A Review of Substance Misuse

by a working group of the Adult Social Care and Housing Overview and Scrutiny Panel

December 2012
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- **Andrea Carr**  Policy Officer (Overview and Scrutiny)
1. **Lead Member’s Foreword**

1.1 This review originated from the concern from members of the Adult Social Care and Housing Overview and Scrutiny Panel, partly generated by media reports that both Drug and Alcohol consumption is escalating. The UK has amongst the highest rates of young people's cannabis use and 'binge drinking' in Europe. As well as being a serious risk to health it poses a heavy burden on the resources of the NHS and supportive partners with the inevitable financial consequences. The government statistics report that drugs cost the UK £15.4 billion per year while alcohol excess costs £2.7 billion. We had also heard reports that A&E departments were being disrupted by patients under the influence of alcohol which as well as being a danger to clinicians, delayed treatment to others. There are also differing and influential views expressed in the public arena about the effects of drugs and the call to change government policy. This may cause confusion to young people and neutralise the message that the consumption of drugs in the long term causes harm. Evidence is emerging that new untested legal chemicals are being aimed at young people. Members of the working group wanted to examine how our local strategies and services were responding under pressure to these growing problems.

1.2 After visiting and speaking to a range of professional people, we were pleased to see that the services being provided worked well and our strategies are both robust, comprehensive and regularly under review. This will form part of the duties of the Health and Wellbeing board.

1.3 Lastly I would like to pay thanks to my other colleagues on the working group, Cllr Blatchford and Cllr Brossard and our officer Andrea Carr and finally a word of thanks to New Hope and the fine work they undertake.

Councillor Tony Virgo  
(Lead Working Group Member)
2. Executive Summary

2.1 In autumn 2011 the former Adult Social Care Overview and Scrutiny Panel (now the Adult Social Care and Housing Overview and Scrutiny Panel) commissioned a review of the Council’s response, and that of its partners, to the Government’s requirements contained in its Drug Strategy 2010 - Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life. The review was undertaken by a Working Group of the Panel which also reviewed the Payment by Results (PbR) drug recovery scheme following Bracknell Forest being selected as one of eight national pilot sites for the PbR Drug Recovery pilot programme.

2.2 During the course of the review the Working Group gathered information and evidence from many sources to gain an insight into the extent, treatment and consequences of substance misuse and to evaluate whether the requirements of the Drug Strategy were being delivered locally. These sources included Bracknell Forest’s Drug and Alcohol Action Team (DAAT) to discover the services it provided; a local General Practitioner (GP) to learn about the treatment referral process; and officers of Thames Valley Police (TVP) to explore how police tackled drug misuse and drug-related crime and contributed towards treatment opportunities. The Working Group visited the New Hope drug and alcohol treatment centre where it met staff members, volunteers, service users and a substance misuse prescribing doctor. A further visit was made to Frimley Park Hospital’s Accident and Emergency (A&E) Department late on a Friday evening where the Working Group met an emergency medicine and clinical consultant and a matron to witness the consequences of drug and alcohol related emergency hospital admissions. As part of the review, the Working Group also had regard to the Government’s 2010 Drug Strategy, the Bracknell Forest Substance Misuse Strategy, the Local Alcohol Profile, the Bracknell Forest Health Profile and the Drug Treatment Monitoring Unit’s profile of the Bracknell Forest DAAT. In addition, Bracknell Forest’s data in relation to alcohol related hospital admissions (former National Performance Indicator 39 and Vital sign VSC 26), people aged 18-64 predicted to have a drug or alcohol problem and the estimated percentage within the drinking population who reported engaging in higher risk drinking were measured.

2.3 This report describes the work of the Working Group and sets out its findings. Members hope that the report will be well received and look forward to receiving responses to their recommendations.

2.4 The Working Group comprised:

Councillor Virgo (Lead Member)
Councillor Blatchford
Councillor Brossard
3. **Background**

3.1 Having considered a number of potential review topics, the former Adult Social Care Overview and Scrutiny Panel selected for inclusion in its 2011/12 work programme a review of the Council’s response, and that of its partners, to the Government’s requirements in its Drug Strategy 2010 - Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life. (The Strategy includes alcohol misuse.) This was considered to be particularly relevant as the Bracknell Forest Drug and Alcohol Action Team (DAAT) had been selected as one of the Government’s eight national pilot sites for the Payment by Results (PbR) Drug Recovery pilot programme. Accordingly, a working group of the Panel was established in autumn 2011 to undertake the review.

3.2 The key objectives of the review were:

- To develop an appreciation of the Government’s 2010 Drug Strategy;
- To gain an understanding of the Government’s PbR Drugs Recovery pilot programme;
- To become familiar with Bracknell Forest’s three year substance misuse strategy, which has been developed in consultation with all partner agencies and people who use drug services, and to establish whether the strategy is aligned with the Government’s 2010 Drug Strategy;
- To evaluate the response of the Council, and that of its partners, to the Government’s requirements in its 2010 Drug Strategy;
- To assess the Bracknell Forest DAAT’s performance as a national pilot site for the PbR Drugs Recovery pilot programme;
- To monitor the relocation of the New Hope drug and alcohol treatment centre; and
- To explore the hospital A&E referral and information sharing systems.

3.3 The scope of the review consisted of:

- The breadth of the Government’s 2010 Drug Strategy;
- The remit of the PbR for Drugs Recovery pilot programme;
- The parameters of Bracknell Forest’s three year substance misuse strategy.

3.4 Considering crime associated with drug use, investigating the supply of drugs, and exploring underage alcohol purchase and misuse in depth were excluded from the scope of the review.

3.5 The Working Group identified key documents, background data and areas of research to inform its review which included the Government’s 2010 Drug Strategy, the proposal to become a national pilot site for the Government’s PbR
Drug Recovery pilot programme, Bracknell Forest’s three year substance misuse strategy, drug and alcohol related referral statistics, the North West Public Health Observatory’s Local Alcohol Profile and the Drug Treatment Monitoring Unit’s profile of Bracknell Forest’s DAAT. The Working Group visited the New Hope centre and Frimley Park Hospital’s A&E department and interviewed numerous witnesses including Council officers, members of the DAAT, doctors, police and service users.

3.6 Specific questions for the Working Group to address were:

- Is the Council adequately responding to the requirements in the Government’s 2010 Drug Strategy?

- Are the Council’s partners adequately responding to the requirements in the Government’s 2010 Drug Strategy?

- Is the Bracknell Forest DAAT fulfilling its obligations as a national pilot site for the Government’s PbR Drugs Recovery pilot programme?

- Does the Bracknell Forest three year substance misuse strategy require updating to facilitate response to the requirements in the Government’s 2010 Drug Strategy?
4. Investigation, Information Gathering and Analysis

The Government's Drug Strategy 2010

4.1 The Drug Strategy 2010 - Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life outlines the Government's approach to tackling drug supply and use and to addressing alcohol dependence, both of which are key causes of societal harm, including crime, family breakdown, poverty, and wasted potential and ambition. Together, they cause misery and pain to individuals, destroy families and undermine communities.

4.2 The Strategy sets out a new approach to tackling drugs by introducing an ambition to reduce drug use and dependence. It explains how the Government intends to target those criminals seeking to profit from others' addiction and to protect young people by preventing drug use, and how recovery reforms will offer individuals with a drug problem the best chance of recovery and enable them to make a full contribution to their local communities. This multi-faceted approach aims to lead towards successfully tackling the crime and damage that drugs and alcohol dependence cause to our society.

4.3 The Strategy is structured around three themes:

- Reducing demand – this theme seeks to create an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so, and to make it easier for those that do to abstain. The UK demand for illicit drugs is contributing directly to bloodshed, corruption and instability in source and transit countries and therefore reducing demand will assist with tackling this;

- Restricting supply – as drugs cost the UK approximately £15.4 billion* of public money each year, this theme aims to render the UK an unattractive destination for drug traffickers by threatening their profits and driving up their risks; and

- Building recovery in communities - approximately 400,000 benefit claimants (around 8% of all working age benefit claimants) in England are dependent on drugs and / or alcohol and generate benefit expenditure costs of in the region of £1.6 billion per year. Therefore this theme seeks to offer treatment to people who want to take the necessary steps to tackle their dependency and recover fully to the benefit of themselves and society.

4.4 The two overarching aims of the Strategy are to:

- Reduce illicit and other harmful drug use; and

- Increase the numbers recovering from their dependence.

4.5 The UK is not unique in needing to confront drug misuse and the Government undertakes to review its Drug Strategy in the light of new evidence on successful measures in other countries and the learning that can be derived from them.

4.6 In July 2012 Justice Secretary Ken Clarke was reported to have told MPs that the UK was "plainly losing" the war on drugs. He said those working to reduce addiction were "disappointed" by a lack of progress over the last 30 years. However, government departments were working together better than ever before to fight the problem, he added. Mr Clarke told the Commons Home Affairs Committee that he was not convinced by arguments for decriminalising drugs. The Committee is said to be compiling a report on drug use in the UK, focusing on the effectiveness or otherwise on the Government's Drug Strategy.

Payment by Results (PbR) Drug Recovery Model

4.7 Bracknell Forest DAAT's application to the Government to become one of eight national PbR pilot sites was successful. The pilot is of a two year duration with the first year consisting of the co-design stage and the second year being the delivery stage, which commenced in April 2012. The Bracknell Forest pilot model consists of a single prime provider and includes adults over the age of 18 years who misuse illicit or prescribed drugs, those who misuse alcohol and people involved in related criminal behaviour. The single prime provider model has been selected as one of the biggest barriers to recovery is seen to be a lack of consistency within a treatment setting. The people that the DAAT works with have chaotic lifestyles with little or no structure to their lives owing to their varied problems and the many factors contributing to drug and / or alcohol addiction. By ensuring continuity of care via a case allocation process people have the chance to develop a strong professional relationship with their recovery co-ordinator thus ensuring increased motivation and improved outcomes. The model includes all aspects of the recovery pathway including access to suitable accommodation, education, training and employment in order to maximise positive outcomes.

4.8 For recovery modelling to be effective it must be bound together by a philosophy shared by all providers in the treatment network where the contribution each provider, intervention and service makes to the overall objective is clear and measurable within the outcome framework. This facilitates the shaping of care and predicting the financial input required to achieve improvement in each treatment area.

4.9 The DAAT identifies the most critical elements of care as being expert assessment, expert care management and co-ordination, structured therapeutic interventions, medical / peer / family interventions and recovery champions. The latter act as the bridge between professional and peer led services enabling improved sharing of information.

4.10 Providing early support and assistance to resolve some issues to improve people’s lives, such as temporary accommodation, is identified as the missing key. A robust risk assessment is a component of a PbR model. This is undertaken by the Local Area Single Assessment and Referral Service (LASAR) which is independent of provider organisations and located within the Council’s Adult Social Care, Health and Housing Department. The LASAR liaises with all of the agencies involved with the person to ensure that the information used is accurate and provides a true picture in terms of recovery. It
undertakes an initial screening and risk assessment with every person presenting at a single point of contact including people who are involved within the criminal justice system. The risk assessment seeks to identify any immediate risks to either the individual or others and focuses on the 6 domains of substance misuse, risk to self / others / children, risk from others, and offending.

4.11 A benefit of becoming a pilot site are changes to the police element of the Drug Intervention Programme (DIP) involving changing the way that drug testing and assessment is undertaken by the police. This features the award of enhanced custody service status which allows the local sergeant to authorise drug tests where incidents are thought to be drug related without Home Office permission. Following arrest, people are currently drug tested by custody staff and those who test positive are then assessed by DIP workers. Once the risk assessment has been completed, the risk level has been set and a tariff agreed, the person is then referred to the prime provider who develops a full recovery pathway tailored to the individual’s needs. Although the development of this pathway may take some time, it is in progress whilst the treatment process begins. Recovery pathways are regularly reviewed and monthly supervision sessions enable the prime provider to identify any barriers and issues in addition to progress being made. Regular care co-ordination meetings ensure that needs are being met.

4.12 There is no national agreement to outcomes or tariff setting and by taking the risk assessment approach, the DAAT seeks to ensure that treatment tariffs are set to take account of all factors that contribute directly or indirectly to continued misuse of drugs and / or alcohol. Bracknell Forest is pursuing its existing four level tariff system based on a proven financial model with client complexity profiles to determine tariff level on an individual and personal basis. The Council’s finance department has agreed the tariffs. This approach is not mirrored nationally where a fixed budget arrangement is generally pursued.

4.13 In order to deliver services based on a PbR system, several budgets are pooled to ensure that services are focused on recovery. As DAATs have evolved and taken on more responsibility for the pooled budgets, the commissionering structures have become more robust and outcome focused. They have moved away from the contracts that were in place when the responsibility for substance misuse services lay totally with the NHS to a more competitive market of regular service commissionering based on local need rather than the previous practice of continuing contracts that were not fit for purpose. Following the most recent commissionering round and a move to more collaborative working, increases in the number of people successfully completing treatment and in the number of referrals from one service to another have been seen. An increase in the number of people within the substitute prescribing service who are reducing the amount of their prescribed medication on a regular basis has been achieved.

4.14 Whilst the drive of PbR is towards providers only receiving a payment for interim and final outcomes, this is not considered feasible at the beginning of the process as it will force smaller providers out of the market as they do not have the financial reserves to deliver services incurring expenditure. It was therefore agreed that at the commencement of the pilot, once the tariff had been set, an advance engagement payment of 30% of the tariff would be paid for each person entering treatment. A further 54% would be made available for a series of positive interim outcomes and the final 16% would be paid on the
final identified successful outcomes of people leaving treatment after 12 months of abstaining from drugs / alcohol and crime, and hopefully gaining employment. This abstinence is required for clients to be released from treatment. Providers require operating capital and in the event of no progress over 12 months, they receive a sustainment payment of 10% for each individual based on the tariff as an incentive to successfully treat clients.

4.15 Bracknell Forest provides Tiers 2, 3 and referral into Tier 4 substance misuse treatment services (which are detailed in Appendix 1 to this report). (Tier 1 services are non-substance misuse specific services requiring interface with drug and alcohol treatment.) Commissioning is undertaken by the Local Commissioning Group which has clear terms of reference and accountabilities. Some Tier 2 and 3 services are jointly commissioned with neighbouring DAAT’s in order to ensure best value and economies of scale. Services for locally identified needs in Tiers 2 and 3 are commissioned locally with the Head of Drug & Alcohol Services leading this work. The locally commissioned services are as follows:

- Advice and Information
- Screening, Triage and Referral
- Structured Day Programme
- Through care
- Aftercare
- Relapse Prevention
- Blood Borne Virus Services
- Alternative Therapies
- Drug Intervention Programme
- Residential Rehabilitation
- Substitute Prescribing

4.16 Individual treatment success can be measured against recovery plans which have 9 outcomes, of which 6 are compulsory for all substance misusers. The remaining 3 are not relevant to all clients and relate to discontinuing injecting drugs, passing a blood borne virus test and overcoming housing issues. Where outcomes are not required, the associated funding is split between remaining clients’ treatment. Individuals are consulted on desired outcomes.

4.17 In terms of governance, the DAAT reports to both the Health and Social Care Partnership Board and the Community Safety Partnership, and formally reports progress to the Health and Wellbeing Board, a new body whose remit included ensuring the delivery of relevant strategies. All other decisions requiring approval under the Council's constitution are enacted via the Adult Social Care, Health and Housing Department. A pilot Project Board has been established and is chaired by the Chief Officer: Older People and Long Term Conditions. The membership of this board includes representatives of current service providers, police, probation, Job Centre Plus, Public Health, GPs, carers and users in addition to relevant Council officers. The project plan is monitored on a monthly basis via the Project Board meetings and monthly supervision sessions.

**Introductory Briefing and Discussion**

4.18 At its first meeting the Working Group considered the scope of the review in the light of a discussion concerning the PbR Drugs Recovery pilot programme and
the local substance misuse circumstances with the Chief Officer: Older People and Long Term Conditions and the Head of Drug & Alcohol Services. The Working Group subsequently agreed the scope.

4.19 The Working Group was advised that the Head of Drug & Alcohol Services had five staff in her team and there was one secondee from the Community Mental Health Team who worked on drug and alcohol services one day per week. In addition, there were ten full time equivalent provider staff on site at New Hope who were not managed by the DAAT. In any month there could be 650 visits to New Hope. The Head of Drug & Alcohol Services felt that the Bracknell Forest Substance Misuse Strategy 2011 – 2014, which had an action plan that included tackling mephedrone and working with A&E liaison workers, was aligned with the Government’s 2010 Drug Strategy. She was of the opinion that the DAAT was accountable and answerable to all partners and was well supported by the Adult Social Care, Health and Housing Department and Members of the Council.

4.20 The Head of Drug & Alcohol Services explained the PbR Drugs Recovery pilot programme to the Working Group and updated it in respect of recent developments. Although the Government had approved Bracknell Forest’s submission to become a pilot site based on its submission featuring a tariff system operating on four levels of complexity, there had been some subsequent issues associated with the co-design element of the pilot programme when the Government indicated that pilots should operate on five levels of complexity. However, the Bracknell Forest DAAT was permitted to continue the trial on the basis of the original approved submission as flexibility was required and it was considered inappropriate for the Government to dictate the pilots. Oxford had a particular substance misuse problem and its DAAT was constantly changing its delivery model as it was not delivering desired services. A framework model would assist in this area.

4.21 The Joint Strategic Needs Assessment and the Community Safety Self Assessment identified overarching needs in terms of health and wellbeing and offending behaviour. The DAAT undertook an annual needs assessment which identified any trends in substance misuse and penetration levels in terms of treatment in addition to met and unmet need. This was the basis on which service provision was founded as it focused work where it was needed and ensured that emerging trends were taken into account. Development of the New Hope centre, which was based in Bracknell town centre, over the years had led to extended opening hours, alternative therapies and various support groups being developed and made available.

4.22 A service specification for the PbR pilot had been prepared and two organisations would be presenting tenders for the work shortly after the meeting, following which one of the organisations would be awarded the contract for service provision. A tenderer was proposing a mobile bus to undertake assertive outreach and private assessments. If this proved to be successful, the bus would operate in Bracknell Forest at least once per week.

4.23 Representatives of Bracknell Forest DAAT regularly attended a substance misuse event in London and were in contact with the relevant government minister. Substance misuse support groups would be meeting shortly.

4.24 One of the issues in terms of alcohol misuse was that it was a legal drug and that drinking it was encouraged as it was considered to be social and
acceptable, forming part of the national culture. However, the rate of young people’s alcohol consumption was not considered to be greater than in the previous generation. The level of deprivation equalled the level of drug and alcohol use in an area.

4.25 Substance misuse in Bracknell Forest did not reflect that in the other East Berkshire unitary authorities due to the differing population type and night time economies. Although the availability of alcohol was currently limited in Bracknell town centre owing to its lack of night time economy compared with nearby towns such as Windsor, it was possible that the regeneration of the town centre may have a future impact on this. However, in terms of increasing and higher risk drinking, figures for Bracknell Forest were slightly above the English average but below the highest levels in the country. The Department of Health’s (DoHs) Annual Health Profile for 2012 indicated an improvement across the board compared with the 2011 Profile. Although there were more residents in Bracknell Forest than in any of the other Berkshire unitary authorities receiving treatment for alcohol abuse, this was thought to be the result of successfully introducing people to treatment and not an indicator of it being a particular problem in the Borough.

4.26 The DAAT reported on treatment episodes on an annual rolling programme from 1 July to 30 June each year which facilitated comparison of Bracknell Forest’s figures against national data. Reports on the misuse of drugs and alcohol were made regularly to the Council’s Executive. The PbR pilot enabled the DAAT to access more data. There was a low figure for people receiving treatment for in excess of one year. 69% of people being treated between 1 July 2010 and 30 June 2011 were new to treatment. A proportion discontinued their treatment and efforts were made to re-engage them and discover why they did so. At the time of the meeting, 184 adults were retained in treatment, of which 28% had passed through treatment the previous year. It was envisaged that this figure would increase by 5% as of the end of 2011. 11% receiving alcohol treatment drank over 1,000 units within 28 days, mainly spirits, which equated to 250 units per week. There was an equivalent figure of 19% in Slough and Reading. The safe drinking limit recommended by the NHS is 3-4 units per day for a man and 2-3 units for a woman.

4.27 The pricing of alcohol had an impact on consumption and the availability of low priced vodka in supermarkets was thought to be a factor in alcohol misuse. Alcohol prices in Denmark and Sweden were high and alcohol consumption rates were low in comparison with other countries. The Scottish government had recently introduced measures to set a minimum price per unit of alcohol, in a bid to reduce alcohol misuse. Although there was a national drive to tackle alcohol misuse and the Government was considering setting a minimum sales price per unit of alcohol in England in order to dissuade misuse, no action had been taken to date in terms of controlling the pricing and availability of alcohol or publicising the harmful effects in such a graphic manner as that with tobacco.

4.28 The Working Group noted that alcohol related admissions to A&E departments, particularly on Friday and Saturday evenings, were an issue generally and resulted in other people’s care being delayed. Vehicles known as ‘Ice Buses’ or ‘Booze Buses’ operated in parts of the country and sought to rescue people from the streets who appeared to be under the influence of alcohol to prevent them from drinking further and to take them to a safe destination where they could become sober. In Portsmouth, the names of prolific substance misusers, known as ‘frequent flyers’, were reported to the police to enable them to tackle
related issues. Also, a substance misuse worker operated intensively with a number of clients daily to treat them.

4.29 A ring-fenced pooled treatment budget of £474k from the DoH funded adult drug treatment services and was based on historical funding taking into account levels of deprivation, crime and the number of people retained in successful treatment. In addition, £75k was provided for young people’s drug treatment. A further £90k for adult criminal justice services was provided by the Ministry of Justice. In 2012/13 one third of the latter funding would be passported to the Police and Crime Commissioner and therefore the DAAT needed to make a case that continued funding was necessary to tackle drug misuse and reduce re/offending, particularly as the Borough’s population was likely to grow. Further funding of £109k was provided by the Primary Care Trust (PCT) in respect of alcohol treatment in 2011/12. Alcohol treatment was less costly than drug treatment. 25% of the DAAT budget was calculated based on successful treatments and local demographics would form part of the budget bid in future. Other resources included the needle exchange, blood borne disease service and some funding through the Area Based Grant. When responsibility for Public Health was transferred to local authorities, the funding would be received directly by the Council. It was intended that there would be a smooth transfer without any changes to public health contracts for 12 months to maintain continuity and stability. One young people’s substance misuse worker post had been funded partly from Youth Justice and the young people’s pooled treatment budget.

4.30 Young people’s referrals were booked and planned carefully. There had been 82-83 young people in treatment the previous year and there was currently no one under the age of 18 years in treatment for heroin use. In previous years there had been a very small number who did misuse heroin who subsequently transferred to adult services for continued treatment. There were fewer young people entering treatment than in the past and this was felt to be the result of improved education and early intervention in schools. The DAAT was working with schools to discourage, and raise awareness of the dangers of, substance misuse. Family support workers and Parenting Early Intervention workers offered beneficial prevention work by identifying young people at risk of substance misuse and effectively providing targeted intervention. They had successfully worked with over 18’s in the Nepali community. The Parenting Early Intervention Project was delivered over 30 hours per week with a project worker who worked with both young people and their parents. This was effective direct intervention and the DAAT sought to retain this service if possible. Connexions asked for regular substance misuse awareness raising sessions with the young people that they were working with. The Youth Service also assisted with substance misuse awareness raising.

4.31 Some older people were thought to be regularly misusing alcohol. Young people commonly used cannabis and mephedrone in addition to alcohol. Use of mephedrone was a particular, and increasing, problem leading to chaotic lifestyles for young people. It presented the highest risk as it was a catalyst for extreme behaviour and its potential harmful affects were not fully known. Many local young women were known to be significant users of mephedrone which rendered them vulnerable to abuse. Related work was being undertaken in partnership with the police, the Pupil Referral Unit and others to tackle this and support young women to discontinue use of the drug. Information leaflets concerning mephedrone had been circulated.
4.32 The adverse health effects of alcohol misuse, such as liver damage, were becoming more widely publicised. Cannabis could cause mental health problems, often years after use, and mephedrone use could lead to nasal damage more rapidly than cocaine. Although the majority of drugs generated a psychological addiction only, the use of heroin caused a physical addiction in addition which was why it was considered to be so high risk. When the availability of a particular drug ceased, users could often transfer to an alternative drug such as ketamine, cannabis or prescribed medications.

4.33 Although A&E departments made referrals to GPs, New Hope did not receive referrals from A&E and sought improved recording of the alcohol aspect of hospital admissions, particularly relating to ‘frequent flyers’, as the treatment of injuries resulting from people being under the influence of alcohol were often recorded as the injury only, without making reference to the prior consumption of alcohol. Also, police incident reports rarely recorded that alcohol had been a factor. This could be common in the case of domestic abuse. In the case of drug overdoses, GPs were often informed but not the DAAT. The PbR approach of seeking an information sharing protocol with A&E departments to enable individuals to be identified and referrals made was welcomed. Information sharing was an overarching process for the Council and it was hoped that all relevant hospitals would agree to a related protocol. Public Health and the PCT held statistics concerning drug and alcohol related hospital admissions. Wexham Park and the Royal Berkshire Hospitals each had alcohol link workers who registered and collected data concerning admissions relating to alcohol misuse and who could be encouraged to make referrals. 31% of Bracknell Forest residents involved in drink related incidents were treated at Frimley Park Hospital and work taking place with that hospital concerning admissions and discharges gave an opportunity to discuss drug related referrals. The consent of referees was required before referrals could be made and data transferred to New Hope. One third of referrals were from GPs and district nurses were able to refer people for assessment following consent. The DAAT liaised with organisations including the Citizens’ Advice Bureau (CAB), Bracknell Forest Voluntary Action and Christians Against Poverty in relation to referrals. The CAB had experienced an increase in the number of its clients owing to the current economic situation and recorded visits by providing a breakdown of clients by age and problem. Food vouchers were given to those people in need.

4.34 SITA, the Council’s refuse collection contractor, was responsible for clearing void property in the ownership of Bracknell Forest Homes and would advise the DAAT and operators of the CADIS crime recording system in the event that needles or other indicators of drug use by previous occupants were discovered. The police would be alerted if drugs were found and a Partnership Intelligence Form would be used to share anonymised information.

4.35 A Narcotics Anonymous group had been established in Bracknell Forest six months prior to the meeting by two people who had been through the treatment system and sought to build on their recovery within a peer support environment. The group was attracting quite high numbers to its weekly meetings and was viewed positively by people who were currently in treatment as another step towards recovery. Locally there was evidence of sustained recovery from people who had used the DAAT’s services. Sustained recovery was far more apparent in people who had made changes to all aspects of their lives such as gaining employment, accessing suitable accommodation and becoming abstinent from drugs / alcohol. Narcotics and Alcoholics Anonymous were
actively promoted within services as it was recognised that they were an important stage in any recovery pathway.

4.36 New Hope needed to re-locate to alternative permanent premises in 2012 when the lease on the current site expired and would not be renewed owing to the proposed town centre redevelopment. The Council was proposing to provide and refurbish alternative accommodation in the town centre consisting of two units in Market Street. The refurbishment would include provision of security measures and a separate entrance for people receiving treatment.

Visit to New Hope Drug and Alcohol Treatment Centre

4.37 The Working Group visited New Hope where it met some of the staff, volunteers, service users, a drug prescribing doctor who had a clinic on the premises and a local police inspector working to tackle drug supply and distribution.

Dr David Ward

4.38 Dr Ward was very complimentary about New Hope and the following points arose in discussion with him:

- The specialist services provided at New Hope all worked well together and were effective.
- The Borough’s substance misuse service was superior compared with those of other areas, including another east Berkshire unitary authority which he felt could learn from Bracknell Forest’s operation.
- Dr Ward delivered three prescribing sessions per week at New Hope, treating opiate addicted clients, usually by prescribing methadone or subutex.
- Although New Hope operated an appointment reminder system by sending text messages to remind clients of their appointments on the morning they were due, three clients had failed to attend their appointments on the morning of the visit.
- On referral of a new client who had moved into the Borough, the doctor would liaise with the client’s GP to ensure that drug prescriptions were not duplicated as this could lead to substance overdose or the selling on of the surplus.
- In the most serious cases, a daily prescription was issued to prevent hoarding of substances and then overdosing.
- Language, particularly in Slough where there were Polish and Somalian drug users, could pose a difficulty for the doctor and the police as a translator was required.
- A service improvement sought by the doctor was the housing of all substance misuse services together at the same premises to maximise joint working. For example, in Earls Court, in west London, a new
facility was being established which would combine a GP surgery, dentist and mental health facility.

Inspector Nick Evans

4.39 Inspector Nick Evans from Bracknell Criminal Investigation Department had a background in drug enforcement in south east England and worked towards preventing the supply and dealing of drugs. He made the following comments:

• The most successful intervention point was within a week of a drug supply being interrupted or terminated as this represented the time before users would find an alternative supply of the drug or transfer to a different type of drug that was readily available.

• Drug dealers were unscrupulous and would target users and persuade them to buy drugs in the knowledge that they were attempting to discontinue drug use which hampered their efforts to do so.

• Automatic Number Plate Recognition was well established in the Borough and had been helpful in tracing drug traffickers who moved across Bracknell Forest boundaries.

• Drug seizures in the United States, Jamaica and other countries had impacted on the distribution routes. The majority of the drugs (heroin, cocaine etc) were shipped to West Africa for importation into Europe via road or sea (mainly in cargo ships due to the opportunity for concealment).

• Once in this country, drugs were distributed and dealers operated from south east London. However, other suppliers would approach from Reading when they identified an unmet market in Bracknell Forest.

• The police’s relationship with New Hope’s management was excellent.

Patsy Carvell, Substance Misuse Arrest and Referral Team (SMART) Service Manager

4.40 SMART was a voluntary sector organisation responsible for providing a Thames Valley wide custody intervention scheme. The SMART Service Manager advised that substance misuse could be seen in people of all ages. The highest percentages of drug users were in the 25 - 45 years age group. By identifying the issues that precipitated the addiction, a series of corrective steps were in place to aid recovery. The effects of alcohol misuse could become more apparent among older people who have been drinking heavily for many years. A report on BBC Radio 4 which identified the cost through alcohol misuse to the NHS indicted that the cost of treating younger people was approximately £80m whilst the 50 years plus age group costed in the region of £700m.

Volunteers

4.41 Several volunteers who clearly derived satisfaction from helping those caught up in the circle of substance misuse spoke to the Working Group. One volunteer had overcome the misuse of cannabis and other substances unaided
by developing an interest in a hobby and, having resumed his education and graduated, he now wished to assist young people in a similar plight. He felt that interests were important for young people as boredom could lead to substance misuse. Points that emerged from the discussions were:

- Mutual trust and respect were established at the commencement of substance misuse treatment when a contract was drawn up to establish the rules of engagement.
- All discussions service users had at New Hope were confidential.
- In the longer term, volunteers envisaged that external service providers would integrate into one building, albeit in self-contained offices.
- New Hope identified cases where the impediment to progress could be attributed to the parents. In such cases the client was seen first, followed where appropriate, by participation of the mother and / or father.
- PbR was working well and the only area identified as being in need of strengthening was joint working between the different organisations involved in treating substance misuse. Service responsibility and ownership was vague in some areas and there were some gaps in provision through which clients could fall at the time of the meeting.

**Update Meeting with Council Officers**

4.42 A pack of substance misuse documents including the 2010 Drug Strategy, the Bracknell Forest Substance Misuse Strategy and the Local Alcohol Profile were circulated at the meeting for the Working Group’s consideration and information. Reference was made to the Joint Strategic Needs Assessment, which featured two needs assessment case studies involving low and moderate needs and was due to be finalised shortly when it would be published on the Council’s website. An action plan would be included.

4.43 New Hope was continuing to operate from 92 Broadway, Bracknell, for the time being as the proposed move to the new location, 16/17 Market Street, had been delayed owing to the need to obtain estimates in respect of alterations to the two former garages to create entrances, partition walls and disabled toilets for both units, one of which would accommodate staff whilst the other would be customer facing. The design of the units was considered acceptable by the DAAT. As much equipment as possible, including closed circuit television cameras (CCTV) and bespoke security door entry systems, would be transferred to the new premises and additional desks had been purchased. Although there was no expansion capacity, there were some adjacent empty units. New Hope would close for three days in order to move into its new premises whilst SMART would provide a mobile unit for emergency prescribing.

4.44 The following points arose from related questions and discussion:

- When the delivery stage of PbR commenced in April 2012, 160 people had transferred on to the system. The DAAT had been undertaking all assessments since December 2011 and although approximately 20 new assessments per month was the norm, 38 had been made during April.
The increase was thought to be the result of promoting the service, increasing Hew Hope’s opening hours and more referrals from GPs, whose confidence in the service had increased. Improved reporting of alcohol related admissions was thought to be taking place which could partially account for the increase and comparisons could be made when the year end data had been compiled. This increase also reflected the recent rise in take up of all Adult Social Care services generally.

- Oxford was the nearest PbR trial site and although Bracknell Forest had offered to undertake a joint pilot with another Berkshire unitary authority, it had declined. However, that authority had recently duplicated the Bracknell Forest model in part by adopting the principle of a LASAR system but without PbR. Bracknell Forest had shared its streamlined assessment document with the other authority in the interests of sharing efficiency. It was not thought that any other local authorities had implemented a model based on the Bracknell Forest pilot to date. The pilot sought the sharing of good practice and a complimentary letter from Anne Milton MP, former Parliamentary under-Secretary of State for Public Health, and David Burrowes MP had acknowledged that good practice was already in place in areas including Bracknell Forest. Some local authorities had tendered provider services as part of the pilot to test the market.

- At a recent national co-design meeting, the Government had described the eight pilot sites as ‘early adopters’ and advised that all DAATs would be required to adopt the PbR system in future. However, a different title for the pilot sites would be developed. Involvement in the pilot as a scheme designer was a credit to Bracknell Forest. The approach to pilots varied between different pilot sites and all had re-designed their schemes during the co-design stage with the exception of Bracknell Forest which had adhered to its original proposals and had no intention of re-designing the service at this stage. The Bracknell Forest pilot was based on a partnership group who jointly supported people seeking treatment for drug and alcohol misuse whilst some other pilots treated drug misuse only.

- There had been considerable media attention associated with the pilot and Bracknell Forest had been invited to contribute to a related radio interview.

- Until recently, New Hope’s oldest client had been 68 years old and had successfully completed treatment for opiate addiction. However, two people in their seventies were being treated for alcohol dependency at the time of the meeting. Supporting older people who were misusing alcohol could present difficulties for Adult Social Care. In April one client achieved a treatment outcome after several years of attempts.

- With regard to hospital referrals, it was noted that two A&E liaison nurses were now in post at the Royal Berkshire Hospital and that similar arrangements would soon be in place at Wexham Park and Frimley Park Hospitals. At a meeting of the Overview and Scrutiny Commission the Local Area Police Commander had reported that drug and alcohol related hospital admissions were logged and reported back to the Council. It was anticipated that such information was made available to the Community Safety Team via the CADIS computer system although
the need to retain confidential information hampered referrals. It was thought that new links to hospitals via the liaison nurses would assist in this area in the future. People who were arrested and tested positively for drugs were required by law to have an assessment followed by a further follow up appointment. Referrals from hospitals or ambulance calls with anonymised data was an issue as it was not possible to identify individuals.

- CCTV cameras in hospital A&E departments would facilitate assaults on staff being recorded and notified to the police.
- It was possible to obtain additional funding via the Health and Well Being Board in the event that the need for it to tackle substance misuse could be evidenced. The presence of mephedrone in Bracknell town centre demonstrated need.
- Mephedrone usage in school age children was of concern and work was taking place locally in schools to raise awareness and discourage substance misuse. The DAAT had developed a mephedrone strategy in partnership with other agencies to deal with the increase in use. Both strategic and operational groups have been established in order to ensure a multi agency approach to dealing with the issues associated with mephedrone.

Visit to Frimley Park Hospital

4.45 The Working Group visited the A&E department of Frimley Park Hospital on a Friday evening to establish the impact of accident or illness admissions related to substance misuse and the subsequent recording and referral processes pursued. Dr Premachandran, Consultant, Emergency Medicine & Clinical Director, and Matron Gildea took the Working Group on a tour of the Department and answered its questions. The following information was obtained as a result:

- Two consultants were in place in the A&E department at all times and greater pressures arose on Mondays and Saturdays owing to substance misuse.
- The average number of all admissions to the A&E department was assessed as 40 per hour.
- With regard to actions taken when people affected by alcohol misuse did not complete the treatment programme, Dr Premachandran advised that a new computer system was being installed to facilitate information sharing although the contents may not be seen by GPs in surgeries. Access was likely to be limited to consultants.
- It would be beneficial for the Chair of the Bracknell and Ascot Clinical Commissioning Group to be made aware of issues.
- Dr Premachandran and Matron Gildea were proposing to undertake visits to doctors’ surgeries to discuss substance misuse issues with GPs.
• A new A&E facility at Frimley Park was due to be opened in July 2012. Invitation would be extended to GPs to view the new facilities.

• There were 3 priorities in terms of patient need as follows:
  - Mental Health: this represented 3 – 4 patients a day. These patients were screened by means of a questionnaire where a letter of referral was then forwarded to their GP. Geographical considerations came into play as Frimley Park Hospital received patients from Surrey, Hampshire and Berkshire.
  - Elderly care: Matron Gildea explained that as with Mental Health issues, screening took place with a referral letter to the patient’s GP.
  - Alcohol Liaison service: establishing a working relationship between the hospital and New Hope was identified as a beneficial way forward to achieve positive outcomes for those affected by drugs or alcohol misuse.

• The cause of falls by elderly people was investigated to determine if it was alcohol related. Falls could result in pneumonia with serious implications.

• ‘Binge drinking’ (males consuming or 8 more units and females consuming 6 or more units of alcohol on any one occasion) at home by parents could have a resulting negative impact on children as could teenagers’ access to alcohol abetted by parents.

• Dr Premachandran expressed an opinion that 20% of the 40 patients admitted each hour would benefit from the involvement of Social Care and sought the location of a social worker in the hospital. However, the Chief Executive of the hospital had advised the Council’s Health Overview and Scrutiny Panel that the level of social care support provided by Bracknell Forest was above the standard of some other local authorities in the area served by the hospital.

• The Hospital enjoyed a good working relationship with TVP who were invariably involved in cases of assault, drunkenness etc.

Meeting with Detective Inspector Mick Squire, Thames Valley Police (TVP)

4.46 Detective Inspector Squire attended the meeting to explain how the TVP tackled drug misuse and drug-related crime and contributed towards treatment opportunities. The Detective Inspector outlined the link between cannabis misuse and mental health although it was not known whether the drug triggered the manifestation of an underlying condition, or led to mental health conditions or caused a personality change to occur. £1,000’s each month were spent as a result of drug misuse and the cost to society of a kilo of heroin was considerable as it could absorb GP and A&E NHS resources and necessitate police activity such as the investigation of burglary, the need for the attendance of a police surgeon and the implementation of the procedure associated with a death in police custody. The latter aspect alone could result in expenditure of £200k.
4.47 The investigation of a ‘crack house’ by the police in London could require the involvement of numerous officers and equipment to break through an armoured-plated door, by which time the drugs inside had been removed, damaged or destroyed leaving no evidence for prosecution. Grounds for prosecution required proof that the property owner was aware that it was being utilised for drug production. Although the police were previously involved in determining whether there was sufficient evidence to prosecute which was a time consuming exercise, this role was now performed by the Crown Prosecution Service. A change in the law to prevent the waste of police time under these circumstances was unlikely owing to the conviction culture of preferring to let numerous guilty people go free than to convict one innocent person. Standards of proof had increased and liaison and evidence gathering took place to ensure that cases were robust and legally sound. It was now possible for an experienced police drug squad to identify drugs locally for possession charges rather than consult the Home Office as in the past. Proven cannabis possession did not necessarily result in prison sentences.

4.48 The pattern of drug use in the local area was changing slightly with more people using stimulant drugs such as mephedrone and ketamin. There had been no significant change in the local level of recreational cocaine use although New Hope was thought to be seeing an upsurge in the number of men in their 40’s seeking treatment for it as their incomes had reduced and they were no longer able to fund their habit. However, there had been a significant increase in the use of mephedrone locally which was not the case in the rest of the country. Only Manchester and South Wales were reporting similar or higher levels of use. It was not known whether use had peaked in Bracknell Forest. Mephedrone had ceased to be a ‘legal high’ two years previously when it had been classified as a Class B drug and the police were concentrating on tackling its use which involved working closely with the DAAT and New Hope. It was possible that stocks of mephedrone had been accrued when it was legal and the drug was now circulating, at a cost of £15 - 20 per powder wrap. Most users thought that it was not possible to overdose mephedrone, however, some became suicidal although it was not known whether this was a side effect of the drug or the personality of the user. It was now possible to test for mephedrone use. Most users fell into the 15 – 22 years age band, however, there were recent reports of younger and older users. Although mephedrone caused a significant ‘high’ for users, the after effects they suffered each time could be as bad or worse than heroin withdrawal which could lead to the suicidal reaction some days later.

4.49 The drug adviser to the previous government had stated that the drug policy was inadequate and lacked emphasis on alcohol misuse. It was noted that the use of alcohol was historical in this country which had a pub and beer culture and higher drink drive limits than many other countries. Pub closing times were thought to exacerbate the situation nationally by concentrating drinking and resulting in large groups of inebriated people leaving pub premises at once. The relaxation of licensing laws had led to longer opening hours and increased alcohol sales with minimum increased costs for proprietors and could require a police presence outside clubs and impact on hospital A&E departments. The police would patrol with set resources for an average evening and could call on additional resources in the event of need such as violent behaviour and rioting. Although drunk and disorderly legislation had been repealed by the Police and Criminal Evidence Act, it was possible for judges to find someone drunk and incapable under Section 5 of the Public Disorder Act.
4.50 Any education in respect of the dangers of drug and alcohol misuse was considered beneficial and the DAAT had produced two leaflets concerning mephedrone use, one aimed at adults and the other at young people delivering slightly different messages. Four years previously a school had been used to host an event to highlight the dangers of substance misuse in young people but attendance had been low with only 23 people participating. The police had a system in place to respond to drug-related incidents in schools with varying categories depending on the level of severity. The Detective Inspector was unaware of a specific drug issue in Bracknell Forest's schools and in the event of such a problem surfacing the police would approach the headteacher and work closely with the Council with a view to finding a solution. Parents who misused drugs or alcohol were less concerned when their children followed suit than other parents and some could be protective of their children for the wrong reason by defending their substance misuse when it was questioned. Young people were known to siphon off their parents' alcohol at home before going out as they had insufficient money to buy large quantities of alcohol.

4.51 Frequent arrests of Class A drug dealers were made and their mobile phones were seized as they often contained tick lists of customers' names and drug prices paid and could leave an electronic trace. Expert drugs police officers, who kept colleagues up to date in respect of drug prices and known dealers, analysed and identified substances for prosecution purposes. Access to the bank account details of suspected users / dealers assisted with convictions. 10-15 cannabis factories had been closed in recent years. Perpetrators would rent a house and invest £15-20k in heat giving lighting, soil, fast grow fertiliser and plants producing three harvests annually generating £1m each year. A possible indicator of a cannabis factory was electricity consumption ten fold that of a normal residential house. Aerial flyovers with heat sensors could identify factories by 'hot spots', evidenced in the winter by the rapid thaw of snow and frost from the factory roof owing to the high temperature inside. Sometimes reports by neighbours of an odour led to identification. Cannabis farmers, particularly from Vietnam, farmed cannabis in factories in the UK. Each farmer would run between three and seven factories over the course of a year and was often at another factory when police investigated a suspicious house. It was more common to arrest a farmer than the people organising the farming operation. Cannabis use could lead to the misuse of harder drugs.

4.52 Underage drinking and purchasing of alcohol was perceived as being more prevalent than in the past as young people now grew up earlier and appeared older for their age. Older friends buying alcohol for underage people was also an issue and difficult to prevent. It was felt that bulk buying of alcohol by one person should be resisted as it was likely that it was being bought on behalf of underage drinkers. The Council's Trading Standards sought to tackle the sale of alcohol to underage people and was able to undertake test underage alcohol purchases, however, the young people who carried out the test purchases were often identified as they were new to the premises and area. Reference was made to a garage in Sandhurst which had been identified as a source of underage drinking and resulting anti-social behaviour in the past. Police had the power to close premises which were identified as crime 'hot spots' and the garage had ceased sale of alcohol under threat of losing its licence. An approach to tackle this behaviour adopted by the police was to contact parents and encourage more parental responsibility. The local Neighbourhood Action Group had assisted and the police used all means at their disposal to tackle the problem. They sought the use of indelible marker pens to show the date and
time of sale to track the purchaser. Although the garage had been acquired by another company and re-opened, it did not sell alcohol.

4.53 Although there were sufficient local policies in place to address substance misuse, it was more effective to tackle the problem at source by preventing crime, designing out issues, educating misusers, encouraging parental responsibility and threatening the source of substances. It was necessary to identify and analyse the issue in order to respond to it in an informed and measured way. For example, in cases of anti-social behaviour, testing sticks could be utilised in drinks and bottles to identify the presence of alcohol which was necessary to justify confiscation. In such circumstances the police were required to retain confiscated alcohol for a period of time as there was a possibility of it being reclaimed. This involved the confiscated product being recorded in an entry system and stored leading to a cost being incurred. It was noted that there was now a Designated Public Place Order in place in Bracknell town centre which eased the confiscation and disposal of alcoholic drinks. One measure that could be employed was the removal of the back rests of public benches in town centres to make them less comfortable, safe and appealing to those who had been misusing alcohol and might otherwise bother or intimidate the public. The cells in Bracknell Police Station were not considered to be fit for purpose by current safety standards and the usual alternative was to take arrested people to the police station at Loddon Valley near Reading as the cells at Maidenhead police station were also due to close. This drained police time and resources.

4.54 The Detective Inspector highlighted the ‘chaos theory’ where every action had a reaction and stated that this needed to be taken into account when tackling substance misuse and many other issues. For example, the police were not in favour of decriminalising drugs as free access to drugs by people with problems and violent tendencies would lessen their inhibitions and have unfortunate consequences. Also, increasing the tax levied on alcoholic drinks may lead to an increase in the circulation of lower priced alcohol, possibly contaminated and/or re-labelled to resemble known brands. The preferred solution was to prevent access to substances by enforcing controls. Although some types of drinks tended to have a higher concentration of alcohol than in the past, the specific gravity of some beers was being reduced to enable them to fall under the 5% alcohol tax threshold to minimise sales cost. The increased use of CCTV was thought to be bringing incidences of drug and alcohol fuelled anti-social behaviour and violence to the attention of the police whereas it may have occurred unnoticed in the past unless reported.

4.55 If a person arrested for a trigger offence tested positive for drugs he/she would be referred to New Hope and failure to attend constituted a criminal offence. New Hope and SMART took part in police-led Operation Ladybird which sought to reduce crime by monitoring the movements of known offenders and discouraging them from leaving their homes and re-offending. The police would focus on crime hotspots and, accompanied by a representative of New Hope, would make a home visit to people failing to attend New Hope with a view to preventing re-offending. The Council provided the funding to enable New Hope to make such visits. 75% of burglaries were drug and/or alcohol related and family burglaries carried out by evicted family members remaining in possession of keys were not uncommon. Some drug misusers carried out numerous low level burglaries to avoid the need to ‘fence’ stolen goods and it was thought that some needed to steal to the value of £200 per day to fund
their drug use and they often stole to order. Double locking of modern UPVC front doors reduced the chance of being burgled by 10%.

4.56 The Detective Inspector identified promoting anti-substance misuse education in schools and tackling domestic abuse, which was often the result of substance misuse and social factors, as police priorities. The Community Safety Partnership was working towards reducing the instances of repeat victims of domestic abuse and a reduction in the current cohort had been witnessed. Victims were sent a letter offering assistance. Visits would be made to affected families if these were considered to be beneficial. Section 20 of the Violence Against the Person Act, which referred to injuries being caused without a weapon, was relevant.

Meeting with Dr William Tong

4.57 The Working Group invited Dr Tong of Binfield Surgery, who was also a member of the PbR pilot board, to the meeting to explain how GPs detected signs of substance misuse by their patients and how they subsequently cared for them and referred them for treatment at New Hope. Dr Tong advised that although there was a procedure for the local hospital A&E departments to notify GPs when their patients attended frequently for treatment associated with substance misuse within 2 or 3 days of incidents, this information was not always conveyed to GPs as there was currently a compatibility issue with electronic notification systems although this was being addressed. The system in place at Wexham Park was more effective. Different IT systems in GPs’ surgeries did not assist and a move to an improved windows-based system was welcomed such as the practice provider platform utilised at Brant’s Bridge. It was intended that declarations of substance misuse by capable individuals, their carer, the police, ambulance paramedic or previous incident were recorded on hospital data record systems. Demographic data and records could be rudimentary and only 90% accurate owing to a reliance on individuals to register with a new GP in the event that they changed address. However, data would be lost in situations where this did not take place or the patient was homeless.

4.58 Substance misuse was not a significant problem or a high priority for GPs in the Bracknell and Ascot areas, although they were obliged to address it when it came to their attention. Consultation with a GP was confidential and therefore people should not feel awkward approaching their doctor regarding a substance misuse problem. The perception of some people misusing substances was that they did not have an addiction and were in control of their actions. Direct negative impacts on family life, career, normal daily functioning and health could lead to self-realisation of a substance misuse issue and a desire to tackle it. Although a safe number of alcohol units had been determined based on a model and there was a view that 80% of people misusing alcohol on a significant and lengthy scale would suffer from resulting health impairment, a safe level for an individual could not be determined owing to many factors. Whilst adults were expected to recognise a substance misuse issue and be able to make decisions around it such as abstaining or seeking assistance to do so if necessary, a stricter approach was adopted with minors as they required greater support and assistance. GPs were alert to signs that young people were misusing substances and utilised all means at their disposal to tackle it such as persuasion and involving parents where appropriate. Dr Tong was unaware of any particular drug misuse issue in local schools for the past 5-7 years. School nurses served several schools and although signs of drug
misuse were included on their health checklists it was difficult to gauge how thorough the checks were. Although efforts were made to liaise with health visitors via monthly surgery meetings, they rarely attended. It was not possible to force patients to decide against drug and alcohol misuse and the best outcomes were achieved when people wished to overcome their substance misuse. Although advice could be sought from the NHS, an anonymous NHS advice and referral service would be an improvement over the present system which relied on people seeking the assistance of their GP and consenting to any resulting referral. As depression was often associated with substance misuse, follow up appointments would be made with patients presenting with symptoms of depression to measure progress and evaluate treatment. Although GPs assessed patients' mental capacity to decide against misusing substances, it was rare for anyone to be sectioned under the Mental Health Act.

4.59 There was awareness that misusing drugs and alcohol was a catalyst to other problems and intervention such as education was sought to break the cycle of 'binge drinking' behaviour. Although parents were not thought to condone their children drinking alcohol at home before going out to minimise costs, possibly with their knowledge or assistance, influencing them to prevent it would be beneficial. It was felt that a school educational campaign or event to draw young people's attention to the dangers and negative aspects of substance misuse would be a useful preventative measure for their future dissuading misuse as adults. An officer involved in one of the children's centres had undertaken a similar exercise. The Binfield Patient Participation Group (PPG) had successfully held drug awareness educational sessions in the past and these could possibly be resurrected and expanded to include alcohol misuse. Accurate targeting of groups in need of such education was considered to be crucial to success and it was anticipated that NHS liaison staff, local PPGs and schools would have relevant knowledge. Substance misuse could become a matter for the Health and Wellbeing Board should it reach a sufficiently high priority and the Joint Strategic Needs Assessment recognised associated health needs in this area.

4.60 'Frequent flyers' were known to walk-in centres as they made repeat visits and chose not to register with a GP. A walk-in centre had been secured in Reading and the merits of including one in the Brant's Bridge facility in Bracknell was discussed as an additional access point to medical services, although people should be encouraged to register with a GP. Dr Tong advised that people who overdosed on drugs remained in hospital and were assessed for treatment, which often included a visit by a psychologist. However, this was not the case with those people presenting at A&E having misused alcohol who were merely sent home following treatment and were considered to be wasting services and resources. It was suggested that people regularly presenting at A&E for alcohol misuse may also benefit from an assessment by a psychologist whilst there and should be advised where they could seek assistance and their doctor should invite them to an appointment to discuss the issue. Improved prevention on a national scale and changes to the current system were sought to maximise what could be achieved within existing resources.

4.61 Dr Tong advised that the NHS assisted with tackling substance misuse by providing a list of prescribing doctors who would prescribe alternatives to some drugs in order to assist people endeavouring to discontinue drug misuse. However, some GPs would not prescribe drugs which were controlled substances. Discovering the cause of alcohol misuse was recognised as an important factor in assisting people to abstain from drinking and often a holistic
approach involving all relevant agencies was required when people became unemployed and homeless as a result.

4.62 Although some people fluctuated between social drinking and alcohol reliance, others were able to discontinue alcohol and drug misuse entirely and providing support to assist them to achieve this was considered to be necessary, valuable and important. The army was increasing support provided to discharged personnel who often experienced difficulties coming to terms with the stresses associated with significant alterations to their lives which could lead to substance misuse.

Meeting with Education Officers

4.63 Being mindful of the importance of preventing substance misuse, the Working Group met the Chief Adviser: Learning and Achievement and an advisory teacher with a specialism in Personal, Social and Health Education (PSHE) to explore how schools tackled substance misuse issues. They were advised that schools followed a non-statutory programme of study for PSHE throughout the key stages. Although there were no statutory requirements of schools concerning drugs and drug related incidences, guidance from the Department for Education (DfE) and Association of Chief Police Officers (ACPO) sought to answer some of the most common questions raised by school staff in this area, to promote understanding of the relevant powers and duties in relation to powers to search for and confiscate drugs, and to explain liaison with the police and parents.

4.64 In all secondary schools, PSHE lessons included substance misuse awareness raising which tended to cover the law of drugs and effects of drug use, featuring the associated risks to health, finances, and behaviour which could render the misuser vulnerable to abuse. Some parents were concerned that drug and alcohol awareness education could lead to their children being tempted to sample such substances. Sometimes education was delivered by teachers and at other times by external organisations including the police. Theatre in education organisations had effectively performed plays to highlight a particular theme in the past. The Council was able to assist with the delivery of aspects of PSHE to meet schools' requirements. The Amethyst resource centre for drug and alcohol education in Reading provided related teacher training and kept teachers up to date with the changing drug scene. As a school presentation in respect of mephedrone had resulted in pupils seeking contact points to report concerns and information, the Working Group felt that future education in this area should highlight relevant contact details and reporting routes.

4.65 Schools needed to have a drugs policy in place setting out their roles and procedures in relation to all drug matters including the content and organisation of drug education and the management of drugs and medicines on school premises and trips. The policy should be consistent with the school’s safeguarding policy. The guidance from the DfE and ACPO suggested a framework for a drugs policy and that a senior staff member be made responsible for the policy and liaise with the police to agree a shared approach to dealing with drug related incidents. Monitoring was carried out by the Council which found that all local schools had a drugs policy in place although they varied between different schools. The policies were agreed by governing bodies and reviewed at regular intervals. Adherence to their drugs policy
should enable schools to effectively address any drugs / alcohol issues and demonstrate to the community that they took substance misuse seriously.

4.66 There were peer and sibling pressures to use drugs and although young people were thought to have awareness of drugs and the consequences of misusing them, they were confused by expressions such as ‘recreational drug use’ and ‘legal highs’, the differing views on drug decriminalisation nationally, varying legal statuses in other countries and some celebrity role models.

4.67 Before mephedrone had been reclassified as a Class B drug approximately two years earlier, there had been instances of uncharacteristic behaviour amongst students not previously associated with drug use and mephedrone was thought to have been the cause. It was possible to manufacture the drug from readily available ingredients and there were pockets of use in the Borough. However, alcohol misuse occurred on a greater scale and alcohol appeared to be in plentiful supply from sources including older friends and theft from parents.

4.68 Pastoral and other school staff were able to identify behavioural and attendance changes amongst pupils which could indicate substance misuse and headteachers were invited to contact the DAAT, local police liaison officers or Amethyst in the event of concerns in respect of drug use. Drug / alcohol misuse by parents could also impact on children’s behaviour and progress at school. The Youth Service was also able to assist in identifying indicators of substance misuse through outside school contact with young people and to provide support.

4.69 Although the DAAT had insufficient resources to visit all schools and become closely involved in the delivery of drug training, it was felt that its staff should be involved as much as possible to build relationships based on local knowledge of communities and treatment pathways which would be unknown to external trainers. A PSHE update session with secondary schools would take place in late January 2013 to provide the latest information in respect of local drug patterns and the DAAT would be invited to become involved on that occasion to facilitate joint working. A multi-agency panel involving representatives of teachers, the mental health charity MIND, the Pupil Referral Unit, Children’s Social Care and others provided opportunities for gathering information and sharing concerns.

4.70 The majority of pupils progressed well through school attaining qualifications and it was a small minority who incurred problems such as substance misuse.

4.71 The Government’s 2010 Drug Strategy included a section on education and information for all which recognised that all young people required high quality drug and alcohol education to provide them with a thorough knowledge of the effects and harms and with the skills and confidence to choose not to use them. The Strategy stated that schools had a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities. It sought to ensure that schools had the information, advice and power to provide accurate information in respect of substance misuse, to tackle related problem behaviour in schools, and to work with local voluntary organisations, the police and others to prevent substance misuse.

4.72 With regard to the three components of the Government’s 2010 Drug Strategy, it was recognised that schools were addressing reducing demand, the police were restricting supply and the DAAT and its partners were building recovery,
all of which were supporting people to live a drug free life in keeping with the Strategy.

New Hope Relocation

4.73 New Hope relocated to new premises at 16/17 Market Street, Bracknell, in November 2012 following a major refurbishment of the premises to make them fit for purpose. The Working Group subsequently visited the new premises to check that they adequately re-provided the services previously delivered from the old location and that all the necessary resources had been provided. The Working Group found the new premises to be a significant improvement over the previous ones and was pleased to note that New Hope had settled into the new premises smoothly with minimal interruption to services that were being delivered efficiently to the previous high standard. Some staff expressed the view that the new premises facilitated improved service delivery. Paperless office systems were in place at New Hope.

Performance Management and Substance Misuse Data

4.74 At the completion of the PbR pilot a national evaluation by an external company will take place and identify lessons learnt. The pilot authorities will subsequently receive feedback on the success of their pilot and can develop a local performance mechanism to assess the success of the pilot when sufficient data becomes available.

4.75 Data compiled by the North West Public Health Observatory (NWPHO), Drug Treatment Monitoring Unit (DTMU) and Institute for Public Care is utilised to measure and compare local drug and alcohol use levels and consequences. This includes measuring alcohol related hospital admission rates (former national performance indicator NI 39 and vital sign VSC 26), statistics indicating trends and giving comparisons with other areas in relation to people aged 18-64 predicted to have a drug or alcohol problem, and the estimated percentage of the adult population who engage in higher risk drinking. Graphs showing this data are attached at Appendix 2. Although the data indicates a slight increase in the number of people in Bracknell Forest predicted to have an alcohol dependence or drug problem by 2030, it is not significant and this trend is mirrored nationally. Whilst the estimated percentage of the adult population in Bracknell Forest engaging in higher risk drinking is slightly more than some neighbouring Berkshire unitary authorities, it is lower than that in Reading, Milton Keynes, Brighton and Hove, Portsmouth, Southampton and the Isle of Wight. Although alcohol related hospital admissions per rate of 100,000 population in Bracknell Forest are average for Berkshire, they are significantly lower in 2011/12 than in many other comparator unitary authorities in the south east of England.

4.76 The most recent Local Alcohol Profile for England profile for Bracknell Forest prepared by the NWPHO (attached at Appendix 3) shows a marked improvement over the previous profile prepared approximately two years earlier in measures including alcohol specific mortality, alcohol attributable mortality and chronic liver disease mortality which are all now better than the national average and in one case also significantly better than the regional average. Improvements in the percentage of higher risk drinking, ‘binge drinking’ and alcohol related sexual offences are also evident and these are now on a par with national and regional averages. However, the number of abstainers from
alcohol and the number of people consuming alcohol in the category of increasing risk have fallen and risen, respectively.

4.77  The most recent profile of the Bracknell Forest DAAT (April 2010 to March 2011) prepared by the DTMU (attached at Appendix 4) provides some key information concerning clients in treatment and data indicators comparing the local situation with the south east of England.
5. Conclusions

From its investigations, the Working Group concludes that:

5.1 Bracknell Forest’s Substance Misuse Strategy 2011 – 2014 is aligned to and meeting the requirements of the Government’s 2010 Drug Strategy. This can be evidenced by reference to the number of people retained in drug and alcohol treatment, the successful sustained outcomes of such treatment and being selected as one of eight national PbR pilot sites. Also, MPs have acknowledged that good drug and alcohol treatment practice is in place in Bracknell Forest. The DAAT is considered to be accountable and answerable to all partners and well supported by the Adult Social Care, Health and Housing Department and Members of the Council.

5.2 PbR is working well and the most recent commissioning round had resulted in increases in the number of people successfully completing treatment and in the number of referrals from one service to another. An increase in the number of people within the substitute prescribing service who are reducing the amount of their prescribed medication on a regular basis has been achieved. The only areas reported as being in need of some strengthening are joint working between the different organisations involved in treating substance misuse, and service responsibility and ownership as these are a little vague in some areas possibly allowing some gaps in provision to exist. All voluntary sector partners need to be aware of the procedures for making referrals to New Hope and the housing of all substance misuse services together at the same premises would maximise joint working and overcome gaps in service.

5.3 Although drug problems in Bracknell Forest are not as significant as they are in some of the neighbouring areas, a significant number of users remain in the treatment system. Over the past 18 months there has been a substantial increase in the use of mephedrone locally. Manchester and South Wales are the only other areas reporting a similar issue. It is not known whether mephedrone use has peaked in Bracknell Forest.

5.4 Available data indicates that although Bracknell Forest previously performed lower than the regional and England averages in respect of alcohol specific and attributable mortality, chronic liver disease mortality, high risk drinking and alcohol related sexual offences, significant improvements have been made in these and other areas. The numbers of abstainers and increasing risk drinkers are now the only areas where performance is lower than the England average but consistent with the regional average.

5.5 Sustained recovery is far more apparent in people who have made changes to all aspects of their lives such as gaining employment, securing suitable accommodation and becoming abstinent from drugs / alcohol. Providing early support and assistance to resolve some of these issues to improve people’s lives, such as temporary accommodation, is identified as key to recovery.

5.6 Establishing a working relationship between Frimley Park Hospital and New Hope through an Alcohol Liaison Service is a beneficial way forward to assist with achieving treatment referrals and positive outcomes for people affected by drug or alcohol misuse.
5.7 Bracknell Forest’s Adult Social Care has a good working relationship with Frimley Park Hospital. However, as it is considered that 20% of the 40 patients admitted to the hospital’s A&E department each hour would benefit from the involvement of Social Care, there is merit in exploring whether there is a case for a level of Adult Social Care representation in the hospital in partnership with other local authorities whose residents are served by the hospital.

5.8 As funding of £32k for adult criminal justice services provided by the Ministry of Justice will be passported to the Police and Crime Commissioner in 2012/13, the DAAT needs to make a case to the Commissioner that continued funding is necessary to tackle drug misuse and reduce re/offending.

5.9 As any awareness raising of the dangers of drug and alcohol misuse is considered to be beneficial, every opportunity should be made to convey this message, particularly to schools as a preventative measure as the high levels of mephedrone use are mainly amongst young people.

5.10 New Hope has successfully relocated to its refurbished new premises which are an improvement over the previous premises with minimal interruption to services and resumed efficiently delivering drug and alcohol treatment services which are an improvement over the high standard previously provided.

5.11 In terms of addressing the specific questions in the scope of the review, the Working found that:

- The Council and its partners are responding effectively to the requirements in the Government’s 2010 Drug Strategy.

- The DAAT is fulfilling its obligations as a national pilot site for the PbR Drugs Recovery pilot programme and good progress is being made although an external evaluation of the pilot will not take place before Spring 2013.

- There is no evidence to suggest that the Bracknell Forest three year substance misuse strategy, which was prepared the year following the release of the Government’s 2010 Drug Strategy, requires updating to facilitate response to the requirements in the Government’s Strategy.
6. **Recommendations**

It is recommended to the Executive Member for Adult Services, Health and Housing that:

6.1 With a view to strengthening joint working between the different organisations involved in treating and tackling substance misuse, all relevant voluntary sector organisations be made aware / reminded of the procedures for making referrals to New Hope;

6.2 The Council works closely with the NHS as it establishes the Alcohol Liaison Service at Frimley Park Hospital to facilitate alcohol misuse treatment referrals within the legal restrictions applying to confidentiality;

6.3 The benefits of locating some level of Adult Social Care representation in Frimley Park Hospital in partnership with Surrey and Hampshire County Councils and other Berkshire unitary authorities whose residents are likely to attend that hospital be explored on a trial basis;

6.4 The DAAT makes a case to the Police and Crime Commissioner that the funding of £32k for adult criminal justice services provided by the Ministry of Justice to date be continued as it is necessary to tackle drug misuse and reduce re/offending; and

6.5 To enhance existing drug and alcohol education arrangements, opportunities to pursue a substance misuse awareness raising campaign, possibly including events, information and advice leaflets, work with schools and links to related matters such as domestic violence, be taken. Work with schools should involve the DAAT where possible, seek to clarify the legality of drugs and provide contact details and reporting routes for drug use.
### Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency Hospital Department</td>
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<tr>
<td>CAB</td>
<td>Citizens’ Advice Bureau</td>
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<td>CADIS</td>
<td>Crime and Disorder Information System</td>
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<td>CCTV</td>
<td>Closed circuit television cameras</td>
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<td>DAAT</td>
<td>Drug and Alcohol Action Team</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>DTMU</td>
<td>Drug Treatment Monitoring Unit of the NHS</td>
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<td>DIP</td>
<td>Drug Intervention Programme</td>
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<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>LASAR</td>
<td>Local Area Single Assessment and Referral Service</td>
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<tr>
<td>Mephedrone</td>
<td>Mephedrone (often called ‘meow meow’) is a powerful synthetic stimulant of the amphetamine and cathinone classes which was a ‘legal high’ until approximately two years ago when it was classified as a Class B drug.</td>
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<tr>
<td>Methadone</td>
<td>Methadone can be prescribed to assist people to recover from addictions to other drugs such as heroin as it can prevent or reduce the unpleasant withdrawal symptoms.</td>
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<tr>
<td>MP</td>
<td>Member of Parliament</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>NWPHO</td>
<td>North West Public Health Observatory</td>
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<td>PbR</td>
<td>Payment by Results</td>
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<td>PPG</td>
<td>Patient Participation Group</td>
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<td>PCT</td>
<td>Primary Care Trust</td>
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<td>SMART</td>
<td>Substance Misuse Arrest and Referral Team</td>
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<tr>
<td>TVP</td>
<td>Thames Valley Police</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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