

**INDEPENDENT DRUGS COMMISSION
FOR BRIGHTON & HOVE**

Final analysis and conclusions
May 2014

Introduction

The Independent Drugs Commission for Brighton and Hove began its work in 2012. Initiated at the suggestion of Caroline Lucas MP, and containing a mix of independent members and observers from the City Council, Health Authorities and Sussex Police, the Commission reviewed several aspects of the problems associated with drug markets and drug use in Brighton and Hove. In April 2013, we came up with our analysis, and put forward a list of 19 recommendations to improve the situation, for the local authorities to consider as they developed their prevention, treatment, health promotion and law enforcement strategies.

At that point, we agreed to return for one final meeting a year later – in April 2014 – to receive reports on progress against each of these recommendations, and whether the drugs situation in Brighton was improving or worsening. It was also the point at which the city Health and Wellbeing Board would report back to the Commission on the outcome of its feasibility study into setting up a Consumption Room in the city.

The review meeting was held on April 29th, and this report is the Commission's final articulation of our findings. We have been impressed and flattered by the amount of work and serious consideration given to our recommendations by the local authorities, and we hope that our analysis and recommendations have contributed in some way to the improvement of policies and services around illegal drug markets and drug use in the city. A number of working groups were convened by the relevant authorities, which met throughout the year to review progress and options on responding to drug related deaths, improving the criminal justice responses, protecting young people, and providing drug treatment.

The Commission recommendation that attracted most attention was that the local authorities should look at the feasibility of setting up a consumption room style facility in the city to reduce the risk of drug related deaths, and also to minimise drug dealing related litter and nuisance in public places. We were impressed with the structured and comprehensive way in which the working group addressed this question – involving all local stakeholders, and national and international experts – and accept the working group's reasons for deciding not to proceed with this sort of development at this time.

We would like to thank the Commissioners for all the work they have put in to this process over the last 2 years, all those who attended and gave evidence at our meetings, and the representatives of the Council who made the whole process work smoothly. We send our best wishes to all those involved in minimising drug related harm in the city, and hope that their future efforts are successful.

Peter James, Chairman

Mike Trace, Vice-Chairman

CHALLENGE 1:

Are the current strategies to prevent drug related deaths sufficient to achieve a significant reduction in the coming years?

How well has the process gone?

It is clear that the process of analysing the factors leading to drug related deaths in the city has improved in recent years, and officers now have a comprehensive system for understanding these risks, and turning that learning into changes in policies and practices. Unfortunately, there continues to be an unacceptably high rate of overdose deaths, but it seems that there is no single cause, and the various risks arise from the chaotic nature of many users' lifestyles.

Our specific recommendation for the local authorities to examine the feasibility of opening a consumption room was treated with due seriousness. The city council and Sussex Police established a working group that looked at the need, likely impact, legal situation, and practical considerations. Their conclusion was that a consumption room was not a priority for Brighton and Hove at this time – the working group was convinced by the international evidence on the potential benefit from these facilities, but thought that they would have little impact on the types of factors that were contributing to deaths in the city. Members of the working group were also concerned at the cost implications, in a time of budget pressure, and also advice from the Home Office that opening such facilities would contravene UK law.

What do we see as working particularly well? (examples of good practice)

The improved auditing of coroners reports (22 undertaken in 2012 and 32-35 for 2013) and the establishment of routine serious incident and vulnerable adult reviews are enabling the dissemination of learning to treatment staff and specific recommendations of improvements within Harm Reduction Plans. To assist, root cause analysis training is being undertaken for those leading the reviews.

The Commission noted that the police will continue to prioritise responding to Class A drugs, however, action has been taken to increase knowledge about and improve the flow of intelligence about the misuse of prescription drugs. Increased screening oversight and investigation of drug related deaths and stronger links between the coroner and police are assisting the identification of prescription drugs as contributing to drug related deaths. A briefing pack on the content, availability and risks associated with the range of drugs being used in the city is circulated to service providers and professionals, together with other high profile information. Seminars for G.Ps are delivered.

These actions, together with the GP Prescribing Incentive Scheme (targets for each GP surgery), the introduction of individual reduction plans for each service user and other initiatives are resulting in decreases in the prescribing of benzodiazepines in the city.

Joint test purchasing operations with Trading Standards have targeted Head Shops in the city and forensic information sought to establish content. Public Health/NHS England in its recently published document, has noted good practice in terms of – nurse follow up – clinical records being cross referenced

In response to the Commission's recommendation, the working group explored the potential for expanding the Opioid Treatment Programme. Analysis showed at least 37 individuals eligible for Injectable Opioid Treatment (IOT). There is clear national evidence of the cost benefits of the programme; as yet, future funding is not secured.

The Commission welcomed the significant expansion of Naloxone and "First Aid for Overdose" training. The expanded programme (St John's Ambulance) covers service users, families, carers, hostels and the wider recovery community.

What are the areas of continuing concern?

Provisional figures show that there were 32-35 drug related deaths for 2012/13 which, while an increase compared with 2011/12, is significantly below the average recorded during the recent ten years.

The costs of the Opioid Treatment Programme to be possibly absorbed within the Re-Tendering arrangements for Substance Misuse Services from 2015. Also to explore potential of funding from the Office of the Police & Crime Commissioner.

Ensuring continuity of engagement with prisoners both pre and post release is critical. A pan-Sussex review of Integrated Offender Management will ensure effective transfer of information between the Liaison & Diversion Scheme, Prison, DART and Community based IOM teams at point of sentence and through the Offender journey from custody to community.

CHALLENGE 2: Are the policing, prosecution and sentencing strategies currently pursued effective in reducing drug related harm?

How well has the process gone?

The Commission had identified two broad areas which were the basis of more detailed recommendations: the first was the importance of having a standing information and intelligence sharing structure that collated real time information on the fast changing local drug markets and the second was the need for all services to be able to respond to a wider range of drugs (as well as Class A drugs).

There is clear evidence that the members of the working group have made significant progress in these two broad areas. Participating in a Home Office led, Forensic Early Warning system is an example of the thorough approach that has been taken to this issue (testing of substances seized by police not believed to be class A and information sharing with partners).

A review of the Liaison and Diversion pilot project (incorporating a health hub) for those within the criminal justice system was concurrent with the work of the Independent Commission, providing some opportunity to influence considerations about the future of the pilot. The good news that the pilot was selected as one of ten projects for continuation funding until 2017 and its transfer of governance to NHS England will further secure the practice of early identification and assessment of the health care and substance misuse needs of those within the criminal justice (including court and prison) processes.

What do we see as working particularly well? (examples of good practice)

While the police confirm their ongoing priority as identifying and responding to Class A drugs, they have put in place a new control strategy which widens the focus of operations to 'drug related supply with a focus on organised crime groups' and on identifying emerging trends in drug use. This has resulted in increased resources and capacity of the crime investigation team.

The functionality of intelligence and information sharing systems across the community safety partnership have been comprehensively reviewed; new arrangements are in place to:

- complete drug markets profiles every two years and an annual interim update
- report and integrate information from the community into the wider intelligence systems of the police and Partnership
- establishment of bi-monthly regular multi-agency, drugs intelligence meetings (process yet to begin)
- service providers recording links between new psychoactive substances and offending
- drug alerts circulated following laboratory reports from all drug seizures and identification of substances of concern.

Positive outcomes are already being evidenced: those who are causing the most harm are increasingly targeted through enforcement or support into treatment and new dealing groups are being identified and prioritised based on their level of harm.

The Liaison & Diversion scheme is providing the services of a psychiatric nurse at all access points throughout the criminal justice process: as well as the initial assessment, individuals are tracked and supported throughout including by outreach support.

What are the areas of continuing concern?

The multi-agency Drugs Intelligence sharing meeting has yet to be fully integrated into day to day practice – information from this mechanism needs to be promptly presented to police, health, social and youth services to inform their work.

While the Liaison and Diversion scheme is well established, more work is needed to ensure individuals are adequately tracked and responded to throughout mental health services.

The police are to explore the benefits of selecting a cohort of offenders for conditional cautioning to fully engage with treatment services as an alternative to being brought to court. They are to visit the pilot project in South Yorkshire and share the findings with partners.

A pan-Sussex review of Integrated Offender Management is in process. Its completion will embed the role of the substance misuse services.

CHALLENGE 3: Are we doing enough to protect young people and to enable them to make informed decisions around their own drug use and involvement in drugs markets?

How well has the process gone?

Progress has been made during the year to broaden drugs education and information messages across schools and youth settings both within the local authority Youth Service and the Youth Collective, 8 CVS youth centre partners. There is evidence of examples of how improvements have been put in place in the process of identification and sharing of real time information that is then taken directly to the population affected, e.g. school based response to concern about the promotion of the Neknomination on social networking sites. Also the linking the young people's specialist service, ruok? to the networks attached to sharing of police intelligence. The new launch of the PH Schools Programme was also recognised as an initiative that will further support the improvement of universal health outcomes for young people.

Improvements are in place to develop and implement an early help approach to responding to the needs of children, young people and families. The Youth Collective has been commissioned to provide open access youth activities and links with other activities across the city attached to sports and arts. There are increasing examples where the early help / targeted / specialist services for young people have linked and diverted young people to alternative activities. Plans are in place to build on the communication process. There have been changes and improvements to increase access for young people to low cost bus fares.

There has been increased support for young people and alcohol as Oasis secured additional funding. Ruok? has increased their support and involvement for families of their service users and there is evidence of changes for families involved in social care systems where their children are affected by substance misuse as a result of some focused workforce development work. The feedback from the transition worker is that the systems are working well. It was identified as a gap in provision that existing services are not meeting the changing use of substances and level of need for 18 – 25 years which is being addressed in the current retendering process for a new Recovery Service.

What do we see as working particularly well? (examples of good practice)

The areas that are working well and to be developed from 2014 are as follows:

- Strengthening curriculum delivery of prevention education in schools and youth settings.
- Joint working between services providing specialist and targeted support to young people affected by substance use, with youth providers who deliver alternative activities for young people
- The new PH Schools programme.
- Early help pathway and single point of access
- Ruok and extended parental involvement.
- Specialist SM post in social care

- Transitions from young people services to adult services for substance misuse.
- The new procurement process which is implementing a fair and transparent process to the purchasing of a new recovery service which takes account of our recommendations and impressive service user involvement.

What are the areas of continuing concern?

- Young People Services need to implement their agreed action to join the Community Intelligence Network and further enhance their ability to take away from it integrated information.
- Consideration needs to be given to proactive engagement with the Independent School sector and with Language Schools.
- The challenge to maintain investment in youth work and youth activities within the financial pressures of the future, where many areas have seen disinvestment in youth services.
- Whilst there are well established identification and assessment tools in place, regular monitoring of their use and of associated problems needs to be re-established.
- There needs to be more linkage between service providers, including mental health, and the universities, particularly in respect of the sizeable 17-19 age group, some of whom will be locally based. Transition to adult services will need to be well managed.
- The challenge of intervening with children and young people who are at risk at an early enough stage for them to be willing to engage and for preventative work to be effective. But this must be balanced against a level of scrutiny and robustness that is acceptable to families, carers and communities.

CHALLENGE 4: To what extent does the treatment system meet the treatment and recovery needs of the citizens of Brighton & Hove?

How well has the process gone?

A conclusion of the Independent Commission was that while the recovery agenda was increasingly embedded throughout the structure of services, there was no doubt that those services need to be more flexible and responsive to meet the needs of those who use non-class A drugs and the diverse drug using population in the city. The Commission was supported in this view with information from the Joint Strategic Needs Assessment, Equality Impact Assessments and most importantly, from feedback from service users.

The developments led by the Substance Misuse Programme Board to establish domain groups (the golden thread/ recovery group and the harm reduction and emerging trends groups) had established a structure which afforded every opportunity for service improvements.

The Commission were also satisfied that the opportunity to structure and deliver services differently is being fully exploited by all those participating in the re-tendering process for substance misuse services from 2015 and that service user consultation will continue to fully inform the re-tendering process.

The Commission noted that the current forums for service users and carers were very effective but that ways of providing further support and addressing what was perceived to be an over-reliance on specific individuals needed to be found. There have been significant developments during the life of the Commission which go a long way to meeting this particular concern.

There was a high level of concern expressed throughout the life of the Commission, that those with substance misuse service needs and who had dual diagnosis, were at worst excluded from being able to successfully access mental health services or at best, could not access combined mental health and substance misuse assessments. The Commission found that much progress had been made following its recommendations, in terms of the Sussex Partnership Foundation Trust taking lead responsibility with an agreement that developing mental health services which are accessible to substance misusers will be a key priority for the coming two years. Multi –agency steering groups are established which are recognising the high prevalence in the city of the combinations of mental illness, drug and alcohol use, self-harm, suicide, drug related deaths and homelessness. The aim is therefore to improve data recording and information sharing and to develop clear service and care pathways, building on the service mapping and screening tools which are now in place. The Better Care multi-agency programme is also identified as a route through which more integrated care will in due course, be provided for those who are homeless and particularly vulnerable.

What do we see as working particularly well? (examples of good practice)

An expanded Public Health Schools Programme has facilitated all PSHE leads in schools receiving substance misuse training. From September, the medical and teaching schools will include education and training on substance misuse

Evening clinics are providing new access points, including for those using new psychoactive substances and those who would otherwise not access traditional services. An NPS outreach worker also links those presenting elsewhere, including from Brighton University, A&E and hostels. Cannabis cessation work is delivered. The evening clinics are beginning to see increased numbers of people who are using NPS, party drugs and Performance and Image Enhancing drugs. So far, brief interventions have been delivered to 94 individuals.

A new pain management clinic targets those for whom chronic pain is a barrier to their recovery. There are strong links with sexual health services assisted by a designated LGBT worker in treatment services.

A substance misuse nurse is seconded to the children in need team and Advice Contact and Assessment Service are to review the training needs of social care staff.

Two staff from the Department of Work and Pensions are operating outreach clinics in substance misuse provider premises.

An expanded network of volunteers, buddies and champions is substantially increasing the peer mentors and recovery champions in the city. 25 trained mentors are already placed in city services and more mentors are working towards completing their training. There are 9 well established service user forums in Brighton & Hove and new service user representatives now sit on strategic groups.

An independent recovery community is well established in the City (Cascade Creative Recovery), following on from a successful UK 4th Recovery Walk. Charity status has been achieved and additional funding is awarded from PH England. Premises are secured for an Independent Recovery Café, volunteers recruited and an opening planned in the summer.

A recovery & Re-integration fund is available for service users to make applications for small amounts of funding – assisting with accessing training and employment & other types of recovery based activities

In the area of meeting the needs of those substance misusers who also have mental health needs, the commission are re-assured by the good progress in establishing the foundations for delivering integrated assessments and care pathways; they particularly note the shared care plan pilot and new IT systems, the identification of dual diagnosis champions and of the specialist nurse within mental health teams, the provision of staff training and the additional capacity within mental health accommodation.

What are the areas of continuing concern?

The 'architecture' of the recovery agenda is in place but yet to see the extent of outcomes; systems to ensure feedback is received need to be put in place: 'mystery shopping' will be one way of doing this.

Sustaining and further extending intelligence gathering on changes in national and local patterns of drug use and ensuring that information informs the development of future service delivery is essential

Other areas where further attention is needed, particularly:

- confirming the extent to which new services are welcoming and appropriate for those within the 18-25 age group and transitioning from young people's to adult services
- embedding improved social care and outcomes for families where substance misuse is an issue
- further improving links with housing, including responding to an awaited report on extensive consultation with those in hostels; one finding may be the need for extending further recovery mentors in hostels
- identifying the underlying reasons for the reducing numbers of those successfully completing treatment

The Commission are of the view, that while good progress has been made in relation to establishing an integrated service structure, it is crucial that the current process of retendering the main drug treatment services in the city results in a high quality, accessible, and recovery oriented treatment system, that meets a wide range of needs.