

## Substance Misuse – A Cross-cutting theme.

### Introduction:

The Local Authority and its partners aim to make Sheffield a successful city. There is a shared vision of a well-run, sustainable and well-regarded city where citizens feel included, safe and healthy, with opportunities to achieve their full potential.

The presence of widespread substance misuse not only harms vulnerable individuals and their families but has a wider impact on communities. Demand attracts supply and creates markets that link back to organised crime networks. Drugs markets and alcohol smuggling are not only run by criminals but attract further crime, e.g. theft, burglary and shop-lifting, to fund purchases. Where there is a drugs market or an illicit alcohol outlet in a community it may be associated with other anti-social behaviour and nuisance, e.g. prostitution, begging, litter including needles, syringes, bottles and cans, intoxicated behaviours that mar other people's enjoyment of parks and public spaces and increased traffic in and out of the area. Occasionally turf wars erupt with accompanying violence and, in exceptional circumstances, gun-crime.

The presence of drugs markets generates an atmosphere of fear and impacts upon local business, contributing to degeneration and hindering regeneration of an area. Young people are also more likely to start using if they live in areas where drugs and alcohol are readily available. Involvement with substance misuse can, in turn, impact on physical and mental health; school attendance and educational achievement; ability to obtain or sustain employment; involvement in crime; ability to make and sustain relationships, family dysfunction or breakdown and increased likelihood of children ending up in the Looked After system and adults becoming homeless, etc. Substance misuse also contributes significantly to the number of premature deaths, particularly amongst young men.

In order to achieve success as a city, it is vital that substance misuse is addressed.

### **Impact:**

Substance misuse is, for many individuals, a normal 'phase' in adolescent experimentation, which can, under a variety of circumstances, have harmful consequences.

### **Perceptions of harm:**

TYPE OF USE	CRIME	HEALTH	OTHER SOCIAL	ECONOMIC
<b>Acute</b> effects e.g. Intoxication	<ul style="list-style-type: none"> <li>• Aggression , Violence</li> <li>• Road Accidents</li> <li>• Nuisance/Y outh annoyance</li> <li>• Criminal Damage</li> <li>• Unlawful Sex</li> </ul>	<ul style="list-style-type: none"> <li>• Accidental injury</li> <li>• Overdose and Accidental death</li> <li>• Self harming</li> <li>• Unprotected sex resulting in STDs and/or unwanted pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Physical &amp; Sexual Abuse</li> <li>• Bereavement</li> </ul>	<ul style="list-style-type: none"> <li>• Workplace accidents</li> <li>• Absenteeism</li> <li>• Lost productivity</li> <li>• Insurance claims</li> <li>• NHS acute service and GUM clinic costs</li> <li>• Policing costs</li> <li>• Child-care &amp; Child protection</li> </ul>

<b>Chronic effects of dependence or addiction</b>	<ul style="list-style-type: none"> <li>• Acquisitive Crime</li> <li>• Prostitution</li> <li>• Vagrancy/ begging</li> </ul>	<ul style="list-style-type: none"> <li>• Communicable disease risks</li> <li>• Cirrhosis/Hepatitis</li> <li>• Heart disease</li> <li>• Cancers</li> <li>• Mental Health problems and acute psychiatric episodes</li> <li>• Increased mortality</li> <li>• Infertility, miscarriage and birth defects.</li> </ul>	<ul style="list-style-type: none"> <li>• Debt and Secondary poverty</li> <li>• Family breakdown</li> <li>• Homelessness</li> <li>• Social Exclusion</li> <li>• Under achievement</li> <li>• Fines and imprisonment.</li> </ul>	<b>costs.</b> <ul style="list-style-type: none"> <li>• Loss of economic activity and pressure on the Benefits system.</li> <li>• Cost of crime to victims and the community</li> <li>• Continuing drain on NHS, SSD and Criminal Justice resources.</li> </ul>
---	--	--	--	--

The rationale for intervention is to prevent or delay entry into this 'phase', and to bring individuals safely through with minimal fall-out both to themselves and to society. As the range of harms becomes more complex over time, a range of agencies may become involved. Each agency therefore has a vested interest in addressing drug misuse at all stages.

Recent Government funded research has demonstrated that, whilst the use of illicit substances and the misuse of licit ones is more prevalent in affluent areas the development of longer-term, problematic use leading to more harmful consequences is higher in areas of greatest deprivation. This is partially a product of function and partly due to the financial impact of addiction.

**The vision:**

The national drugs strategy, 'Tackling Drugs to Build a Better Britain', and the 'National Alcohol Harm Reduction Strategy' both envisage an approach that combines firm enforcement with prevention. They promote action against illicit drugs and excessive/harmful alcohol consumption that makes substantial progress over the long term through concentrating on areas of greatest need and risk, and focusing on those drugs and patterns of drinking that cause the greatest damage. Partnership is seen as the key to this approach, with Drug & Alcohol Action Teams being the critical link in the chain.

**Key issues and priorities**

The key aims of the Government's Drugs and Alcohol strategies fit readily into the three LAA blocks:

- Availability & Communities – Safer Stronger Communities
- Children & Young People – Children & Young People
- Treatment & Adult Services – Health and Older People.

Funding reflects this to some degree. However, to split them in this way is to risk losing sight of the bigger picture:

- Enforcement can impact on visibility of substance misusers making it difficult for outreach services to operate effectively.
- Children are a part of the community and prevention work needs to reflect this with a consistent message mirroring that given out by schools.

- Older adults can fall into dependent and addictive patterns of use, following loss and trauma in later life, without ever having had problems in their youth – prevention work is needed with all age groups.
- The young adults of the 'swinging 60's' are tomorrow's pensioners and many continue to use illicit drugs in a controlled manner, which has implications for the care system.
- Immunisation of drug users and early identification of viral and retro-viral infections can prevent significant and costly public health consequences.
- Treatment of offenders is key to reducing drug and alcohol driven crime, much of which is associated with young offenders.
- Treatment of pregnant substance misusers needs to encompass support for their existing children as well as ongoing support when the new baby is born.

The risk factors for youth offending, teenage pregnancy and problematic substance misuse are ostensibly the same and are key factors in continuing the cycle of deprivation as these young people become the next generation of parents. Current restrictions attached to prevention funding do not allow these root causes to be addressed but concentrate on relatively ineffective awareness raising and educational approaches once children have reached school-age. The targeting of vulnerable groups does not begin until age 10 years, by which time many such children are already experimenting with health damaging and intoxicating 'gateway' substances. There is a clear need to address vulnerability from conception and, given that unwanted pregnancies are one of the known by-products of substance induced disinhibition, pre-conception. The ability to combine funds would allow partners to target more resources to addressing risk factors and root causes for a range of problematic behaviours.

Currently the compartmentalisation of strategic elements means that there is a minimum of 15 different funding streams, excluding mainstream sources, being directed, in full or in part, at substance misuse. These allocations are based on a national template of assumed patterns of need that does not necessarily reflect the true picture on the ground in Sheffield. It is often the case that we are struggling for sufficient funding to cover activity under one stream whilst superfluous funding is at risk of being clawed back from other streams because the guidance does not allow it to be used to meet deficiencies in other parts of the strategy. The ability to combine funding streams and allocate according to local patterns of need would be a great advantage, as would greater flexibility to address drug and alcohol problems in tandem. Furthermore, a reduction in multiple reporting through the introduction of a single reporting framework focussing on KPIs and outcomes, rather than detailed process monitoring and external micro-management, would significantly reduce the bureaucratic burden and allow more time to be spent on the actual process of developing service provision.

In addition to attempts to re-integrate vulnerable and hard-to-reach groups into individual neighbourhoods there is a need to ensure adequate city-centre provision. Much of this is currently at risk due to regeneration activity. The ability to combine a variety of funding streams with e.g. Future Builders, Supporting People, LIFT, etc., might enable the acquisition of adequate city-centre facilities to enable a range of provision to meet the needs of these groups under one roof.

The aggregation of training funds would also be advantageous in assisting the creation of integrated training packages incorporating awareness raising, assessment and referral skills around a range of issues, including substance misuse,

which may be identified through the use of the Common Assessment Framework. This could rationalise the use of limited staff release time to maximum effect.

Over the 3 years of the LAA we would like to use the flexibilities as follows:

- March 2005 roll forward any underspend on all budgets into a single pot to kickstart work on LAA approach.
- 2005/06 review existing pattern of delivery against key aims and consider use of flexibilities to re-profile finances to support LAA development aims.
- 2006/07 implement step changes in investment and monitor impact.
- 2007/08 review progress against national and locally agreed outcomes and implement further change as necessary.

**Headlines and Critical Issues:**

<p><b>Preventing Drug Use</b> Stopping People Starting</p>	<p><b>Outcome: Reduction in the proportion of people under the age of 25 reporting use of illegal drugs in the last month and previous year substantially, and of Heroin and Cocaine by 25% by 2005 and 50% by 2008.</b></p>
<p><b>Reduce the availability of Drugs.</b></p>	<ul style="list-style-type: none"> <li>• Stifle supply.</li> <li>• Disrupt markets.</li> <li>• Catch, convict and rehabilitate drugs traffickers &amp; dealers.</li> <li>• Seize assets.</li> </ul>
<p><b>Increase drugs awareness and prevent or delay experimentation.</b></p>	<ul style="list-style-type: none"> <li>• Universal prevention for 5-16 yr olds as part of an integrated package.</li> <li>• Awareness &amp; support for parents &amp; carers.</li> <li>• Involve key adults in drugs and life-skills education.</li> </ul>
<p><b>Reduce vulnerability and increase resistance to drug use.</b></p>	<ul style="list-style-type: none"> <li>• High level prevention e.g. ACPC, Surestart, Emotional literacy, etc.</li> <li>• Targeted prevention to build resistance with vulnerable groups.</li> <li>• Diversionary activity e.g. Positive Futures, PAYP, YIP &amp; YISP.</li> </ul>

<p><b>Preventing Harm</b> Minimising the harm that users cause themselves, their loved ones and their community.</p>	<p><b>Outcome: Reduction in levels of repeat offending amongst drug misusing offenders by 25% by 2005 and 50% by 2008 .</b></p>
<p><b>Reduce harm to active drug users.</b></p>	<ul style="list-style-type: none"> <li>• Outreach and information.</li> <li>• Needle exchange.</li> <li>• Immunisation.</li> <li>• 1<sup>st</sup> Aid &amp; prevention of death.</li> <li>• Medical, legal, financial advice.</li> <li>• Tenancy support.</li> <li>• Employment support.</li> </ul>
<p><b>Reduce harm to family and friends.</b></p>	<ul style="list-style-type: none"> <li>• Protect children of users.</li> <li>• Telephone help-lines.</li> <li>• Support groups.</li> </ul>

	<ul style="list-style-type: none"> <li>• Raise awareness of family support needs and promote assessment and response.</li> </ul>
<b>Minimise the impact on communities.</b>	<ul style="list-style-type: none"> <li>• Disperse drug-related gatherings.</li> <li>• Catch, convict &amp; rehabilitate prolific or persistent drug using offenders.</li> <li>• Address rough sleeping &amp; begging.</li> <li>• Address prostitution.</li> <li>• Remove drug-related litter.</li> <li>• Address drug driving.</li> </ul>

<b>Preventing Escalation of Use</b> Supporting Positive Changes	<b>Outcome: Increase in participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime by 66% by 2005 and by 100% by 2008.</b>
<b>Provide opportunities to access Services.</b>	<ul style="list-style-type: none"> <li>• Develop screening, assessment and sign-posting with generic services.</li> <li>• Implement &amp; develop DIP.</li> <li>• Outreach to vulnerable and hard-to-engage groups.</li> </ul>
<b>Provide accessible, seamless, services of adequate range, capacity &amp; quality.</b>	<ul style="list-style-type: none"> <li>• Implement Sheffield Treatment Pathway, 'Models of care', QuADS, DANOS, User &amp; Carer involvement.</li> <li>• Facilitate co-operative working to address dual diagnosis, poly substance use and multiple vulnerabilities.</li> <li>• Develop adequate capacity to keep waiting times to a week.</li> <li>• Develop local services responsive to the needs of remote/ demographically diverse/ hard-to-engage communities.</li> </ul>
<b>Provide ongoing support and access to opportunities for sustained life-style change.</b>	<ul style="list-style-type: none"> <li>• Develop self help e.g. 'Make it Clean' groups.</li> <li>• Integrate support for lifestyle change throughout treatment.</li> <li>• Provide access to basic skills and ETE opportunities and advocate for access to the full offer of mainstream activities.</li> <li>• Provide mediation and support for rebuilding trusting relationships at home, at work and in the community.</li> </ul>

## Alcohol

There are no national alcohol targets at this time. However, the strategy makes clear those alcohol issues that the Government accepts an element of responsibility for addressing:

- Alcohol-related health disorders and disease
- Alcohol-related crime and anti-social behaviour
- Loss of productivity in the workplace due to alcohol-related absenteeism
- Impact of alcohol on individuals & their families e.g. accidents, suicide and domestic violence.

These issues are primarily attributed to inappropriate patterns of alcohol consumption:

- Binge drinking (The consumption, in a single drinking session, of units of alcohol amounting to at least half of weekly 'safe' limits.)
- Chronic drinking (Sustained consumption which exceeds 'safe' limits on a cumulative basis over the week.)

The key areas of recommended action mirror those in the National Drug Strategy:

- Alcohol Education and communication of the 'sensible drinking' message
- Early identification and treatment of problematic alcohol use
- Measures to control illegal/inappropriate supply of alcohol and alcohol-related crime and disorder.

<p><b>Preventing Alcohol Misuse</b> Stopping People Starting</p>	<p><b>Outcome: Reduction in the proportion of people aged 18-65 drinking above recommended 'safe' levels.</b> <b>Reduction in the proportion of people under the age of 25 reporting regular 'binge' drinking and drunkenness.</b> <b>Reduction in the number of young people under the age of 18 yrs reporting easy access to alcohol.</b></p>
<p><b>Reduce the availability of cheap alcohol and underage sales.</b></p>	<ul style="list-style-type: none"> <li>• Stifle illicit supply.</li> <li>• Promote proof of identity schemes and enforce restrictions on sale to under 18's.</li> <li>• Encourage voluntary control of drinking promotions and hazardous drinking activities e.g. games and competitions.</li> <li>• Close outlets that repeatedly flout regulations.</li> </ul>
<p><b>Increase alcohol awareness.</b></p>	<ul style="list-style-type: none"> <li>• Universal prevention for 5-16 yr olds as part of an integrated package.</li> <li>• Awareness &amp; support for parents &amp; carers.</li> <li>• Involve key adults in alcohol and life-skills education.</li> <li>• Encourage accurate labelling of drinks and promotion of 'safe' drinking.</li> </ul>
<p><b>Reduce vulnerability and increase resistance to alcohol use.</b></p>	<ul style="list-style-type: none"> <li>• High level prevention.</li> <li>• Targeted prevention to build</li> </ul>

	<ul style="list-style-type: none"> <li>resistance with vulnerable groups.</li> <li>• Diversionary activity.</li> </ul>
<b>Preventing Harm</b> Minimising the harm that misusers cause themselves, their loved ones and their community.	<b>Outcome: Reduction in levels of repeat offending amongst alcohol misusing offenders.</b>
<b>Reduce harm to active alcohol misusers.</b>	<ul style="list-style-type: none"> <li>• Outreach and information.</li> <li>• Brief Interventions.</li> <li>• Medical, legal, financial advice.</li> <li>• Tenancy support.</li> <li>• Employment support.</li> </ul>
<b>Reduce harm to family and friends.</b>	<ul style="list-style-type: none"> <li>• Protect children of misusers.</li> <li>• Telephone help-lines.</li> <li>• Support groups.</li> <li>• Raise awareness of family support needs and promote assessment and response.</li> <li>• Support the work of the Domestic Abuse Forum.</li> </ul>
<b>Minimise the impact on communities.</b>	<ul style="list-style-type: none"> <li>• Apply for powers to confiscate drink and disperse anti-social/nuisance alcohol-related gatherings in public places.</li> <li>• Utilise pro-active policing and enforcement to deter alcohol misuse and related offending.</li> <li>• Catch, convict &amp; rehabilitate prolific, persistent or violent alcohol using offenders.</li> <li>• Address rough sleeping &amp; begging.</li> <li>• Remove alcohol-related litter.</li> <li>• Address drink driving.</li> </ul>
<b>Preventing Escalation of Use</b> Supporting Positive Changes	<b>Outcome: Increase in participation of problem alcohol misusers, including prisoners, in treatment programmes which have a positive impact on health and crime.</b>
<b>Provide opportunities to access Services.</b>	<ul style="list-style-type: none"> <li>• Develop screening, assessment and sign-posting with generic services.</li> <li>• Enhance DIP to include alcohol.</li> <li>• Outreach to vulnerable and hard-to-engage groups.</li> </ul>
<b>Provide accessible, seamless, services of adequate range, capacity &amp; quality.</b>	<ul style="list-style-type: none"> <li>• Implement a Sheffield treatment pathway, 'Models of care', QuADS, DANOS, User &amp; Carer involvement.</li> <li>• Facilitate co-operative working to address dual diagnosis, poly substance use and multiple vulnerabilities.</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop adequate capacity to keep waiting times to a minimum.</li> <li>• Develop local services responsive to the needs of remote/ demographically diverse/ hard-to-engage communities.</li> </ul>
<b>Provide ongoing support and access to opportunities for sustained life-style change.</b>	<ul style="list-style-type: none"> <li>• Encourage the development of self help e.g. 'Alcoholics Anonymous' groups.</li> <li>• Integrate support for lifestyle change throughout treatment.</li> <li>• Provide access to basic skills and ETE opportunities and advocate for access to the full offer of mainstream activities.</li> <li>• Provide mediation and support for rebuilding trusting relationships at home, at work and in the community.</li> </ul>

#### **Funding Sources:**

<b>Source</b>	<b>Amount 2005/6</b>	<b>Comment</b>	<b>LAA potential</b>
Safer Communities Fund	Approx £700k was previously dedicated drugs funding.	From April 2004 already merged into a single pot without ring-fencing. Will be part of Safer Stronger Communities Fund	Definitely in
Partnership Development Grant	Approx £80k	Currently pays for Co-ordinator, Part of admin and P/T Communities Development worker.	Definitely in but passported to DAAT for 2005-6
Children's Substance Misuse Grant	Approx £670k	Approx £300k from NTA and £35k from other DoH sources. Also includes YJB funding. It is not known whether these sources will allow LAA use of funds.	0-19's partnership are considering this to be in unless told otherwise by GOYH.
Pooled Treatment Budget	Approx £3720k	It is currently believed that the NTA will allow this to be used in LAA but with strict criteria attached.	Probably in.
Throughcare & Aftercare Grant	Approx £700k	Believed ring-fenced to 2006.	Unlikely
DIP Capacity Funding	Approx £1100k	Believed ring-fenced to 2006.	Unlikely
Drug Testing	Approx £1100k	Believed ring-	Unlikely

Budget (Police)		fenced to 2006.	
Arrest Referral Funding	Approx £		
Health Mainstream Funding	Approx £1500k	Currently NTA discourages disinvestment.	Depends on Health viewpoint and which LAA would be appropriate.
YOT RAP funding	Partial use for intensive support of substance misusers.		Situation unknown
LASCH drugs funding	Approx £12k	Specific to Secure Children's Estate.	Limited need makes it desirable to negotiate wider use of these funds.
Positive Futures	Unknown	Currently with Sheffield Futures but due to be combined into the Children's Substance Misuse Grant from 2005.	Definitely in.
LEA Standards Fund	Approx £120k was previously dedicated drugs funding.	From April 2004 already merged into a single allocation without ring-fencing.	Situation unknown
Healthy Schools Standard	Unknown amount – partial use to support development of drugs prevention.		Situation unknown
Alcohol Misuse Enforcement Campaign	Unknown amount	Believed to be one-off allocation to Police.	Unlikely.
Mainstream Health, Social Services and Probation investment in Alcohol services.	Unknown amount	Investment is minimal and primarily targeted at treatment.	Possibly.
Children's Fund	Approx £100k	Specialist support for alcohol using parents and support for children of substance misusers.	Probably in.
Corporate Housing Support	Approx £60k	Support for children and families with SM issues, in interim accommodation.	Situation Unknown
Supporting People	Unknown amount.	Tenancy support for substance misusers.	Situation Unknown

