathinones are becoming ever more prominent under the harm reduction agenda, particularly as so little is known about them. They are readily available on the Internet and due to their low costs they appeal particularly to young people.

Whilst the scale of the problem and the physical and psychological effects of legal highs are still not clear, it is important that the SMCT works with partners to minimise harm where possible. There is already an informal process being used between the police, stimulant project workers and the SMCT with information of people using legal highs being shared. This is helping to improve knowledge and understanding about its prevalence in Staffordshire, and highlighting some of the effects that can be used to raise public awareness.

The Profile of Other Substance Misuse in Staffordshire

Not a great deal is known about the numbers of people misusing volatile substances or legal highs and further ongoing research into this problem is required. Over the last year a local specialist third sector organisation has been commissioned to develop educational packages in schools for Volatile Substance Abuse (VSA) and to develop workforce competencies to deal with VSA related issues for both the specialist drug workforce and for universal services practitioners.

The service has provided in-depth professional training and advice to the 55 professionals from the Youth Offending Service and service provider sector. In addition, a pilot stimulant project is currently underway in the Cannock and Stafford areas and has included research into the use of legal highs. Already there is evidence of people using these drugs and experiencing health problems that would otherwise be unexpected in healthy young people. A survey to identify possible stimulant and volatile substance misuse amongst the young people has been commissioned and the full report is awaited.

ACTIONS REQUIRED:

- Continue to educate the public and professionals on the dangers, symptoms and effects of volatile substance misuse and legal highs
- Undertake further research into the prevalence of their use and publish the findings of the young people project

Hidden Harm

It is widely understood by the Staffordshire Alcohol and Drugs Strategic Partnership Board that parental problem drug and alcohol use can and does cause serious harm to children at every age from conception to adulthood and this will be a factor taken into account when commissioning services in future. The profile of the children and young people's agenda in relation to hidden harm has a high profile with continued and strengthening membership of the Board from People and Health.

Safeguarding Children and Adults

Abuse is a violation of a person's human and civil rights. People should, wherever possible, be protected from abuse in the first place. Those who do experience abuse or are considered at risk should be able to get the right support that enables them to feel in charge of what happens, to be safe, and where appropriate to get justice through the courts. If people are less isolated and have support to participate in their community, this may provide some protection from abuse.

Staffordshire Safeguarding Children Board (SSCB) is the key statutory mechanism for agreeing how local organisations will co-operate to safeguard and promote the welfare of children and young people living in Staffordshire. It is an inter-agency forum, which brings together representatives of each of the main agencies, and professionals who are responsible for helping to protect children from abuse and neglect. The SSCB is responsible for agreeing on how the different services and professional groups should co-operate to safeguard children, and for making sure that arrangements work effectively in bringing about better outcomes for children and young people in Staffordshire. Representatives on the Alcohol and Drugs Strategic Partnership Board who act as children and young peoples' champions ensure the links with the work of SSCB and that safeguarding is at the forefront of any service development and design.

Similarly for adults, The Staffordshire and Stoke on Trent Adult Safeguarding Partnership brings together lead officers from all agencies to promote and develop strategies and procedures designed to ensure the wellbeing and protection of vulnerable adults. This strategy embraces the philosophy that safeguarding is everyone's business and whilst not making reference to specific plans and actions the links to the work of the Partnership are strong as are the key messages of the importance of keeping individuals, their families and the wider community safe and free from abuse.

Third Sector contribution

Staffordshire Third Sector Network (S3SN) was established by SCIO to support third sector organisations and the community engagement agenda, whilst highlighting the significant contribution made by the Third Sector to the well-being of individuals and communities. Staffordshire & Stoke-on-Trent Consortium of Infrastructure Organisations (SCIO) and S3SN roles are pivotal in delivering against National Indicator 7 'An Environment for a Thriving Third Sector' through their participation in developing the new Staffordshire Compact that will increase involvement, engagement and empowerment of the sector and establish clear and accountable commissioning processes that recognise and address the needs of the third sector. Both SCIO and S3SN are represented at both strategic and operational levels within the alcohol and drugs governance structure.

PRIORITY ACTIONS IMPLEMENTATION PLAN

Actions	Responsible Body	Target date for completion	Impact
Priority Objective 1: Enable access to education and prevention information so that people can make informed choices and resist pressures – particularly young people.			
Commission prevention and education activity from a single agency to oversee its co-ordination.	SMCT	April 2011	Remove potential stigma Secure efficiencies, Enable targeted, consistent delivery and evidence improved outcomes.
Deliver a locally agreed alcohol and drugs education programme and where possible include parents in education and training sessions. Ensure safeguarding children from Hidden Harm is a priority action.	ADSPB	April 2012	As above
Undertake a public awareness raising campaign in conjunction with Public Health colleagues	ADSPB	April 2013	As above
Conduct further research on the prevalence and impact of ‘legal highs’	SMCT	April 2012	To inform practitioners and the public and design an appropriate targeted response.
Continue to educate the public and professionals on the dangers of volatile substance misuse and legal highs Undertake further research into the prevalence of their use and publish the findings of the young people project.	SMCT	April 2013	As above
Priority Objective 2: Ensure treatment provides a menu of choice and service options are planned, designed and delivered to ensure the needs of individuals, their families and communities are taken into account.			
Increase the availability of information and brief advice	ADSPB	April 2012	Promote better understanding of sensible drinking, drugs awareness and harm minimisation. Deliver culture change over time.
Clearly identify problem areas and groups and target service provision accordingly.	SMCT	April 2011	To optimize use of resources and deliver improved outcomes.
Commission research and analysis of into what works under the umbrella of the Total Staffordshire initiative	Total Staffs (Alcohol) Project Board	April 2011	As above.
Adopt a whole systems approach	ADSPB	April 2011	As above.

Actions	Responsible Body	Target date for completion	Impact
Optimise community based interventions and GP involvement in a shared care approach	ADSPB	April 2012	Promote better understanding of sensible drinking, drugs awareness and harm minimisation. Deliver culture change over time.
Evaluate success against a set of service user and community outcome measures	SMCT	April 2012	Better targeting of resources. Improved outcomes for service users.
Promote choice in drug treatment with abstinence the desirable outcome	SMCT and Provider Board	June 2010	Range of options for treatment and support are offered in a consistent and coherent way and an overarching agreed goal informs practice
Priority Objective 3: Commission to create recovery communities			
Identify joint commissioning opportunities to create end-to-end service solutions for people in recovery and thus create a seamless service.	SMCT	April 2011 – April 2015	To optimize use of resources and deliver improved outcomes.
Work with local colleges to establish a lay assessor programme or similar to enable service users to begin to create a set of transferable, marketable employment skills.	SMCT	April 2011	To enable optimum levels of independence for service users and sustain the positive results realised by access to treatment.
Promote a better understanding of the benefits of working with the client group with the social and private landlord fora.	SMCT	By April 2011	To facilitate housing opportunities to optimise independence and sustained recovery.
Commission a single access point to provide information, assessment and easy access to services	SMCT	By April 2011	Enable improved understanding. Better targeting of resources.
Provide access to a county wide information and advice out of hours freephone help line.	SMCT	By September 2010	Improve access to, support through and exit from services.

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Addaction

Addiction Dependency Solutions

BAC O'Connor Centre

Barnardos

Cannock Chase District Council

CRI

East Staffordshire Borough Council

Lichfield District Council

Lloyds Pharmacy

Newcastle-under-Lyme Borough Council

North Staffordshire Combined Health Care Trust

North Staffordshire Primary Care Trust

Prison Service

SCIO and Third Sector Network

Service Users and the Service User Forum

South Staffordshire District Council

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

South Staffordshire Primary Care Trust

Stafford Borough Council

Staffordshire County Council

Staffordshire Fire and Rescue Service

Staffordshire Moorlands District Council

Staffordshire Police

Staffordshire Probation Service

Staffordshire Safeguarding Children's Board

Tamworth Borough Council

The Children's Trust

West Midlands Ambulance Service

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