

**AGENDA MANAGEMENT SHEET**

**Name of Committee**                      **Community Safety Overview And Scrutiny Committee**

**Date of Committee**                      **13 September 2005**

**Report Title**                              **Action on Drugs and Alcohol and the Contribution to the Achievement of the Strategic Plan for Warwickshire Targets**

**Summary**                                  This report has as its main focus the work undertaken by Warwickshire Community Safety Partnership and Drug Action Team and how joint working across agreed priorities is being undertaken to reduce crime, the fear of crime and health inequalities.

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**Would the recommended decision be contrary to the Budget and Policy Framework?**                      No.

**Background papers**                      None

**CONSULTATION ALREADY UNDERTAKEN:-**                      Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members                                            Councillor John Haynes, Chair of Community Safety O & S Committee
- Cabinet Member                                            Councillor Richard Hobbs

- Chief Executive
- Legal  Greta Needham
- Finance
- Other Chief Officers  David Carter
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

***FINAL DECISION***

***SUGGESTED NEXT STEPS:***

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

## Agenda No

### Community Safety Overview and Scrutiny Committee - 13 September 2005

#### Action on Drugs and Alcohol and the Contribution to the Achievement of the Strategic Plan for Warwickshire Targets

##### **Recommendation**

That the Committee considers the report and identifies any areas it wishes to be the subject of a more detailed report.

## 1. BACKGROUND

### Introduction

This report has been produced to inform the new committee how action on drugs and alcohol is contributing to the achievement of the 2010 target of making "Warwickshire the safest county in the country" (the Strategic Plan for Warwickshire). This report outlines the work undertaken by Warwickshire Community Safety Partnership and Drug Action Team and explains how joint working across agreed priorities is being undertaken to reduce crime, the fear of crime and health in-equalities.

This report is structured as follows:

1. Background
2. Structures
3. Strategies
4. Alcohol
5. Drugs
6. Young People (Alcohol & Drugs)
7. Strategy Co-ordination, Planning and Performance Management
8. Health Overview and Scrutiny Review
9. Conclusion

## Terms of Reference

This report seeks to raise the awareness and understanding of the Committee members in respect of the partnerships priorities, responsibilities, funding and work programme(s) to reduce the harm caused by drugs and alcohol.

## Audience

The primary audience for this report is the Crime and Safety Overview and Scrutiny Committee. However, as this report addresses a number of cross cutting strategic opportunities the Committee may feel there are significant joint working benefits to other County and District groups receiving the report, e.g. T DATGs (Tackling Drugs and Alcohol Together Groups).

## 2. STRUCTURES

### The Warwickshire Community Safety Partnership and Warwickshire Drug Action Team (WCSP & DAT)

Drug Action Teams (DATs) are statutory partnerships, established in all county and unitary council areas in the UK. In Warwickshire, the role is combined with the partnership to provide strategic direction and overview for crime and disorder across Warwickshire. Membership of the WCSP & DAT is:

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Agency	Representative
Warwickshire County Council	Eric Wood, Acting Chief Executive (Chair)
Warwickshire Police	John Burbeck, Chief Constable
Probation Service, Warwickshire Area	Liz Stafford, Chief Executive
Rugby Borough Council	Diane Colley, Chief Executive
Stratford District Council	Paul Lankester, Chief Executive
Warwick District Council	Janie Barrett, Chief Executive
Nuneaton & Bedworth Borough Council	Christine Kerr, Chief Executive
North Warwickshire Borough Council	Jerry Hutchinson, Chief Executive
NHS Primary Care Trusts	Anne Heckles, Chief Executive

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The work programme of the WCSP & DAT is delivered through:

- The provider agencies that sit on the WCSP & DAT (e.g. Police, District Councils)

- Its sub-groups (e.g. the TDATEGs, the Alcohol and Drugs Policy Group) (see Appendix 1 for chart showing how groups relate to each other)
- The DAT staff team (Kit Leck's team)

The WCSP & DAT meet quarterly. It receives regular reports from chairs of the various sub-groups that support it (e.g. the TDATEGs, the Alcohol and Drugs Policy Group) as well as various ad hoc reports that are specifically requested. The chairs of the CDRPs are also members of the WCSP & DAT, ensuring there is a degree of awareness and consistency between the two agendas.

### 3. STRATEGIES

#### Overview

WCSP & DAT have agreed that the primary driver for Partnership's work programme should be the Crime and Disorder theme of the County Strategic Plan. The plan's priorities have been drawn from the County and Crime and Disorder Reduction Partnerships (CDRP) objectives and focus on those issues that can benefit from joint work at countywide level.

The strategic and operational direction for drugs and alcohol are coordinated through the multi-agency Alcohol and Drugs Policy Group, which reports to the WCSP & DAT.

#### National Strategies:

**National Drugs Strategy (Up-dated 2002)** has four key aims:

- To reduce the harm that drugs cause to communities, individuals and their families;
- To prevent today's young people from becoming tomorrow's problematic drug users;
- To reduce the supply of illegal drugs, and;
- To reduce drug-related crime and its impact on communities

**The National Alcohol Harm Reduction Strategy for England (DoH 2004)** has four key aims:

- To improve the information available to individuals and to start the process of changing in the culture of "drinking to get drunk";
- To better identify and treat alcohol misuse;
- To prevent and tackle alcohol-related crime and disorder and deliver improved services to victims and witnesses, and;
- To work with alcohol industry in tackling harms caused by alcohol

#### Other strategic priorities

There are a number of national strategic plans that require effective links and references to drugs and alcohol. These include: Choosing Health (Dept of

Health, 2004); Sexual Health and HIV/AIDs Strategy (Dept of Health, 2002); Teenage Pregnancy Strategy (Social Exclusion Unit, 1999); National Policing Plan 2004-2007 (Home Office, 2003) and 'Every Child Matters' (2004).

## Crime

"Around three-quarters of crack and heroin users admit to committing crime to feed their habit...and arrestees who use heroin and/or cocaine commit almost 10 times as many offences as arrestees who do not use drugs" (National Drugs Strategy). Therefore, action to reduce problematic drug use will have a significant effect on the crimes committed to fund drug habits (i.e. burglary).

The table below shows that all Districts reduced 'comparator' crimes between 2003/4 and 2004/5. It also shows the significant crime targets that Warwickshire Districts have set for themselves for 2007/8.

*Table 1. British Crime Survey Comparator Crime*

District/Borough	2003/2004	2004/2005	Change on 2003/2004	2007/2008 Reduction Target	
North Warwickshire	3,498	2,755	- 21.2%	(15.0%)	2,973
Nuneaton & Bedworth	8,562	8,487	- 0.9%	(17.5%)	7,063
Rugby	5,902	5,330	- 9.7%	(17.5%)	4,869
Stratford-on-Avon	4,059	3,958	- 2.5%	(12.5%)	3,551
Warwick	6,498	6,300	- 3.0%	(15.0%)	5,523
<b>Warwickshire</b>	<b>28,519</b>	<b>26,830</b>	<b>- 5.9%</b>	<b>(15.9%)</b>	<b>23,981</b>

Source: WCC Research Unit, for the Crime & Disorder Reduction Partnerships

## Resources availability for 2005-06

The total resource available to the Partnership for 2005-06 is £5,984,166. That resource are derived from three main sources:

- *Government allocations directly managed by the DAT and held by Warwickshire County Council.* The Partnership receives resources from Government to support delivery of local plans for adult drug treatment, criminal justice services, young people and strategy coordination. For 2005-06 this is £2,928,186. (See Appendix 2, Table A for details.)
- *Local agency budgets held by individual partners and where appropriate is brought together with other DAT allocations.* Individual partners have within their spending plans dedicated resources for drugs and alcohol. For 2005-06 this is £3,014,270. (See Appendix 2, Table B for details.)
- *Safer and Stronger Communities Fund utilised by the DAT and held by Warwickshire County Council.* CDRPs have resources that can be

allocated to support the delivery of drug and alcohol programmes. For 2005-06 this is £765,000, of which £41,710 has been allocated to the DAT. (See Appendix 2, Table C for details.)

## **4. ALCOHOL**

### **Size of problem and impact**

It is estimated that within Warwickshire 59,000 have drunk more than twice the daily guidelines in the past week.

Consuming alcohol gives pleasure and economic benefit but it also causes immense harm, with some patterns of drinking particularly likely to raise the risk of harm. It is the harmful aspect of alcohol that District and County Partnerships are working to reduce. The impact of alcohol-related harm at national level is estimated as follows:

- National cost to crime & public disorder: £7.3bn
- National cost to workplace: £6.4bn
- National cost to health: £1.7bn

### **Strategic Vision for Alcohol**

The Partnership has agreed that WCC Community Support Division (DAT) will lead on the production of a Warwickshire Alcohol Strategy. This strategy will draw together a range of interventions to prevent, minimise and manage alcohol-related harm. The strategy addresses four key objectives:

- Improving the information available to individuals and changing the culture of “drinking to get drunk”;
- Working with the industry through local Licensing Committees in tackling the harms caused by alcohol;
- Preventing and tackling alcohol-related crime and disorder, and;
- Identifying and developing opportunities to increase the treatment options for those that misuse alcohol.

### **Strategy Planning**

The Alcohol and Drugs Policy Group (ADPG) are the lead partnership body for co-ordinating provision across agencies. The ADPG have agreed a strategy framework that builds upon “Warwickshire: Tackling Alcohol Related Crime” (Crime Concern, 2004). That report was structured into three key areas and provided a framework for action. The key areas are:

- Developing a co-ordinated approach to implementing the strategy;
- Establishing clear, consistent standards and enforcement procedures to reduce alcohol-related crime & disorder in town centres, and;
- Reducing the incidence of under-age drinking and improve education and support for young people.

## Strategy implementation

In early 2005, the DAT appointed a Joint Commissioning Manager for Alcohol to lead on the preparation of a Warwickshire Alcohol Strategy.

To inform the strategy, the Joint Commissioning Manager (Alcohol) has established a strategy task group chaired by Helen King, Director of Public Health Rugby. Membership includes representation from District and Borough Councils, Primary Care Trusts (incl Public Health), Police, Alcohol Treatment providers and Licensees. Their work programme includes:

- Gathering baseline data and information;
- Consultation and engagement of service users and carers;
- Review of current provision and identification of gaps, and;
- A draft strategy presentation and stakeholder event on the 18<sup>th</sup> October.

## Planned Spending for 2005-06

The Joint Commissioning Manager is undertaking a mapping exercise to identify service provision and associated spending by agencies. The work to date has located a number of separate funding streams. This is reported by level of intervention.

*Table 2. Specific alcohol spending 2005-06\**

Tier	Description	£
Tier 1	Non specific treatment services	0
Tier 2	Open access services	252,918
Tier 3	Structured community based services	232,554
Tier 4	Residential and In-patient services	685,114
Other	Work force development	0
	Work with underserved Groups	38,402
	Development	59,808
	Co-ordination and planning	40,000
<b>Total</b>		<b>1,308,796</b>

\* The Joint Commissioning Manager (Alcohol) is undertaking a financial mapping exercise. To date this has not been able to identify/confirm income and spend from health (PCT) resources for; Consultant, Out-patient clinic, Community CPNs and drugs. It is anticipated that in the future the total level of spending on alcohol will be significantly increased.

*(A definition of Tiers is given in Appendix 3. Detailed financial analysis of the above table is given in Appendix 4, Table A.)*



## Emerging themes

The strategy will be available for consultation and implementation from January 2006. However, some early findings can be reported:

- No single agency has the lead on developing services leading and therefore commissioning and planning decisions are being made in the absence of strategic direction;
- Unlike drugs there are no new resources from central government therefore new investments will only be achieved if alcohol and alcohol related harm is seen as priority.
- The impact of changes to opening hours can only be anticipated and yet there are no local plans for new investments in treatment and prevention;
- Whilst schools have clear curriculum responsibility for drug and alcohol education there is little or no specific investment to deliver messages to prevent harm in adult drinkers;
- Joint planning in respect to workforce development in areas of Teenage Pregnancy, Domestic Violence and Co-morbidity should be reviewed;
- There are opportunities within the Health Act to pool budgets to minimise waste and ensure services commissioning is co-ordinated and services are fit for purpose, and;
- There are no clear performance baselines by which progress can be measured.

## 5. DRUGS

### Size of problem and impact

The National Treatment Agency (NTA) has advised the Partnership that there are between 2,500 - 3,000 problem adult drug users in Warwickshire. (The NTA is a special health authority created by the Government, to ensure that there is better drug treatment is available.) Based upon a conservative estimate of average weekly spend of £250 on illicit drugs, 2,500 problem drug users would collectively account for £32.5m. Much, if not all, of the spending by drug users would be funded by offending, particularly acquisitive crime.

Whilst the NTA figure is helpful, the Community Support Division (DAT) has questioned its accuracy, as the value was calculated using national data. Another study, carried out by Glasgow University, is expected shortly. The Partnership has been advised that this study will make use of local data.

Crime is not the sole impact of problematic drug misuse. The seriousness of drug use amongst this group can be observed across a number of other health and social care features. These are:

- Harming their physical and mental health, their ability to support themselves and their acceptance by the community;

- Undermining family life – compromising the health and development of children, and burdening parents and partners; and
- Acting anti-socially and stimulating fear of crime, including prostitution and neighbour nuisance;

### **Strategic Vision and Aims**

The Partnership has acknowledged the importance of working together and has agreed a strategic statement that demonstrates their intent.

“The Partnership, are committed to working together to bring about changes that have a lasting positive impact on the health, safety and well being of all Warwickshire residents. These actions demonstrate our determination and commitment to sharing our collective intelligence, knowledge and resources, and it is our belief that action to achieve these principles can only be progressed through a process of agreed joint strategic priorities and investment”.

To meet NTA targets, Warwickshire has agreed to:

- Increase the participation of problem drug users in drug treatment programmes from 1,000 to 1,150 by 31<sup>st</sup> March 2006.
- Increase the proportion of users successfully sustaining or completing treatment programmes to 64% by 31<sup>st</sup> March 2006.

### **Drugs and enforcement**

Reducing crime represents a key element of the National Policing Plan requiring the police service to reduce crime by at least 15% over the next three years. Warwickshire Police are represented on all of the County and District partnership planning groups and through joint priorities partners are seeking to tackle anti-social behaviour and deal with offenders more effectively.

The Warwickshire Policing Plan contains a number of targets and actions:

- Maintain a highly visible uniformed presence to reduce alcohol/drug related crime and disorder.
- 150 sanction detections for offences of possession of Heroin, Crack or Cocaine
- 50 sanction detections for supply offences of Heroin, Crack or Cocaine

### **Planned Spending for 2005-06**

The Partnership plans for adult drug treatment are supported financially from both national allocations and individual agency spending plans. A brief description of these is reported below. (For more details, see Appendix 4, Table B).

Table 3. Specific drugs spending 2005-06

Tier	Description	£
Tier 1	Non specific treatment services	16,000
Tier 2	Open access services	232,780
	Throughcare and aftercare	1,307,753
Tier 3	Structured community based services	1,522,051
Tier 4	Residential and In-patient services	383,700
Other	Workforce development	7,000
	Work with underserved groups	10,000
	Co-ordination and planning	72,500
	Communication & Consultation	25,000
<b>Total</b>		<b>3,576,784</b>

### Emerging themes

The NTA regularly review progress of the Adult Treatment plan. The quarterly review held in August identified some positive points, including:

- A healthy number of clients in treatment
- Good retention of clients in treatment across most treatment modalities
- Progress made in purchasing new IT systems which will enhance local data collection

The review also identified a number of key areas requiring further attention by the Partnership. Briefly these are:

- There is significant disparity between the locally derived data and that recorded by the NTA. This requires further action.
- The successful completion rate recorded for those discharged from inpatient treatment is low at only 39% against a target of 50% and requires further exploration.
- The current lack of shared care within Warwickshire is a significant risk to the treatment system. Further work is required in this area, particularly targeting the North and Rugby where no GP's are currently participating.
- Recruitment and retention of drug treatment staff has been an ongoing issue. Further work is required to prepare and implement a workforce strategy.
- Access into treatment from underserved groups remains an underdeveloped area. This needs to be a key requirement of the current planning mechanisms being put in place for the development of Tier 2 services across the county.

- The Partnership will need to ensure that there is in place a robust assessment of the budgetary trends for the rest of the year so that early action can be identified to ensure effective implementation of growth in the treatment system in the year to come.

## 6. YOUNG PEOPLE (ALCOHOL AND DRUGS)

### Size of problem and impact

Understanding the size and scope of drug misuse amongst young people in Warwickshire is a vital starting point. The lack of robust local data has been identified as matter for further consideration. Large-scale surveys such as British Crime Survey (2003) and Schools Survey (2004) are helpful indicators. However, these are usually influenced by factors that are not relevant to Warwickshire, e.g. inner city variations and deprivation.

As a starting point, adapting national information and applying to Warwickshire a helpful insight into need can be obtained (see table below).

*Table 4: Estimating the size and scope if drug misuse in Warwickshire*

National Descriptor	Source	Warwickshire estimated value
Use of any drug has decreased to 18% amongst 11-15 year olds.	National Drugs Strategy (updated)	<5,760
2 in 5 of 16-year olds have tried drugs at least once.	British Crime Survey 2003-2004	<2,440
Class A drug use in the past year amongst 16-24 year olds remains stable at around 8%.	British Crime Survey 2003-2004	<3,864
Class A drug use amongst 11-15 year olds is stable at around 4%.	DoH School Survey 2003 & 2004	<1,280

### Strategy Vision and Aims

There is evidence that the use of drugs and alcohol at any age and frequency involves risk but it is important to note that local and national information confirms that ***the majority of young people have never taken drugs.***

In light of this, the Partnership has acknowledged that all controlled drugs and alcohol are dangerous and young people and their families need reliable information to protect themselves.

It is the progress into problematic drug use that is of the greatest concern to the Partnership. This small group of young people are often coping with other factors such as offending, deprivation, parental drug misuse, school exclusion and other issues. The Partnership has agreed that their main priority is to prevent today's young people from becoming tomorrow's problematic drug and alcohol users and ensuring that specialist treatment services are available to all young people.

## **Strategy Planning**

The Joint Commissioning Group (Young People) (JCG YP) is chaired by Jim Fitzgibbon and has lead responsibility for assessing need, planning, identifying resources, commissioning and monitoring service provision.

Membership of the group includes senior officer representation from agencies such as the County Council's Education and Social Services Departments, the Youth Offending Team, Warwickshire Police and Primary Care Trusts.

WCC Community Support Division supports this group through the appointment of a DAT Joint Commissioning Manager (Young People). The main function of this post is to ensure that the JCG YP main areas of work are pursued in order to be effective in helping young people avoid drug problems.

This means not only developing specialist drugs provision, but also ensuring that generic services for children and young people are fully committed to identifying and intervening to tackle drugs problems before they become acute. Through this mechanism there are both strategic and operational links with:

- Every Child Matters;
- Domestic Violence;
- Anti-Social Behaviour;
- Teenage Pregnancy; and
- Youth Justice Plan.

## **Strategy Implementation**

The JCG YP is responsible for strategy implementation.

General performance issues are centered on ensuring providers are working in ways that support development of the DAT Young Person's objectives and other strategic drivers.

## **Planned Spending for 2005-06**

The Partnership receives pooled budget funding from the Home Office. This is used to contribute to services that cover specific posts across the areas of Prevention, Early Intervention and Treatment & Care. A brief description of these is reported in the figure below. (For more details, see Appendix 4, Table C).

Table 5: Specific YP drugs and alcohol spending 2005-06

<b>Tier</b>	<b>Description</b>	<b>£</b>
Tier 1	Non specific treatment services	114,000
Tier 2	Open access services	36,169
Tier 3	Structured community based services	378,211
Tier 4	Residential and In-patient services	0
	Workforce development	0
	Work with underserved groups	0
	Co-ordination and planning	56,000
	Communication & Consultation	35,000
<b>Total</b>		<b>614,380</b>

### **Emerging Themes**

The JCG (YP) has identified a number of issues that they will be actioning through their work plan. These are:

- Operational delivery and inter-agency planning for Young Persons Substance Misuse Service - a special project group tasked with determining the future scope of the service has been established.
- Service planning – is limited by a small national allocation. Mechanisms are needed to secure further contributions from other agencies' mainstream budgets.
- Service delivery - this is affected by the availability of suitably qualified staff.
- Alcohol use among young people - nationally, girls as young as 17 are presenting to doctors with cirrhosis of the liver as a direct result of excess alcohol consumption. Engaging and treating this client group is a crucial area of development.

## **7. STRATEGY CO-ORDINATION, PLANNING AND PERFORMANCE MANAGEMENT**

### **DAT Staff Team**

Warwickshire County Council, Community Support Division hosts the DAT Officer staff team. The team consists of six full time posts. These are:

- Alcohol and Drugs Strategy Manager
- Joint Commissioning Manager (Alcohol)
- Joint Commissioning Manager (Young People)
- Joint Commissioning Manager (Adults)
- Information and Partnership Support Manager
- Administrator

In addition, the County Council provides financial support for a DAT Finance Officer.

Funding for the team is derived from national allocations made to the Partnership. With the exception of the Joint Commissioning Manager (Alcohol), the administration costs associated with the DAT staff team are entirely met from national allocations. The table below sets out the planned spend from the Drugs Strategy Partnership Support Grant and contributions from Adult and Young Persons budgets.

*Table 6: 2005-06 planned spending for DAT staff team*

<b>Planned Spend</b>	<b>Description</b>	<b>£</b>
Accommodation and other office costs	Rent and cleaning	7,790
Salaries and Wages	DAT Manager, Information Officer and Administrator	99,050
Operational Costs	IT support, Legal costs, HR and Finance, Room Hire, telephones, etc	34,660
Non-recurring	Community safety initiatives	5,000
<b>Total</b>		<b>146,500</b>

### **Emerging Themes**

The Government has announced the introduction of a Safer and Stronger Communities Fund through the merger of existing funding streams. It is expected this merged budget will include all drugs resources previously allocated to the DAT. In two-tier counties, funding will be allocated at county level and distributed to CDRPs. During 2005/6 the funding will be passported to CDRPs so there will be little impact. However, beyond April 2006 there will be more flexibility in how funding can be used.

## **8. HEALTH OVERVIEW AND SCRUTINY REVIEW**

### **Rugby Panel**

In July 2005 the Rugby Panel reported its findings into "Substance and Alcohol Misuse". This report commented, *"Whilst the Panel found the review an extremely useful exercise it is felt that if the review is to be extended to other parts of the county consideration will need to be given to broadening the scope to make it more cross cutting, increasing the timescales and improving the strategic direction of the review to make it more holistic and countywide."*

### **Emerging themes**

The Rugby Panel identified a number of issues relevant to the county as a whole. Briefly these related to:

- Establishing a clear accurate overall picture and analysing trends is difficult. This is due to inconsistency and inadequacy of data collection at District level.
- Identification of current provision of services is achievable but establishing how these services were resourced raised issues of accountability and transparency.

- There is evidence of effective linkages existing or being developed between agencies, it is not always clear to the general public as to what these linkages are and how pathways to care can be accessed and maintained.
- In seeking to meet future challenges, improvements are required to partnership working with particular emphasis around long-term issues such as housing allocations and short-term issues such as the location of sharps bins.

### **Health Overview and Scrutiny Committee Recommendations**

The draft minutes of the Health Overview and Scrutiny Committee held on 27<sup>th</sup> July record a number of recommendations that include:

- The Committee agree to refer the report to the Co-ordinating Group with a recommendation that a rolling programme be established to consider Drugs, Substance and Alcohol Misuse in the PCT areas in the North and the South of the County; and
- That the Committee consider the progress made against the recommendations in January 2006

## **9. CONCLUSION**

The overall success of strategies for alcohol and drugs cannot be measured or delivered by any single agency. Long-term sustainable success will only be achieved if agencies agree their common priorities and work together.

David Carter

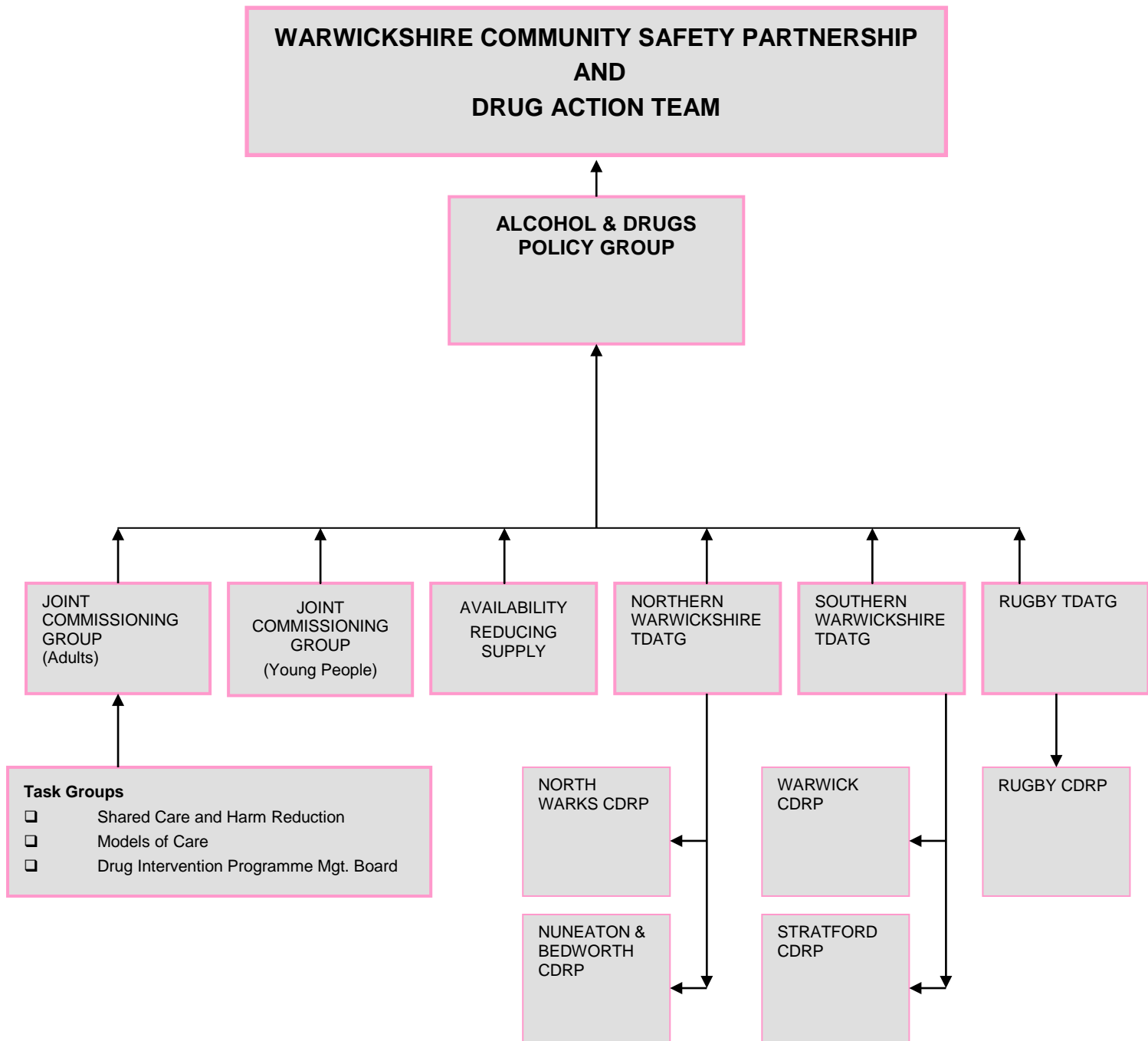
County Solicitor & Assistant Chief Executive

Shire Hall

13<sup>th</sup> September 2005



**Appendix 1: Structure of WCSP/DAT and its sub-groups**



## Appendix 2: Resource availability 2005-06

**Table A: Government allocations directly managed by the DAT and held by Warwickshire County Council**

<b>Allocation</b>	<b>Key Purpose</b>	<b>£</b>
Drug Strategy Partnership Support Grant	Funding the capacity of the Partnership to deliver National <b>Drugs</b> Strategy	85,239
Pooled Treatment Budget (Adults)	Contribution to delivery of services as set out by National <b>Drugs</b> Strategy.	1,706,510
Drug Intervention Programme (DIP)	Contribution to delivery of services to <b>drug</b> -misusing offenders and moving them into treatment, away from drug use and crime.	525,553
Young Persons Substance Misuse Partnership Support Grant	Contribution to other mainstream funding for the local delivery of <b>drug</b> services in line with Every Child Matters.	438,463
Brought forward	Allocation to DAT priorities for crime and young people.	172,421
<b>Total</b>		<b>2,928,186</b>

**Table B: Local agency budgets held by individual partners and where appropriate is brought together with other DAT allocations.**

<b>Organisation</b>	<b>Description</b>	<b>£</b>
National Probation Service	Baseline for provision of work with <b>drug</b> users within main NPS services	166,150
	Baseline for provision of work with <b>alcohol</b> users within main NPS services.	TBC
	NPS contract with voluntary sector provider for <b>alcohol</b> "Drink Impaired Driver Programme" accredited programme.	50,000
South Warwickshire PCT	Budget baseline for provision of community and shared care <b>drug</b> treatment services.	959,520
	Budget baseline for provision of in-patient <b>drug and alcohol</b> treatment services. (8 alcohol and 4 drugs beds)	920,012
WCC Social Services Dept	Contribution to Partnership plans for delivery of adult/criminal justice community <b>drug</b> treatment services.	72,000
	Contribution to cost of <b>alcohol</b> Joint Commissioning Manager post.	40,000
	Budget to support access to residential <b>drug and alcohol</b> rehabilitation.	50,825
	Budget to support access to <b>drug and alcohol</b> community care alternatives.	22,270
	Core contract for delivery of adult <b>alcohol</b> services by voluntary sector.	109,918
	Pilot project to provide <b>alcohol</b> counseling and support for Care leavers.	38,500
	Legacy contribution to development of community <b>alcohol</b> services from the voluntary sector.	109,041
Total all PCTs	Legacy contribution to delivery of core community <b>alcohol</b> services from the voluntary sector.	93,187
Rugby and SW PCT	Development of community <b>alcohol</b> services	59,808
NW and SW PCTs	Contribution to delivery of <b>alcohol</b> shared care	74,000
SSD and Health	Legacy provision of 1.00 wte worker for delivery of <b>alcohol</b> services to BME population.	38,402
	Legacy contribution to voluntary sector for delivery of <b>alcohol</b> service support within Primary Care.	180,637
WCC County Education Dept	Contribution to voluntary sector to YP plans for delivery of WHPSS for drug & alcohol education.	30,000
<b>Total</b>		<b>3,014,270</b>

**Table C: Safer and Stronger Communities Fund utilised by the DAT and held by Warwickshire County Council**

<b>CDRP</b>	<b>Description</b>	<b>£</b>
North Warwickshire	Contributions to Partnership plans for <b>Drug</b> Rehabilitation Requirement and WHSS targets for <b>drugs</b> and <b>alcohol</b> education.	8,910
Nuneaton & Bedworth	Contributions to Partnership plans for <b>Drug</b> Rehabilitation Requirement and WHSS targets for <b>drugs</b> and <b>alcohol</b> education.	13,800
Rugby	Contribution to Partnership plans for WHSS targets for <b>drugs</b> and <b>alcohol</b> <b>drugs</b> and <b>alcohol</b> education.	5,000
Stratford on Avon	Contribution to Partnership plans for <b>Drug</b> Rehabilitation Requirement.	3,355
Warwick	Contribution to Partnership plans for <b>Drug</b> Rehabilitation Requirement.	10,645
<b>Total</b>		<b>41,710</b>

## **Appendix 3: Definition of service provision tiers**

### **Tier 1 – non-drug treatment specific services**

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Tier 1 consists of services offered by a wide range of professionals (e.g. primary care medical services, generic social workers, teachers, community pharmacists, probation officers, housing officers, homeless persons units). Tier 1 services work with a wide range of clients including drug users, but their sole purpose is not simply substance misuse.

### **Tier 2 – open access services**

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Services within this tier aim to provide accessible services for a wide range of drug and alcohol users referred from a variety of sources, including self-referrals. The aim of the treatment in this tier is to help users to engage in treatment without necessarily requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Services in this tier include needle exchange programmes and other harm reduction measures, substance misuse advice and information services and ad hoc support not delivered in a structured programme of care.

### **Tier 2 – DIP/throughcare and aftercare (Adult Drugs only)**

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DIP – Drug Interventions Programme, formerly known as Criminal Justice Interventions Programme (CJIP)

In order to provide timely, appropriate and joined up treatment and rehabilitation for drug-using offenders, partnerships will need to develop an integrated and enhanced care management system for offenders entering the treatment system, from all points of access within the criminal justice system. This will include pre-arrest, at arrest, at court, on DRR/DTTOs and other community sentences (with drug rehabilitation requirements once DRR/DTTOs cease) and on release from prison. Aftercare services should also be made available for those leaving structured treatment.

### **Tier 3 – structured community-based services**

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This tier can be defined as providing services solely for drug and alcohol users in a structured programme of care. Services within this tier include structured cognitive behaviour therapy programmes, structured methadone maintenance programmes, community detoxification, or structured day care (either provided as a drug-free programme or as an adjunct to methadone treatment). Structured community-based aftercare programmes for individuals leaving prisons are also included in tier 3.

### **Tier 4 – residential and inpatient services**

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Services in this tier are aimed at those individuals with a high level of presenting need. Services in this tier include inpatient drug treatment, including detoxification and residential rehabilitation. Tier 4 services usually require a higher level of motivation and commitment from drug users than for services in lower tiers.

## Appendix 4: Planned Spend 2005-06

**Table A: Spend on alcohol**

<b>Tier</b>	<b>Examples of Services Delivered</b>	<b>£</b>
1	None identified	nil
2	Community Alcohol services for users and carers/third parties	202,918
	NPS commissioned Drinking and Driving Accredited Programme for those referred by the courts.	50,000
	Access for alcohol users day care and drinking alternatives. (Community Care Alternatives)	22,270
	Resources to make payments to GPs engaged in Shared Care.	74,000
	Five Primary Care development posts located across the County to support GPs in delivery of treatment.	158,554
4	Access to out of County residential placements.	50,825
	In patient services (Woodleigh Beeches)	581,612
	Workforce development	nil
	Work with underserved groups	24,036
	Co-ordination and planning	40,000
	Communication & Consultation	14,828
<b>Total</b>		<b>1,219,043</b>

**Table B: Spend on drugs**

<b>Tier</b>	<b>Examples of Services Delivered</b>	<b>£</b>
1	<ul style="list-style-type: none"> <li>• Drug awareness training to enable professionals to understand and be updated about drugs issues/services</li> <li>• A treatment directory and DAT website</li> </ul>	16,000
2	<ul style="list-style-type: none"> <li>• Needle Exchange Scheme for safe disposal of needles</li> <li>• Information &amp; advice in Community Drug Teams (CDTs)</li> <li>• Drop in services</li> </ul>	232,780
	<ul style="list-style-type: none"> <li>• Enhanced Arrest Referral Scheme offering information, advice, guidance and support to detainees who are drug misusers in Warwickshire's 3 Police Custody Suites</li> <li>• Probation services that include DRR management and Accredited Programmes</li> <li>• Resettlement Service providing support to offenders returning to Warwickshire after a prison sentence</li> <li>• 24/7 information line and out of hours messaging</li> <li>• Work with employers – Information and awareness service for employers in relation to drug misuse</li> </ul>	1,307,753
3	<ul style="list-style-type: none"> <li>• Hepatitis vaccination and work with health protection agencies to carry out awareness and prevention work</li> <li>• Community based detoxification and harm reduction services for drug users with complex needs</li> <li>• Provision of Structured Counselling and Psychology to drug misusers to help them overcome drug misuse</li> <li>• Shared care and prescribing of substitute drugs by GPs</li> <li>• The medical supervision of drug misusers taking substitute prescribed drugs in community pharmacists</li> </ul>	1,522,051
4	<ul style="list-style-type: none"> <li>• Out of county placements for drug users who require a placement at a residential rehabilitation centre.</li> <li>• In-patient services (Woodleigh Beeches, Warwick Hospital) for drug users requiring a medical programme for detoxification.</li> </ul>	383,700
	<ul style="list-style-type: none"> <li>• A workforce strategy that assures there are enough qualified staff in Warwickshire to fill future vacancies</li> </ul>	7,000
	<ul style="list-style-type: none"> <li>• To enhance access arrangements for the populations in Warwickshire who are not fully represented within drug treatment services, e.g. pregnant women, BME groups</li> </ul>	10,000
	<ul style="list-style-type: none"> <li>• To ensure commissioning and performance monitoring are in place and supported by Service Level Agreements</li> <li>• Coordination and planning managed through a number of effective working groups and committees</li> </ul>	72,500
	<ul style="list-style-type: none"> <li>• To consult with partners, stakeholders and the general public to make planning an inclusive process</li> <li>• To consult and involve of users parents and carers in the design and monitoring of the local treatment services</li> </ul>	25,000
<b>Total</b>		<b>3,576,784</b>

**Table C: Spend on young people (drugs and alcohol)**

<b>Tier</b>	<b>Examples of Services Delivered</b>	<b>£</b>
1	<ul style="list-style-type: none"> <li>• Materials for professionals, users and carers that give information about services, availability and where they can find out more information.</li> <li>• Drug awareness training to enable professionals to understand and be updated about drugs issues and services.</li> <li>• A treatment directory and DAT website.</li> <li>• Schools Drugs Adviser (SDA) appointed to develop and provide training to whole school family.</li> <li>• SDA to advise schools on policy and approaches to substance misuse education.</li> </ul>	114,000
2	<ul style="list-style-type: none"> <li>• Contribution to provide specialist substance misuse posts that delivers guidance and support to Connexions staff and will assesses up to 300 young people.</li> </ul>	31,169
3	<ul style="list-style-type: none"> <li>• A Young Persons Substance Misuse Service established within community locations to provide assessment, care management and treatment for young people with specialist substance misuse needs. 450 young people will be screened and assessed with 300 care packages provided.</li> </ul>	300,000
	<ul style="list-style-type: none"> <li>• Contributions to YOT to ensure that 100% of offenders are screened and provided with a treatment package as appropriate.</li> </ul>	65,711
	<ul style="list-style-type: none"> <li>• Contribution to CAMHs to ensure that drug and psychological and psychiatric needs are addressed.</li> </ul>	12,500
	<ul style="list-style-type: none"> <li>• Appointment of Commissioning Manager to ensure commissioning and performance monitoring are in place and are supported by Service Level Agreement outlining required outputs, outcomes and milestones.</li> <li>• Contribution to resources required to ensure that coordination and planning is managed through a number of effective working groups and committees to provide true joined up thinking and effective delivery of high quality services.</li> </ul>	56,000
	<ul style="list-style-type: none"> <li>• To consult and involve of users parents and carers in the design and monitoring of the local treatment services.</li> <li>• To support and develop helpline services which provide services for family, friends and carers of drug users such as family and friends.</li> </ul>	35,000
<b>Total</b>		<b>614,380</b>