



Safe Durham Partnership



County Durham Health
and Wellbeing Board



County Durham Children
and Families Partnership

County Durham Drug Strategy 2014 - 2017

Contents

Foreword	3
1. Executive Summary	3
2. Drug Strategy: Vision and Objectives	5
3. Definitions	6
4. Policy Drivers	7
4.1 National Policy Drivers.....	7
4.2 Local Policy Drivers.....	9
4.3 Linked local strategies.....	10
5. Drug Misuse in County Durham	11
6. Current Provision	21
6.1 Objective One: Preventing Harm.....	21
6.2 Objective Two: Restricting Supply.....	26
6.3 Objective Three: Building Recovery.....	28
7. Summary of Action Plan 2014-2015	36
7.1 Preventing Harm.....	36
7.2 Restricting Supply.....	37
7.3 Building Recovery.....	37
8. Strategic Framework and Accountability	39
8.1 County Durham Drug Strategy Group Structure.....	40
8.2 Delivery of the Strategy and framework.....	40
Appendices	42
Appendix 1: Glossary of terms/abbreviations.....	42
Appendix 2: Examples of NICE Guidance.....	45
Appendix 3: Organisations involved in the development of the County Durham Drug Strategy.....	46
Appendix 4: Bibliography.....	47

Foreword

Welcome to the County Durham Drugs Strategy

I am delighted to provide the introduction on behalf of a range of partners to the first County Durham Drug Strategy.

Our vision is for all agencies and partners to work together to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life. This needs to be achieved whilst minimising the impact on our communities and families within County Durham. Whilst it is crucial to treat drug misuse, we also need to reduce the number of people taking drugs in the first place, and do this whilst tackling the drugs trade. In line with the Government's *Drug Strategy (2010) Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life* our strategy sets out a clear and ambitious vision with recovery at its heart.

The purpose of our strategy is to provide a framework that support and enables the active contribution of all partner agencies. Partners in County Durham are committed to working at a local level to tackle drug misuse across the county and to support the delivery of the national strategy in our communities.

The Drug Strategy for County Durham was developed by the drug strategy Development Group comprising key partners, service users and carers. It is based on the comprehensive identification of needs and identifying evidence based practice to ensure the needs of individuals, families and communities are safeguarded.

We are committed to working together to make a real difference to our communities in County Durham. Drug misuse is a serious issue not only to the health and wellbeing of the individual that is affected but that of their families and the wider community. Tackling drug misuse requires a coordinated approach across a whole range of services including Education, Health, Social Care, Youth Offending, Probation and the Police. Individuals and the wider community also have a role to play in reducing and preventing drug misuse.

The strategy aims to build a healthier, more productive and resilient society which supports recovery from dependency; promotes health and wellbeing and challenges health inequalities.

We hope that together we can make a difference to the lives of our communities across County Durham. Comments and feedback on the strategy are very welcome and will support the monitoring of the action plan.



Anna Lynch
Director of Public Health, County Durham



1. Executive Summary

Vision: County Durham is committed to preventing harm, restricting supply and sustaining a future for individuals to live a drug free and healthy life, whilst minimising the impact on communities and families.

	Objectives	Examples of Key Actions for 2014/15
Preventing Harm	Increase awareness and understanding of drugs in order to reduce drug misuse across the population	<ul style="list-style-type: none"> • Develop a social marketing plan to raise awareness about the harms of drugs • Work with schools and families to promote awareness of the risks associated with drug misuse • Gain a better understanding of the needs around New Psychoactive Substances (NPS). • Support schools and colleges in the delivery of drug education and ensure the development and implementation of drug policies
	Have fewer people taking up drug use and break the inter-generational path to drug misuse and dependency	<ul style="list-style-type: none"> • Ensure the delivery of Prevention Champions Training to drug and alcohol staff • Involve and support young people, families and carers (including young carers) living with drug related issues in order to break the cycle of drug misuse. • Strengthen the pathway between Children and Family Services and specialist drug and alcohol services to ensure vulnerable families and children are supported with their substance misuse and related problems.
Restricting Supply	Reduce the supply of drugs and number of drug related incidents impacting upon families and communities	<ul style="list-style-type: none"> • Improve the quality of data collection to understand the full impact of drugs on health, crime, offending and re-offending • Increase public reassurance and reduce the fear of drug related crime. • Create a forum to debate the decriminalisation of drug users' to ensure a shared County Durham response. • Tackle the supply chain within HMP System by ensuring the supply and demand strategy is fully implemented
Building Recovery in our communities	Ensure recovery is understood and visible in the community	<ul style="list-style-type: none"> • Further develop a recovery community in County Durham, including HMPS which celebrates and promotes recovery. • Develop a communications plan for promoting the Community Drug Service (CDS) and recovery community in County Durham • Further develop the work on recovery including recruiting, training and supporting Ambassadors and peer mentors
	Support people to successfully recover from their dependency, addressing both their health and social needs arising from their drug misuse	<ul style="list-style-type: none"> • Undertake a review of community based drug and alcohol specialist treatment service • Ensure services are attractive and accessible to underrepresented groups, e.g. pregnant women and veterans • Commission and deliver effective treatment and recovery services in both community and criminal justice settings in line with national guidance. • Explore joint commissioning opportunities between drug, alcohol and mental health services.
	Involve and support families and carers living with drug related issues	<ul style="list-style-type: none"> • Commission family support services and ensure the needs of carers are met. • Improve access to family support for offenders.

2. Drug Strategy: Vision and Objectives

The Vision:

County Durham is committed to preventing harm, restricting supply and sustaining a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families.

Objectives:

Preventing Harm

1. Increase awareness and understanding of drugs in order to reduce drug misuse across the population.
2. Have fewer people taking up drug use and to break the inter-generational path to drug misuse and dependency.

Restricting Supply

3. Reduce the supply of drugs and number of drug related incidents impacting upon families and communities.

Building Recovery in Communities

4. Ensure recovery is understood and visible in the community.
5. Support people to successfully recover from their dependency, addressing both their health and social needs arising from their drug misuse.
6. Involve and support families and carers living with drug related issues.

3. Definitions

Drugs: Within this strategy the term 'drugs' is taken to mean those substances that are controlled under the Misuse of Drugs Act 1971, and medicines regulated under the Medicines Act 1968. This strategy does not include reference to alcohol or tobacco, although it is acknowledged that there should be a greater alignment of approaches to address all drug misuse. This strategy will also allow for the inclusion of the misuse of a wide range of products such as gases, glues and aerosols (also known as Volatile Substance Abuse, or VSA).

In addition to this there is emerging evidence that people are taking new psychoactive substances instead of or as well as other drugs and that this is increasing. New psychoactive substances (NSPs) are drugs which are not currently controlled under the UK's Misuse of Drugs Act 1971, but which mimic the effects of illegal drugs. Most of these substances have never been tested for use by humans and the immediate risks they pose or the long term damage they are doing, are often not immediately apparent. It is due to this changing profile of drug use across the UK and County Durham that this strategy will include these new psychoactive substances within the term 'drug'.

In the UK, there are no clear recommendations for daily caffeine limits, either for children or adults. The British Soft Drinks Association recommends labelling energy drinks as not suitable for children or pregnant women. However, these drinks are widely available and accessible to children and young people. There have been concerns about the amount of caffeine consumed by young children particularly in soft drinks and chocolate. Although much of the evidence around high caffeine drinks and young people is anecdotal, through consultation with our stakeholders this concern was raised and will therefore be included in the strategy to be further explored.

Recovery: The term 'recovery' in the context of this document has been defined by County Durham Ambassadors. Ambassadors are ex drug treatment service users, are currently drug and crime free and have undergone training as volunteers.

Ambassadors advocate, offer guidance and provide support for service users currently still in treatment. They listed some key principles and thoughts around what 'recovery' means to them:-

- Design for a new way of life
- Sense of well-being
- Different for everyone but abstinence is preferred
- Freedom and peace of mind
- Hope
- A journey
- Giving something back to the community

4. Policy Drivers

4.1 National Policy Drivers

The *Misuse of Drugs Act 1971* categorises drugs (or ‘controlled substances’) according to their perceived harmfulness and makes their ‘production, supply and possession’ illegal except in clearly defined circumstances, as set out in the *Misuse of Drugs Regulations 2001*. This is the primary legislation for the United Kingdom and came fully into effect in 1973.

Whilst much of this Act consolidated earlier legislation, it introduced some important changes, which included the setting up of the Advisory Council on the Misuse of Drugs (ACMD), the concept of irresponsible prescribing and it also introduced the term “controlled drugs”. Historically, there has been very little movement of drugs between the three classes since the Misuse of Drugs Act was introduced in 1971 and this has led to prolonged disagreements over whether certain drugs have been classified correctly according to their relative harms.

Establishing a class system necessarily means there will be a class of drugs deemed more harmful than the lower class of drugs. The drugs in the lower class(es) still present significant risk. It is important that within this strategy it is clearly understood that every drug within the classification system presents significant harms and that misusing or illegally supplying those drugs is a serious matter.

The government’s ***Drug Strategy (2010) Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*** was published in 2010 and focusses on 3 themes:

Reducing Demand – creating an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so;

Restricting Supply – making the UK an unattractive destination for drug traffickers by attacking their profits and driving up their risks; and

Building Recovery in Communities – build on the investment that has been made into treatment to ensure more people are tackling their dependency and recovering fully.

The strategy signifies a fundamentally different approach to preventing drug use, putting more responsibility on individuals to seek help and calling on those involved in tackling the issue to look at wider issues such as employment, offending and housing. As well as addressing the traditional drug use, it also warned about dependency on prescription drugs and New Psychoactive Substances. This reflects the changing nature of drug use over the last few years.

In September 2012, the Department for Education (DfE), jointly with the Association of Chief Police Officers (ACPO), published its non-statutory ***Drug Advice for Schools (2012)*** to address the twin approach of delivering quality drug education and having a clear disciplinary approach to drug related problems within schools.

The Health and Social Care Act (2012)

This Act strengthens Health and Wellbeing Boards to provide democratic legitimacy by bringing together locally elected and accountable councillors, Directors of Adult Social Services, Children's Services, Public Health, Clinical Commissioning Groups (CCGs) to work together to improve the health and wellbeing of their local population and reduce health inequalities. The Act also gave responsibility for the commissioning of specialist community based drug and alcohol services to local authorities.

Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders. Governments Response (2011)

The government identified a key priority to get offenders off drugs and alcohol for good; address offenders' mental health problems; get offenders into work; and reduce barriers to resettlement. There has been a move to a system focused on recovery which does not maintain heroin users on prescription alternatives such as methadone, unless absolutely necessary. Drug Recovery Wings are being piloted – focused on providing short-sentenced, drug-dependent prisoners with continuity of treatment between prison and the community.

The Police Reform and Social Responsibility Act (2011)

The Police Reform and Social Responsibility Act replaced the Police Authority with a Police and Crime Commissioner (PCC). The PCC will play a full role in tackling drug and alcohol problems.

Transforming Rehabilitation: A Strategy for Reform (2013)

This strategy sets out how the Government will transform the way they rehabilitate offenders, to make progress in driving down reoffending rates. Overall reoffending rates have barely changed over the last decade and the same faces come back through the system – almost half of all offenders released from custody in 2010 reoffended within a year. The reasons why offenders turn to crime vary widely. Unemployment and substance misuse rates are also high amongst offenders. *Transforming Rehabilitation* has these principles at its centre:

- offenders need to be supported 'through the prison gate', providing consistency between custody and community;
- those released from short-sentences, who currently do not get support, need rehabilitation if their prolific reoffending is to be brought under control;
- public protection is paramount, and the public sector must take the key role in keeping people safe;
- the voluntary sector has an important contribution to make in mentoring and turning offenders' lives around;
- local partnerships are key and bring together the full range of support, be it in housing, employment advice, drug treatment or mental health services.

Social Justice: Transforming Lives (2012)

This strategy sets out an ambitious new vision for supporting the most disadvantaged individuals and families in the UK. That vision is based on two fundamental principles.

First, prevention throughout a person's life, with carefully designed interventions to stop people falling off track and into difficult circumstances. This starts with support for the family – but also covers reform of the school and youth justice systems, the welfare system, and beyond to look at how we can prevent damaging behaviours like substance abuse and offending.

Second, the strategy sets out a vision for a 'second chance society'. Anybody who needs a second chance in society should be able to access the support and tools they need to transform their lives.

Serious and Organised Crime Strategy (2013)

This is a new strategy to deal with the challenges that are faced from serious and organised crime. Organised crime includes drug trafficking. The aim of this strategy is to substantially reduce the level of serious and organised crime affecting the UK and its interests. The strategy uses the framework that has been developed for counter-terrorist work and has four components: prosecuting and disrupting people engaged in serious and organised crime (Pursue); preventing people from engaging in this activity (Prevent); increasing protection against serious and organised crime (Protect); and reducing the impact of this criminality where it takes place (Prepare).

Guidance for local authorities on taking action against 'head shops' selling new psychoactive substances (NPS) (2013)

New psychoactive substances, also known as 'legal highs', are an emerging threat, both in the UK and worldwide. This guidance focuses on the criminal or civil offences that head shops may be committing, it also highlights the importance of minimising the harms caused by these outlets and requires wider engagement with local partners. It advises of the need to engage with all the relevant partners to identify the issues of most concern, agree the most appropriate tools to tackle the unique local situation and construct a coordinated response.

4.2 Local Policy Drivers

This strategy will support the vision and engage with the challenges outlined in the County Durham Joint Health and Wellbeing Strategy and the Safe Durham Partnership Plan.

County Durham Joint Health and Wellbeing Strategy 2014-2017

The Health and Social Care Act places clear duties on local authorities and Clinical Commissioning Groups to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy which will influence commissioning strategies for health and social care, to be discharged through the Health and Wellbeing Board. The County Durham Joint Health and Wellbeing Strategy is a document that aims to inform and influence decisions about health and social care services in County Durham so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

The County Durham Joint Health and Wellbeing Strategy strategic objective 2 aims to reduce health inequalities and early deaths through:

- Implementation of the Drugs Strategy to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families.

Safe Durham Partnership Plan 2014-2017

The Safe Durham Partnership is made up of 'responsible authorities' (police, council, clinical commissioning groups, fire service and probation service). The Partnership has a statutory duty to carry out an annual strategic assessment to identify its priorities. It also has a duty to develop and implement a Partnership Plan that describes how partners will work together to deliver those priorities in a way that reduces crime and disorder and combats substance misuse in County Durham. The new Safe Durham Partnership Plan will align with the Police and Crime Commissioner's Policing Plan and the Health & Wellbeing Strategy which both end in March 2017.

4.3 Linked local strategies

- County Durham Sustainable Community Strategy 2010-2030
- Council Plan 2014-2017
- County Durham Alcohol Harm Reduction Strategy 2012-2015
- County Durham Domestic Abuse Strategy 2012-2015
- County Durham and Darlington Dual Diagnosis Strategy 2014-2017
- County Durham Children, Young People and Families Plan 2012-2016
- County Durham & Darlington Sexual Violence Strategy 2011-2014
- Safe Durham Partnership Reducing Re-offending Strategy 2014-2017
- County Durham Homelessness Strategy 2013-2018
- County Durham Think Family Strategy 2012-15
- County Durham Public Mental Health Strategy 2014-2017
- County Durham Protocol for Working Together in the delivery of services to adults and children 2010
- Durham Local Safeguarding Children Board Neglect Strategy 2010
- Police and Crime Commissioners Plan 2013-2017
- North East Prisons Substance Misuse Strategy Document 2013- 2016

5. Drug Misuse in County Durham

5.1 Adult Substance Misuse Treatment Services

It is estimated that County Durham has 2,186 opiate and 526 crack using residents. The data also suggests that 62% (1,358) of the opiate users are injecting (Hay, G. et al, 2011). There is no prevalence data available for the use of non-opiate substances such as amphetamine and cocaine or for young person substance misuse. However, data collected locally gives us an idea of specific drug trends and problems as they occur.

Between 1st April 2012 and 31st March 2013, County Durham Community Drug Service (CDS) received 1,389 referrals from a variety of referral sources (see Table 1) for structured treatment relating to the use of opiate and non-opiate substances. This equated to 1,142 individuals, 227(19%) female, 915 (81%) male.

Table 1 – Source of referrals to County Durham Community Drug Service 2012/13

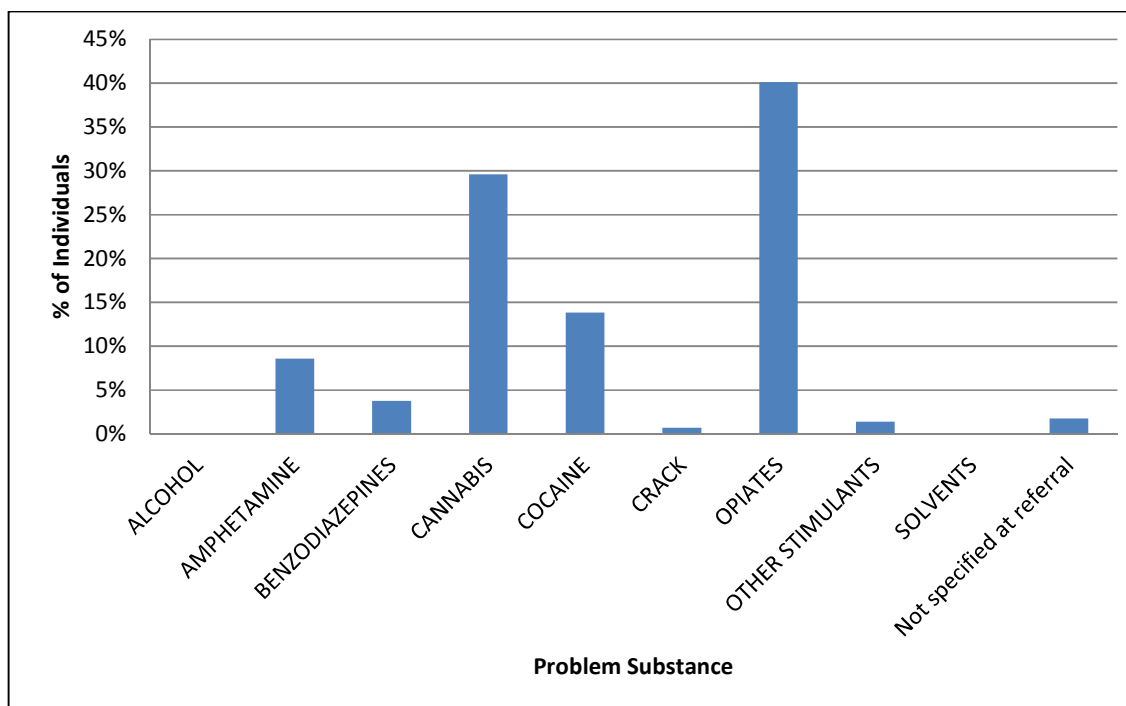
Referral Source	Number Referred	Number assessed	Engagement Rate
Hospital/A&E	24	7	37%
*Criminal Justice	433	188	56%
Alcohol Service	21	14	82%
Friend/Family/other	45	34	87%
**Drug Service	195	102	91%
GP	158	80	57%
Housing Provider	0	0	0%
Employment Service	7	3	60%
Mental Health Provider	21	12	67%
Self	457	308	81%
Social Services/ Children and Family services	18	10	67%
Other	75	46	81%

Data Source - POPPIE Referral report March 12 to April 13

*DIP referrals are included within the Criminal Justice category.

** Other drug services

Graph 1 - Individuals referred to CDS by Substance - 2012/13



Data Source - POPPIE Referral report March 12 to April 13

Graph 1, shows the primary substance for each individual referred during the reporting period (April 2012-March 2013).

The age breakdown of the referrals shows that most individuals are aged between 18 – 34 years at the time of referral with a few outliers in the 65+ age group.

828 (70%) individuals referred to CDS in 2012/13 attended an assessment appointment.

688 (83%) of the individuals assessed between 1st April 2012 and 31st March 2013, received a structured intervention from the Community Drug Service.

1,902 individuals in total received a structured treatment intervention during 2012/13; 1,472 (77.4%) opiate clients and 430 (22.6%) non opiate clients. 261 individuals successfully completed treatment giving a 13.7% successful completion rate; 7.4% for opiates and 35.4% for non-opiates. Nationally the successful completion rate was 14.5%; 8.1% opiates and 40.1% non-opiates. County Durham is performing below the national average for successful completions.

5.2 Drug Related Deaths

Between 1st April 2012 and 31st March 2013 there were 13 deaths within County Durham highlighted as possible drug related deaths. The age of these individuals ranged from 18 to 48 years and 92% were male.

5.3 Dual Diagnosis

During 2012/13, the Community Drug Service received 21 referrals from mental health services for clients assessed as having a substance misuse problem. This equates to 1.4% of all referrals received by the service in 2012/13.

It is not possible to identify how people involved with mental health services have been assessed for substance misuse. However, a report produced to inform the County Durham Dual Diagnosis strategy suggests that 9% (166) of those accessing substance misuse treatment within 2012/13 reported dual diagnosis and that many of these were not referred via their CPN (Community Psychiatric Nurse) or mental health professional.

5.4 Substance Misuse reported in Primary Care (GPs)

Data based on information collected by GP's has been provided for 50% of surgeries within County Durham. The other half did not give consent to share within the time scale for the development of the strategy.

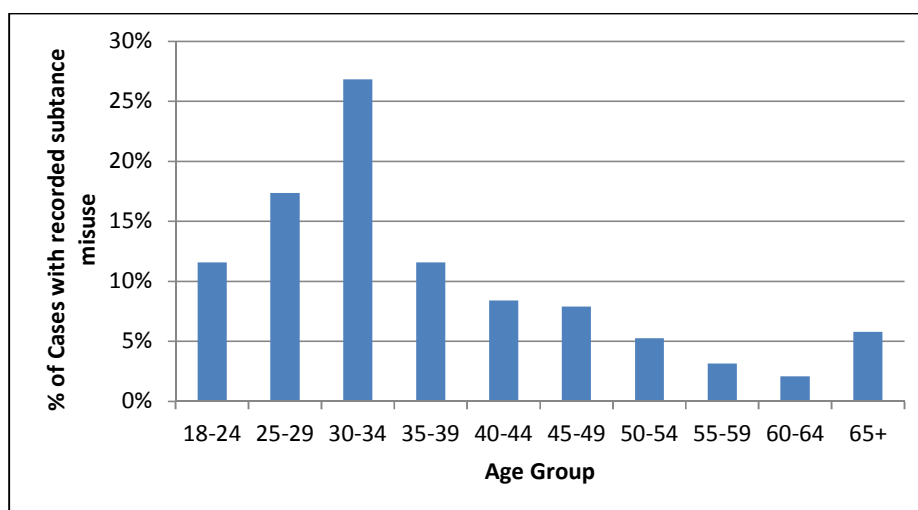
The data available identifies that GP's recorded 190 incidents of substance misuse issues against registered clients. During the same reporting period, 11% (158) of referrals made to CDS were received from GP's, which could suggest that 32 of the cases of recorded substance misuse did not lead to an onward referral to the CDS. The demographics of those identified through the GP data is as follows:

Table 2 - Gender breakdown of Substance misuse cases in Primary care

	% of cases
Male	71%
Female	29%

Data Source – Primary Care data (March 12 to April 13)

Graph 2 - Recorded Substance Misuse in GP data by age –March 2012-April 2013



Data Source – Primary Care data (March 12 to April 13)

The most prevalent age group identified above is between the ages of 30 – 34years.

5.5 Substance Misuse reported in emergency ambulance call outs

Northeast Ambulance Service (NEAS) recorded 72 call outs where drugs use/abuse have been the main factor. In 37 (51%) of these cases, Naloxone was required to be administered to counteract an opiate overdose.

The ambulance service does not refer directly to CDS but the majority of individuals given Naloxone would be taken to A&E. CDS received 24 referrals from A&E and Hospital wards between April 2012 and March 2013.

5.6 Substance Misuse related Hospital Admissions

There were 521 drug related hospital admissions within County Durham during 2012/13. 386 (74%) of the hospital admissions were emergency admissions, 98 (19%) elective admissions, 7% of admissions were classified as “other”.

Table 3 - Drug related hospital admissions by area of residence.

	Number of Drug related hospital admissions	%
Durham and Chester-le-Street	100	19.2%
Derwentside	104	20%
Durham Dales	91	17.4%
Easington	125	24%
Sedgefield	85	16.3%
Unknown	16	3.1%

Data Source – Hospital Episode data – CDDFT (March 12 to April 13)

5.7 Housing

It was reported that 291 individuals presented to Housing Solutions within County Durham between April 2012 - March 2013 who were identified as having substance misuse issues. Housing Solutions provide housing for those considered in priority need and also homelessness support and advice.

5.8 Employment

The referral data taken from the CDS patient records for 2012/13 suggest that 7 referrals were received from employment agencies, 5 from Job Centre Plus. Job Centre Plus have recorded that they made 2 referrals to Drug services during 2012/13 which highlights some data discrepancies.

5.9 Carers

In 2012/13, 93 individuals who cared for people with substance misuse problems were referred to Liberty from Addiction (Liberty from Addiction work with and support carers and families of drug and alcohol misusers). The referrals were made from a range of sources, including GP surgeries, Community Health Teams and self-referrals. All of these referrals were effectively engaged by Liberty from Addiction and received a care plan. 43% of referrals were relating to alcohol misuse, 57% drug use. The drug types recorded were:

- Cannabis
- Cocaine
- Benzodiazepines
- Illicit use of Methadone and Subutex
- Crack
- LSD

5.10 Safeguarding Children

In 2012/13, it was reported that 23% of the children who became subject of an initial child protection plan, became so as a result of parental drug use. 20% of children who became the subject of a review were attributed to parental substance misuse.

5.11 Stronger Families

Families with a substance misuse issue are identified through the nomination process which is based on informed consent to share information and engage with the multi-agency support offered. This is not separated between drug or alcohol issues, but is identified collectively.

During 2012/13 (year 1 of the programme), 2.8% of families (10 out of 357) were identified as having a substance misuse issue.

As of 10 December 2013 (2013/14), 19.4% (173 out of 893 families) were identified as having a substance misuse issue. This change is likely to be as a result of significant increases in the use of the family nomination process by partner agencies, as the programme has developed throughout 2012/13.

Please note that as the identification of families with a substance misuse issue relies upon the family divulging this to the lead professional or another professional before they are nominated, it is likely that the substance misuse needs of the ‘troubled families’ cohort is somewhat under-reported.

5.12 Crime and Disorder

Durham Constabulary has carried out a public consultation exercise across the force area. A total of 942 members of the public completed a Priority Questionnaire. The Constabulary gathered 2,102 comments as to what they think the police should be tackling within their local area. Listed below are the findings:

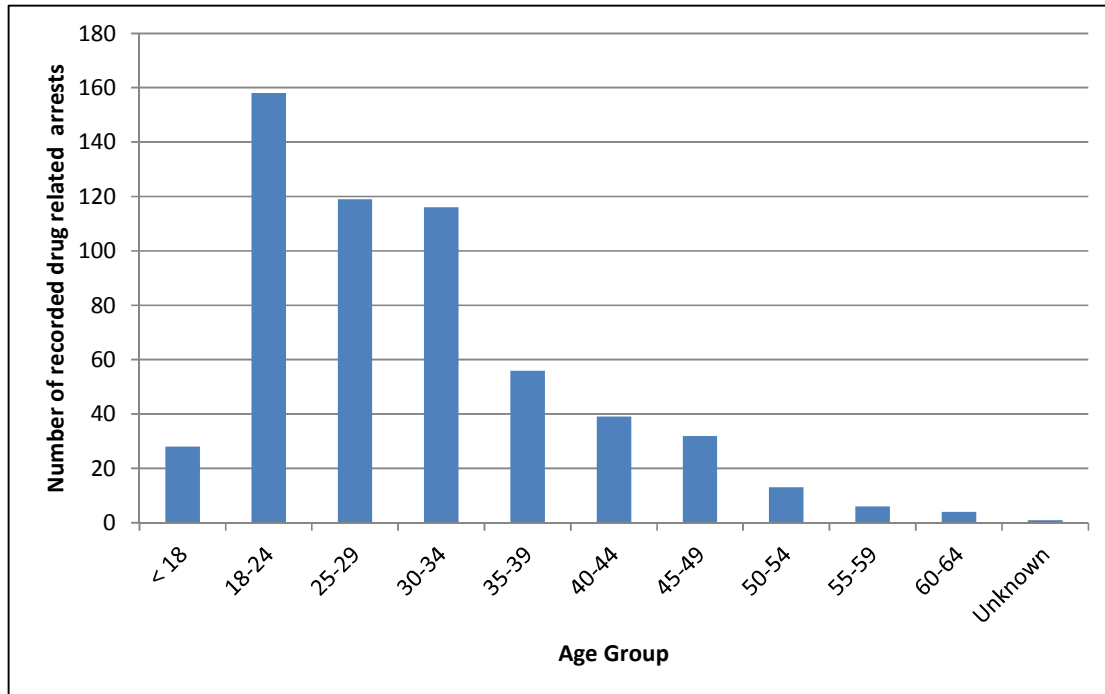
Table 3 - Top 3 issues the respondents rated highest within the priority questionnaire.

Issues to be tackled by police	Count	Percentage
Anti-Social Behaviour (ASB)	395	19%
Youths (Including Underage Drinking)	237	11%
Drugs (dealers and users)	212	10%

Durham Constabulary Data – Perception Survey results (March 12 to April 13)

In County Durham, between 1st April 2012 - 31st March 2013 Durham Constabulary recorded 2,050 drug related incidents. This equates to 1.4% of all incidents recorded within that time period.

Graph 3 - Drug Related arrests by age – April 2012 – March 2013



Durham Constabulary Data – drug related arrest (March 12 to April 13)

Graph 3 shows the age breakdown for drug related arrests in 2012/13. The average age of individuals arrested for drug related offences was between 18 to 34 years old. The majority were male (86.4%).

232 (40.6%) of the drug related offences recorded resulted in the individual receiving a simple caution. 136 (24%) were charged and bailed to court, 37 (6.5%) charged and detained for court. 94 (16.4%) individuals were released with no further action.

8 occurrences for “drug driving” were recorded in addition to 1,249 drug seizures by police officers. The primary substances recorded within the drug seizure data were identified as cannabis, amphetamines and cocaine.

5.13 Drug Intervention Programme (DIP)

During 2012/13, the Drug Intervention Programme (DIP) team in County Durham approached 5,208 people from within police custody or courts and referred 240 to the CDS. The DIP provides interventions for drug misusing offenders throughout their criminal justice journey.

79% of individuals approached by the DIP team refused to engage with services available. 80% of those approached within Police custody declined and 73% of those seen through the courts declined.

Within 2012/13, 251 referrals to CDS were recorded as coming via DIP and Arrest Referral routes. This suggests that the links between DIP and structured treatment services are strong. It also suggests that County Durham CDS received 96% of DIP referrals from the County Durham team. The other 4% may have been referred to County Durham CDS from DIP teams from other areas.

5.14 Substance Misuse in Prisons

Adult Prisons

Table 4 – New Receptions into Prison commencing Drug treatment 2012 - 13

	Number commencing Drug Treatment	% of new receptions
HMPYOI Deerbolt	122	14%
HMP Durham	1122	26%
HMP-YOI Low Newton	476	58%
HMP Frankland	20	6%

NDTMS (National Drug Treatment Monitoring System) Quarter 4 Establishment report (March 12 to April 13)

During 2012/13 1,112 individuals who were actively engaged in structured drug treatment within the prison estate were released. 547 (49%) of these individuals were referred to the Criminal Justice Intervention Team and/or a community treatment provider to continue their drug treatment in the community.

Of the 547 that were referred, 454 (83%) commenced structured treatment with a Community Drug Service somewhere within England and Wales; CDS received 244 referrals via a Prison/CARAT (Counselling, Assessment, Referral, Advice, Through-care) or Drug Intervention Programme during 2012/13.

The most prevalent problematic substances reported within each prison treatment population for 2012/13 is shown in Table 5. The information is based upon the number of individuals in treatment within 2012/13, reporting each substance as their main problematic substance.

Table 5 – Most prevalent problematic substances reported by clients in treatment within prison 2012 - 2013

	1 st	2 nd	3 rd
HMPYOI Deerbolt	Cannabis	Alcohol	Amphetamines
HMP Durham	Heroin	Alcohol	Benzodiazepine
HMP-YOI Low Newton	Heroin	Alcohol	Benzodiazepine
HMP Frankland	Alcohol	Cannabis	Heroin

NDTMS Quarter 4 Establishment report (March 12 to April 13)

5.15 Young People Substance Misuse Treatment 2012-13

4Real is a substance misuse service designed specifically for people under the age of 18. The service is commissioned by Durham County Council.

During 2012/13, 151 referrals were made to 4Real for an intervention relating to their primary substance misuse. This equated to 57% of all referrals received by the service during 2012/13, compared with 43% for primary problematic alcohol use.

In total, 232 young people received a structured intervention from 4Real within the reporting period. Some of these individuals were referred and commenced treatment between April 2012 – March 2013, some commenced treatment prior April 2012. 133 (57%) of the young people in structured treatment between April 2012 and March 2013 successfully completed their treatment intervention and were discharged from 4Real.

Nationally 49.5% of young people receiving a structured intervention successfully completed their treatment. 4Real is performing above the national average in relation to successful completions.

5.16 Youth Offending Service

All young people pre and post court are assessed by County Durham Youth Offending Service (CDYOS). During this assessment the Case Manager determines the extent to which the young person's substance misuse, if any, is associated with the likelihood of further offending. The rating is on a scale from 0 to 4, with 0 being 'not associated at all' and 4 being 'very strongly associated' i.e. clearly and directly related to any offending.

Following this assessment, all young people, under the age of 14 who score 1-4, and all young people aged 14 and over who score 2-4, are subsequently screened using the

4Real Screening Tool, to determine the level of intervention required. If specialist treatment within the community (tier 3 intervention) or within a hospital setting (tier 4 intervention) is required, a referral is made to 4Real for specialist substance misuse intervention. If a brief advice, information and guidance (tier 1 or 2 intervention) is required in relation to their substance use, CDYOS will deliver this.

During 2012/13 65 young people (57 male and 8 female) were referred to 4Real by CDYOS for tier 3 and 4 interventions. The main substance used by 36 of these young people was cannabis. 25 of the young people used alcohol as their main substance and other drugs were used by the remaining 4 young people referred. 345 young people received a tier 1 or 2 intervention from CDYOS.

5.17 Children and Young Person's Secure Settings

Between January and December 2012, there were 189 new presentations in Hassockfield Secure Training Centre (STC). 144 (84%) required a structured intervention in relation to their substance misuse. The main problematic substances reported within the treatment population for this period was Alcohol, Cannabis and Nicotine. Heroin and other opiates were not high on the list of substances used by the Young People within this secure centre (9% of those in treatment reported heroin use).

Between April 2012 - March 2013, there were 72 new presentations to Aycliffe Secure Centre. 71 (92%) required a structured intervention in relation to their substance misuse. The main problematic substances reported within the treatment population for this period was Alcohol and Cannabis. 8% of the treatment population reported using Heroin.

5.18 Education - Drug and Alcohol Related Exclusions

It was reported, that between 3rd September 2012 and 30th July 2013 there were 2,657 exclusions from school issued in County Durham. 73 (2.7%) were attributed to drug and alcohol use.

Summary of Key Points

- County Durham has an estimated 2,186 Opiate and 526 Crack using residents, 62% of the opiate users are injecting.
- During 2012/13 there 1,389 referrals into the County Durham Drug Service(CDS) 457 were self-referrals into the (CDS)
- The most prevalent age group of referrals received by the CDS is 18-34 years
- County Durham is below the national average for those successfully completing treatment.
- During 2012/13 there were 521 drug related hospital admissions; 74% were emergency admissions.
- During 2012/13 23% of children, who became subject of an initial child protection plan, became so as a result of parental drug use.
- 10% of comments gathered by Durham Constabulary with members of the public prioritised drugs to be tackled in their local area.
- During 2012/13, Durham Constabulary recorded 2,030 drug related incidents and 1,249 drug seizures
- During 2012/13, 1,740 people who entered into the prison estate in County Durham commenced drug treatment.
- During 2012/13, 57% of young people successfully completed their treatment and the 4Real service is performing above the national average in relation to successful completions

6. Current Provision

This section outlines the current provision in County Durham. Due to the complex nature of drug use there are correlations between the three key objectives: preventing harm; restricting supply; and building recovery.

Commissioning Drug and Alcohol services locally

The responsibility for the commissioning of community based adult and young people's drug and alcohol services, including family support transferred to Local Authorities on 1st April 2013 as part of their new public health responsibilities. The Health and Justice (North East and Cumbria) Commissioning Team working as part of NHS England took over responsibility for all substance misuse services within the North East Prison Estate, including young people's secure estate. The Police and Crime Commissioner is also key to tackling drug problems at a force wide area.

6.1 Objective One: Preventing Harm

- *Increase awareness and understanding of drugs in order to reduce drug misuse across the population*
- *Have fewer people taking up drug use and to break the inter-generational path to drug misuse and dependency*

What are we doing in County Durham?

6.1.1 County Durham Youth Offending Service (CDYOS)

CDYOS is a statutory multi-agency partnership in Children and Adults Services, Durham County Council.

CDYOS works with young people aged 10-17 across the whole youth justice spectrum. This encompasses a whole range of work including anti-social behaviour referrals; provision of bail/pre-sentence services; pre court/out of court work; post court (ensuring the orders of the court are delivered); alternatives to custody (e.g. intensive supervision and surveillance); and working with young people in custody (both sentenced and remanded) and on release from custody. The service also works with the families of young people who offend to help them to support/address their son/daughter's behaviour. Restorative practice is a core element of all CDYOS work and the service has a statutory duty to work with and support victims of youth crime.

All young people are screened for substance misuse (alcohol and substances) using the national assessment tools. All case managers in CDYOS use the additional screening tool provided by 4Real if young people require triage.

The Service has implemented a range of specialist Offending Behaviour Programmes, including, substance misuse/alcohol.

6.1.2 4Real

4Real is the County Durham young person's drug and alcohol service. The overall aim of the service is to reduce the harm caused by drugs and alcohol to young people under

18, and to support their parents and carers. Helping young people achieve their potential and have better lives. There are two elements to 4Real, prevention (see below) and treatment (see page 29).

Prevention: Education workers provide specialist and bespoke input into schools, colleges and youth settings across the county offering age/key stage appropriate work with pupils in a variety of formats informed by the PHSEE (Personal, Social, Health and Economic Education) guidelines. The trainers offer a range of accredited and non-accredited courses to promote 4Real, the Community Alcohol Service and Community Drugs Service.

6.1.3 Community for Recovery

Funded by the Department of Health, Community for Recovery (www.communityforrecovery.org) is a new virtual support service for people misusing volatile substances (gases, aerosols, glues and other solvents), and for their families and friends. A web-hub at www.communityforrecovery.org offers information about volatile substance abuse, and the option to email or instant-message questions. The service also provides online counselling for those aged 18 and over who cannot currently access local substance misuse service support.

They also make referrals into local substance misuse support services.

6.1.4 FRANK

FRANK is the national drugs information and advice service provided by the Department of Health, the Home Office and the Department for Education. FRANK provides a universally accessible service for anyone wanting help, information or advice about any aspect of drugs. It is available 24 hours a day, 365 days a year. The service is free, confidential and operated by fully trained advisers. The service can be accessed through a number of channels including the helpline, the FRANK website, SMS, email and the FRANK BOT (an interactive service delivered via MSN messenger). Marketing has successfully raised awareness of the service and established FRANK as one of the most trusted source of drugs information amongst young people.

*Both FRANK and Community for Recovery resources, including leaflets are promoted and used within 4Real with clients, young people, parents and professionals.

6.1.5 Housing Solutions Service (HSS)

The Housing Solutions Service provides a holistic support and advice service enabling clients' needs to be assessed and met through prevention, housing options and the Council's statutory responsibilities.

The service assists all those in housing need, including those with multiple and complex needs. At a strategic level the service has developed a number of responses to assist those facing chronic exclusion from housing, including implementing a local response to the national No Second Night out Service for rough sleepers and a Making Every Adult Matter (MEAM) pilot for female offenders in Durham City.

6.1.6 Changing Lives – The Fells

An emergency direct access accommodation facility based in Chester le Street. The accommodation based service is staffed 24/7 and works with individuals on entry to identify problematic drug use and make referrals to specialist services.

6.1.7 County Durham Stronger Families Programme

In County Durham, the Stronger Families programme (known nationally as Troubled Families) aims for lasting change, resulting in families achieving positive outcomes. The programme aims to provide support to families in the County experiencing problems or difficulties, including those who:

- have children who don't attend school or who are excluded;
- are involved in antisocial behaviour or crime (including Domestic Abuse);
- are not in work; and
- result in high cost services such as families with children on the child protection list, families affected by parental substance misuse, domestic abuse and mental health problems.

This is part of a 'Think Family' approach to service design and delivery in County Durham, so that support can be provided to those families who need it. These are not new families but families who are often known to many services, which despite numerous interventions, over many years, their problems persist and are in many cases intergenerational.

The aim is to ensure that children, young people and adults who are parents or carers receive holistic, coordinated help and support at the earliest opportunity no matter which service they first enter. This involves services working together differently, utilising a 'think family' model, avoid duplication, maximise impact and deliver services that are genuinely designed around the needs of families.

6.1.8 Durham Constabulary Drug Education

Durham Constabulary has trained members of staff who deliver drug education across County Durham. This education is co-ordinated by a strategic lead within the partnerships department.

There are several mechanisms that Durham Constabulary use to communicate education to young people including:

1. Safety Carousels
2. Junior Neighbourhood Watch
3. Junior Neighbourhood Watch Plus
4. Jet and Ben (Police dogs who attend educational settings throughout County Durham and Darlington providing stranger danger, drug/alcohol awareness and internet safety advice with their handler)
5. Targeted Education
6. Responding to external requests

A Young People's Liaison & Drug Intervention Co-ordinating role ensures that emerging trends in reference to drugs misuse are identified. In partnership with other agencies education and awareness programmes are implemented to divert young people away from drugs and drug related offending and to fast track those who persistently offend taking an integrated offender management approach.

Police involvement in diversionary schemes, such as the EDDY (Engage, Divert, Develop Young People) project, aims to deliver personal development programmes which enable disaffected and disadvantaged young people and those at risk of substance misuse to develop their personal and social skills through interactive education and learning.

6.1.9 Durham Agency Against Crime (DAAC)

The DAAC commission sessions on drugs and alcohol for young people that they work with, these are often carried out by a member of staff from Durham Constabulary or the DAAC team. They also fund educational enterprises such as the Methodrone training video.

6.1.10 Breaking the Cycle (BtC)

BtC work to support and empower families where parents have substance misuse issues to improve their family functioning and family life and to provide an environment where their children can thrive. BtC are co-located with the Community Drugs Service and work across County Durham. Workers provide an individually designed care package, which takes into account the needs of the whole family. This package includes a wide range of services to help people overcome their problems (such as personal counselling, or help with accessing other services, such as housing associations or health clinics).

6.1.11 Local Safeguarding Children Board

Neglect continues to be the main reason for children becoming subject of a child protection plan. Neglect is often associated with parental risk factors around their use of drugs and alcohol, whether there is a history of domestic abuse or mental health problems. These could be single risk factors or act in combination.

Multi-agency work is encouraged to identify risks to children at an early stage and support families rather than wait until there is a significant risk of harm.

The LSCB has developed a comprehensive strategy for neglect, as well as the provision of specialist training and assessment tools. The LSCB has a performance management framework which captures data around child protection conferences which are convened arising from the impact of parental drug misuse and which embraces audits of practice around information sharing and compliance with child protection procedures.

6.1.12 Schools

As part of the statutory duty on schools to promote pupils' wellbeing, schools have a clear role to play in preventing drug misuse as part of their pastoral responsibilities. To

support this, the Government's Drug Strategy (2010) ensures that school staff have the information, advice and power to:

- Provide accurate information on drugs and alcohol through education and targeted information, including via the FRANK service;
- Tackle problem behaviour in schools, with wider powers of search and confiscation;
- Work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse.

Schools across County Durham have a long history of providing good substance misuse education. This is usually delivered through the PSHE (Personal, Social, Health Economic) education and Science curriculum from Key stages 1 to 4 but is also part of a wider and overall responsibility of schools to identify and meet student personal development and wellbeing needs.

Schools liaise closely with other services and providers to support those who are at risk from substance misuse or to support children and young people where substance misuse may be taking place within the family.

School governors have overall responsibility for the school's policy, provision and delivery of substance misuse education within the school environment. Continuing professional development is available to all school staff and governors with responsibility for this area of school life.

6.2 Objective Two: Restricting Supply

- *To reduce the supply of drugs and number of drug related incidents impacting upon communities and families.*

What are we doing in County Durham?

6.2.1 Durham Constabulary

Durham Constabulary proactively tackles open and closed drug markets operating in the county and these interventions are marketed through policing operations known as NIMROD and SLEDGEHAMMER respectively.

NIMROD aims to:

- Reduce visible dealing of Class A drugs in residential and other public areas of County Durham.
- Reassure the public that positive action is being taken against those who deal Class A drugs.
- Target Class A drug dealers who conduct business in public areas and who are engaged in other crimes.

NIMROD seeks to distinguish between prolific dealers and/or prolific volume crime offenders and those selling only to finance their own habit. As such, prosecutions are sought against the former and interventions to treat & rehabilitate sought for the latter. This inevitably requires a partnership approach.

SLEDGEHAMMER is the force response to tackling serious and organised crime. This type of criminality, which is often, but not exclusively drug related, is not always as visible to communities as the open drugs markets, hence reference to the term “closed drug markets”. By the very nature of these types of investigations covert policing techniques are often utilised. Specialist resources are prioritised against competing demands. Great disruption work is done in communities by local neighbourhood policing teams to ensure organised drug related crime at all levels receives the attention it deserves. An organised crime partnership disruption and intervention panel strengthens activity in this area. It also seeks to identify those at risk of becoming involved in organised crime, for example as drugs couriers, and to divert them away from an organised crime pathway. The proceeds from drug related crime are often visible to the community. Legislation is used to deprive criminals of the proceeds of their offending and this positive action assists in improving public confidence in policing.

It is recognised that there are individuals and/or elements of the community who may be more vulnerable to drugs and associated criminality than others. The police provide an operational and intelligence response to identify the most vulnerable, protect them through partnership working, and investigate offences.

Police and Communities Together (PACT) meetings/events promote regular dialogue with communities to encourage open communication to assist in identifying and tackling individuals involved in drug related crimes/activities.

The aims of Restorative Approaches is to:

- Reduce the risks of offenders re-offending in the future
- Help offenders take responsibility for their behaviour and make reparation to their victims and the community
- Help victims achieve closure
- Enhance community confidence in the Criminal Justice system
- Reduce the costs to the Criminal Justice system and public expenditure more generally
- Adopt an evidence based approach

Durham and Darlington IOMU (Integrated Offender Management Unit) continue to use restorative approaches within their offender management and victim support. The aims of restorative justice are now fully integrated into the day to day operation of the IOMU.

Case Study One:

An offender was sentenced to 16 months imprisonment for a dwelling burglary and placed in a local prison. They were motivated to address their offending behaviour and also whilst in prison worked with drug treatment staff to address their drug and alcohol addictions.

Whilst in prison they met with the victim from the burglary and a full restorative approach conference was held. This allowed the victim to fully explain to the offender the harm that they had caused, and for the offender to understand the impact that their actions, which were driven by their addictions, had had on the victim.

After the conference the offender said, 'the RA conference had a massive impact, meeting the victim really made me think'.

6.3 Objective Three: Building Recovery

- *Ensure recovery is understood and visible in the community*
- *Support people to successfully recover from their dependency, addressing both their health and social needs arising from their drug misuse*
- *Involve and support families and carers living with drug related issues*

Treatment

There is good quality evidence and guidance provided by NICE (National Institute for Clinical Excellence) around the clinical management of drug use disorders, prescribing guidance for drug dependency and substitute medication (please see Appendix 2). Commissioned services in County Durham are based on NICE guidance.

Recovery

There is a growing body of research to support the recovery approach and the use of mutual aid groups. The most common mutual aid groups in the UK are 12-step fellowships and SMART Recovery.

Evidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved. A whole family approach to the delivery of recovery services should be taken, and consideration should be made to the provision of support services for families and carers in their own right.

What are we doing in County Durham?

6.3.1 County Durham Drug Service (CDS)

County Durham Community Drugs Service (CDS) is an integrated multi-agency treatment service working across multiple sites, which brings together statutory and third sector providers to work in partnership to provide treatment to those with a substance misuse problem. CDS provides a range of interventions, including harm reduction, Psychosocial Interventions (PSI), Recovery Interventions, abstinence-orientated treatment and substitute prescribing for adults who have recognised problematic substance use.

A Recovery Coordinator is appointed to the client and upon entering the service a 'recovery plan' is put in place. This is reviewed routinely as well as opportunistically at a frequency determined by the needs of the client, but as a minimum every 12 weeks. The recovery plan must address drug and alcohol misuse, general health needs, offending behaviour and social functioning. Recovery coordination will include assisting with access to suitable housing, employment, education and training opportunities, and parenting support, as required.

6.3.2 4Real

4Real is the County Durham young person's drug and alcohol service. It provides one to one support through specialist assessment, care planned interventions and treatment often in collaboration with colleagues from other services. Brief intervention workers provide screening and identify people early and reduce further harm.

Case Study Two:

'S' is a 12 year old girl who lives with her Grandmother. She was referred to a brief intervention worker via the SPOC (Police Single Point of Contact) as she had been caught with a bottle of Cider in a public place. 'S' was consuming strong white cider and disclosed having experimented with cannabis and other substances. The grandmother was in desperate need for support with her challenging behaviour. Concerns were raised relating to hidden harm and potential neglect. It was identified that it was appropriate for 'S' to work with the 4Real team due to her vulnerability and other concerning factors.

'S' has been working with 4Real on a weekly basis for several months and has explored her relationship with alcohol and other substances. The worker helped her to explore and identify risky behaviours, set goals, monitor her use and develop alternative coping strategies as part of her care planned interventions. She has been supported to attend her GP following a health assessment with the team. She has made positive changes especially with regard to constructive use of leisure time. Her family have been working with the pathfinder team and now the One Point Service to get additional family support. The case has also been discussed with the sexual exploitation worker in County Durham and work has been undertaken with her with regard to her vulnerability.

6.3.3 Harm Minimisation Services/Needle and Syringe Provision (NSP)

There remains dedicated specialist staff in each treatment centre within the County Durham Community Drugs Services (CDS) who provide a comprehensive range of harm minimisation interventions to the drug using population. These interventions include:

- Comprehensive range of needle exchange and associated equipment.
- Provision of Blood Borne Virus (BBV) testing and referral to treatment services for HCV+ (Hepatitis C) individuals.
- Hepatitis A and B vaccination offered to all service users.
- Safer injecting advice.
- Overdose prevention advice.
- Health screening.
- Comprehensive range of harm reduction information and advice on all aspects of drug use.

- Individual motivational work to encourage access to other interventions within CDS.
- Delivery of an overdose prevention training programme for service users and carers which includes the provision of Naloxone for use by users and carers in emergency opioid overdose situations the community.
- Participation in the National PHE Unlinked Anonymous Monitoring People Who Inject Drugs (UAMPWID) as described above.
- Currently there are 3 pharmacies provide needle exchange services supported by staff from CDS

6.3.4 DISCUS – Drugs in Sport Clinic and User Support

DISCUS is a dedicated harm reduction service for individuals who use image and performance enhancing drugs (IPEDs). The DISCUS service is currently provided within the Chester-Le-Street Community Drugs Service and offers dedicated harm reduction services to IPED users from across the North East region and there are currently 1200 individuals registered with the service.

The DISCUS service gives access to the following services:

- Full range of injecting equipment and needle exchange service
- Health Screening
- Blood testing
- ECG (Electrocardiogram)
- Responsible Medical Officer
- Harm reduction information and advice on all aspects of performance and image enhancing drug use.
- Onward referral if appropriate with the consent of the client
- Hepatitis A and B vaccinations
- Hepatitis B, Hepatitis C and HIV testing
- Up to date resources on drugs and sport

The DISCUS service has been identified as an example of good practice and the services provided are described by the Advisory Council on the Misuse of Drugs as being of the “Gold Standard” service provision which should be provided to users of IPEDs.

6.3.5 Recovery Injectable Opioid (RIO)

Recovery Injectable Opioid (RIO) is a pilot health service in Easington funded by the Department of Health, for patients living in County Durham, engaged in treatment at the Community Drugs service (CDS) with chronic injecting heroin dependence where standard treatment has not been successful. RIO aims to help patients stop using street heroin, stop injecting and achieve recovery. RIO works by providing time limited supervised injectable opioids with intensive psychosocial interventions based on a recovery model.

6.3.6 RAD (Recovery Academy Durham)

The Recovery Academy Durham is a quasi-residential 12 step rehabilitation service where all service users are expected to move into the therapeutic accommodation provided. The service delivers a Twelve Step programme, which has long been an important part of the recovery process and the basis for many recovery programmes.

There have been a number of developments which have consolidated the RAD; the development of coordinated 'move on' accommodation, supported by Durham County Council's Housing Solutions Team and East Durham Homes; the emergence of five Narcotics Anonymous (NA) meetings in a county which had no NA presence prior; the development of 'Oxford Housing' to support individuals who would wish to live in a communal setting in order to gain mutual support as an aid to their continued recovery; and a visible show of recovery as part of the Miner's Gala and the development of a recovery banner.

6.3.7 Mutual Aid

Mutual aid groups are a source of structure and continuing support for people seeking recovery from alcohol or drug dependence, and for those directly or indirectly affected by dependence, such as partners, close friends, children and other family members. The evidence base shows that clients who actively participate in mutual aid are more likely to sustain their recovery.

County Durham has seen mutual aid groups grow as more people move into visible recovery. Groups such as SMART (Self-Management and Recovery Training)/NA (Narcotics Anonymous)/AA (Alcoholics Anonymous)/CA (Cocaine Anonymous) are becoming an intrinsic part of the treatment system in County Durham. The Community Drugs Service has mutual aid workers whose role is to educate, engage and support clients into mutual aid groups. They work in partnership with the mutual aid facilitators to ensure clients have a smooth journey into groups with support from the mutual aid workers.

6.3.8 Ambassador Scheme/peer mentor scheme

The central purpose of the Ambassador Scheme is to improve the experience of people in the treatment system, whether they are graduating from treatment, currently in treatment, or at the point of entering treatment. Ambassadors are ex-service users who have completed treatment drug free and they act as "recovery champions" for the treatment system. The Ambassador programme is part of a wider context to ensure recovery is possible and visible.

Each Ambassador must complete a ten week accredited training package. Once qualified the Ambassadors will become volunteers and work in treatment centres, community venues and professional settings.

Case Study Three:

“My recovery journey has involved different recovery experience's, firstly engaging with the private treatment sector where I paid for different recovery procedures, including detoxes and implants. I have undertaken natural recovery, completing self-detoxes abroad in Europe on at least 10 occasions, I've spent as much trying to get off heroin and methadone as I have on it. Due to finances, I began methadone maintenance in the NHS treatment centres, the second time round I successfully reduced off it without using on top. I could always get clean, that wasn't the problem, and it was always a few months after getting clean when life was going well that I made bad decisions. I have greater awareness now of self and self as a process, managing my mental health symptoms more successfully. My time at The Recovery Academy Durham (RAD) taught me basic emotional skills and an ability to handle feelings without having to 'self-medicate'. I have made mistakes, having learnt more from my mistakes than my successes. Being involved with the Ambassador scheme was a great learning process especially our involvement with the treatment centre audits.

Qualifications, training courses, work experience and most importantly the on-going support I have from my family is the reason why I am where I am today, living in the community, working full time, studying part time for a degree and being an effective and caring parent to my two daughters. Recovery has no set definition; recovery for me is personal and individual, with the duration and nature of it varying across people and settings.”

6.3.9 Cornforth Partnership

The Cornforth Partnership aims to provide a wide variety of services to support people of all ages and abilities that live or work in Cornforth and surrounding areas across County Durham. A new project within the Partnership will be helping drug users and their families in their recovery from dependency, focussing on the role of mutual aid.

6.3.10 Family Support Services

Liberty from Addiction (LFA)

Liberty from Addiction (LFA) is a unique charitable organisation working with carers of substance misusers (drug and alcohol). They are a county wide service. LFA was originally set up as a support group by parents and carers who were concerned about a loved one misusing drugs and/or alcohol.

Liberty from Addiction provides a variety of interventions for the range of challenges families and carers face, offering support and care but not drug and alcohol treatment.

They offer:

- Direct access to a worker/trained volunteer in times of carer crisis, including direct access over the phone
- Counselling
- Family progression program/ Family relapse prevention program
- Welfare rights and debt advice
- Carers Breaks
- Volunteering opportunities

Free the Way

Free The Way provides a drop in centre for anyone with an addiction; they also have facilities to provide temporary accommodation for those who are at risk of homelessness.

Parents and carers can also benefit from experienced staff who can advise both through their own experiences and training. Free the Way offer a wide range of services including outreach work and visiting families and carers in their own homes. The main purpose is to provide care, counselling and support with the long term aim of re-educating and rehabilitating individuals back into the family and community so that they can become productive and responsible members of society.

6.3.11 Jobcentre Plus

The drug and alcohol recovery and employment agenda is a key priority for the Department for Work and Pensions (DWP), and therefore for Jobcentre Plus, as it is estimated that 1 in every 15 benefit claimants are dependent on drugs or alcohol. As such, Ministers have agreed a Jobcentre Plus offer for people who are drug or alcohol dependent to be available across Great Britain.

The DWP drug strategy has now been widened to include an offer for all claimants on any benefit with a dependence on any drug or alcohol within Great Britain.

Jobcentre Plus advisers can refer claimants whose dependency is a barrier to work for a voluntary discussion with a treatment provider.

Jobcentre Plus supports case conferencing, limited to education, training and employment needs, with treatment providers whenever possible to ensure the claimant is receiving the support they need and to collaboratively agree employment focused goals. Jobcentre advisers can tailor the Jobseeker's Agreement to take account of any treatment commitments claimants might have.

6.3.12 Prisons (HMPS)

The North East prison partnership brings together all substance misuse treatment providers under one single partnership. The aim is to provide an integrated approach, both within prisons and also for prison transfers to the community. The North East is home to between 5,000 and 5,500 prisoners, a large proportion of whom have substance misuse issues. They are housed in a variety of prisons each of which, despite being very different establishments, has a DART (see below). In 2012/13 the

North East region has reviewed the treatment offer relating to substance misuse and has embraced a new way of working which focuses on recovery.

6.3.13 Drug and Alcohol Recovery Teams (DART)

Since 2012, Drug and Alcohol Recovery Teams (DART) have been working within each prison within the North East. DART is an integrated multi-disciplinary treatment service working across multiple sites, which brings together statutory and third sector providers to work in partnership to provide treatment to those with a substance misuse problem. DART offers a range of interventions, including harm reduction, Psychosocial Interventions (PSI), Structured day care, abstinence-orientated treatment and substitute prescribing for prisoners within the North East prison estate. It provides support and treatment for both young people and adults who have recognised problematic substance use. The range of activities offered also includes - access to counselling services, physical exercise, complementary therapies such as Acupuncture, listeners/buddies, peer mentors, purposeful activity, detoxification, recovery wings and specialist programmes.

6.3.14 Integrated Offender Management Programme (IOM)

The Integrated Offender Management Team (IOM) is called The Castle Project in County Durham. It is a multi-agency team including police, probation, drug workers, housing officers and mentors who are supported by other local community services. They manage the most prolific and priority offenders in County Durham who display complex needs and are responsible for committing multiple crimes. Individuals are offered the opportunity to engage with the scheme to address their offending needs.

For individuals with substance misuse issues or who are subject to a Drug Rehabilitation Requirement the DIP (Drug Intervention Programme) is aligned with the IOM scheme to target and support individuals into drug treatment.

6.3.15 Drug Rehabilitation Requirements (DRRs):

The main purpose of the drug rehabilitation requirement is to reduce or eliminate illicit drug use and associated offending. The offender is required to attend appointments with the treatment provider, to submit to regular drug testing and to engage with activities to address their substance misuse. The offender is also required to attend appointments with their Offender Manager to address their offending behaviour through the Citizenship Programme.

DRRs can be of Low, Medium or High Intensity levels; this is dependent upon the individuals need and offence. Additionally all DRRs of 12 months or more are subject to mandatory court review. Shorter orders may be reviewed if so directed by the court.

6.3.16 The County Durham Drug Interventions Programme (DIP)

DIP work exclusively with adults with a drug misuse problem within the criminal justice system. The DIP team operate across three main disciplines with all members of the team multi-functional, working across these areas as and when required to ensure a seamless and professional service. The three areas of work are 1) arrest referral and court work, 2) working alongside the police, probation and other agencies within the Integrated Offender Management Units with Priority and Prolific Offenders and 3) based within the Community Drug Service treatment centres working with DIP clients and those released from prison.

All team members provide assertive outreach to those individuals who have failed to keep appointments to ensure as few as possible drop out of treatment. DIP staff carry out the required assessments, follow up assessments and restriction on bail appointments for those tested positive within Durham Force area or those who reside in County Durham but were tested positive in another force area.

Case study Four:

“Brian” was a recreational cocaine user, this increased to crack and heroin. He began to sell things from the house, eventually beginning to offend. Put before the courts he was given DRR’s (Drug Rehabilitation Requirement), community orders and custodial sentences but the offending and substance misuse continued. “Brian” was sentenced to 5 years for burglary.

In prison he gradually reduced his methadone script and applied to go onto I wing in HMP Durham (drug free wing facilitated by RAD (Recovery Academy Durham) involving 12 step approach). DIP became involved with “Brian” at the release plan stage. The plan was for him to go directly to RAD, but after over 2 years in prison he decided he did not want to continue with this intense recovery programme and would rather use community support.

DIP worked with “Brian” initially meeting him twice weekly for the first month. They looked at motivational work, coping strategies and relapse prevention. “Brian” found it very difficult in the community and was nervous about going out and about. “Brian” did lapse and at one point started to transfer his addiction to alcohol. To his credit he recognised this and with support from his DIP worker completed the short duration alcohol programme. “Brian” is currently at Finchale College.

7. Summary of Action Plan 2014-2015

We have consulted with and continue to seek feedback and comments on our priorities for action. We commit to having an annual stakeholder event to help prioritise the action plan for the coming year. Service users and carers continue to have an important role within this strategy and action plan, and their views have been crucial to its development and in identifying the priorities.

7.1 Preventing Harm

What we will do:

- Develop a social marketing plan to raise awareness about the harms of drugs.
- Work with schools and families to promote awareness of the risks associated with drug use
- Support schools and colleges in the delivery of drug education and ensure the development and implementation of drug policies
- Ensure the delivery of Prevention Champions Training to Drug and Alcohol staff
- Include drugs, caffeine and NPS's (New Psychoactive Substances) in the Good practice guidance for schools, colleges and youth settings.
- Develop a key messages document in relation to drugs for use by all partners
- Ensure there is a minimum data collection on drug misuse, particularly where this is currently limited, e.g. primary care and acute trusts
- Map and improve existing drug forums
- Gain a better understanding of the needs around New Psychoactive Substances
- Involve and support young people, families and carers (including young carers) living with drug related issues in order to break the cycle of drug misuse.
- Strengthen the pathway between Children and Family Services and specialist drug and alcohol services to ensure vulnerable families and children are supported with their substance misuse and related problems.
- Ensure that there are appropriate harm minimisation interventions for those who are experimenting with and/or using drugs recreationally.
- Local Safeguarding Children's Board to undertake themed audits of cases linked to parental alcohol and drug use and present findings to the performance management sub group
- Local Safeguarding Children's Board trainer to provide relevant training to professionals on the impact of drugs on children's protection

7.2 Restricting Supply

What we will do:

- Improve the quality of data collection to understand the full impact of drugs on health, crime, offending and re-offending
- Work with the Police and Crime Commissioner to ensure that funding is allocated to reduce drug related crime and anti-social behaviour
- Create a forum to debate the decriminalisation of drug users to ensure a shared County Durham response
- Tackle the supply chain within HMP prison system by ensuring the Supply and Demand Strategy is fully implemented
- Increase public reassurance and reduce the fear of drug related crime by the implementation of the communications strategy

7.3 Building Recovery

What we will do:

- Further develop a recovery community in County Durham, including HMPS which celebrates and promotes recovery
- Review the referral pathways into and from GP practices, primary mental health and acute hospital trusts
- Raise awareness of referral protocols into and out of custody
- Review and monitor the drug related deaths in County Durham
- Further embed the joint working arrangements between treatment services, HMPS, Jobcentre Plus and work programme providers to address the employment related needs of substance misusers, contributing to positive employment, treatment and recovery outcomes
- Build peer support into the induction process in custody
- Undertake work to understand the transition of young people to adult treatment services
- Further develop the work on recovery including recruiting, training and supporting Ambassadors and peer mentors
- Listen to the views of carers and service users to continually improve the quality of services
- Increase the number of adults and young people accessing and successfully completing treatment and recovering from their dependency
- Ensure families needs are assessed and understood and they receive a collaborative multi-agency whole family response from Team around the Family
- Ensure services are attractive and accessible to underrepresented groups, e.g. pregnant women and veterans
- Develop a communications plan for promoting the Community Drugs Service (CDS) and recovery community in County Durham
- Undertake a review community based drug and alcohol treatment services in County Durham

- Explore joint commissioning opportunities between drug, alcohol and mental health services.
- Commission and deliver effective treatment and recovery services in both community and criminal justice settings in line with national guidance
- Commission family support services and ensure the needs of carers are met.
- Improve access to family support for offenders.
- Improve PRS (Private Rented Sector) management standards through inclusion with Durham Key Options
- Ensure that there are appropriate harm minimisation interventions for those who are experimenting with and/or using drugs recreationally.

8. Strategic Framework and Accountability

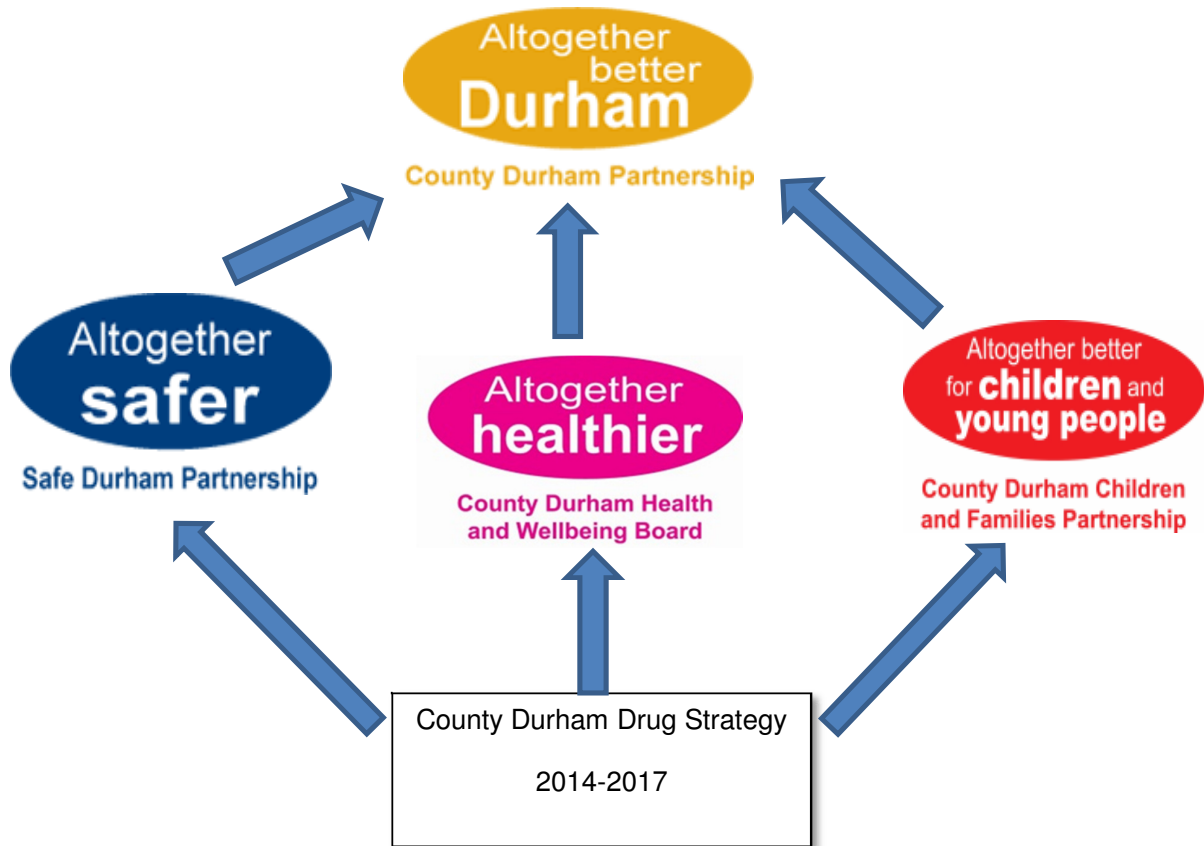
The performance management framework aligns to the priorities identified within the *Drug Strategy (2010) Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life (HMSO, 2010)*. The Drug Strategy group will report to the County Durham Safe Durham Partnership Board, the Health and Wellbeing Board and the County Durham Children and Families Partnership. Progress on delivery against strategic objectives and action plan will be reported on a six monthly basis.

The Drug Strategy Group will consider a quarterly performance report which will contain a range of performance indicators. The Drug Strategy Group will maintain an action plan appropriate to the issues raised from the performance report. Any key issues will be escalated to the relevant Board as appropriate.

Some of the Key Performance measures include:

- Increasing the number of staff trained in drug awareness
- Increasing the knowledge and understanding of drugs across our workforce, schools, families and wider community
- Reduce drug related crime
- Increasing the numbers of families and carers accessing appropriate support
- Increasing the numbers of people in treatment
- Increasing the number of people successfully completing their treatment
- Reducing the number of people who represent to treatment
- Increasing the number of people who access mutual aid and receive peer support

8.1 County Durham Drug Strategy Group Structure



8.2 Delivery of the Strategy and framework

There is a need for an overarching drugs strategy, but the key areas should be deliverable by other existing partners and agencies as part of their core business.

This work forms the basis of the new strategy, together with a broad understanding of the emerging agendas, including:

- the impact of the Police and Crime Commissioner, and recent and planned changes to policing structures;
- the development of the Health and Well-Being board;
- the changes to commissioning arrangements for local authorities, clinical commissioning groups and NHS England.
- the emerging agenda around Recovery, as opposed to more traditional 'treatment';
- the opportunities offered by the Think Family agenda;

- the impact of localism as it applies to County Durham;
- the changing nature of drug use in the county;
- how we manage the transition from nationally or regionally prescribed approaches to tackling the drugs agenda, to a more locally defined model;
- the changing economic climate.

A strategy alone can achieve nothing without the full and explicit commitment of all key partner agencies and stakeholders, including local communities.

Securing a shared vision and commitment with a clear rationale for tackling drugs misuse in County Durham is essential. The strategy recognises and builds on the actions already being taken by partner agencies to reduce the impact of drugs.

Appendices

Appendix 1: Glossary of terms/abbreviations

A&E or ED	Accident and Emergency Department or Emergency Department of a hospital
ACMD	Advisory Council on the Misuse of Drugs
ACPO	Association of Chief Police Officers
ADEPIS	Alcohol and Drug Education Prevention Information Service
Alcohol AUDIT	Alcohol Use Disorders Identification Test. A simple 10 question test developed by the World health Organisation to determine if a person's alcohol consumption may be harmful.
BBV	Blood Bourne Virus
BtC	Breaking the Cycle
CARAT	Counselling, Assessment, Referral, Advice, Throughcare. CARAT works with prisoners who misuse drugs to help them with treatment in prison and offer support when released.
CDS	Community Drugs Service
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients
DART	Drug and Alcohol Recovery Teams
DCC	Durham County Council the local authority for the County Durham area
DfE	Department for Education
DH	Department of Health
DIP	Drug Intervention Programme
DISCUS	Drugs in Sport Clinic and User Support
Domestic abuse/violence	Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 or over, who are or have been intimate partners or family members, regardless of gender and sexuality.
DRR	Drug Rehabilitation Requirement
Dual diagnosis	People who have mental illness as well as substance misuse problems
DWP	Department for Work and Pensions
EDDY	Engage, Divert, Develop Young people
GP	General practitioner also known as family doctors who provide primary care
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
HMPS	Her Majesty's Prison Service

HSCIC	Health and Social Care Information Centre
Head Shop	A shop that sells smoking implements and accessories for cannabis.
IOMU	Integrated Offender Management Unit
IPEDs	Image and Performance Enhancing Drugs
IRT	Initial response Team
Joint Health and Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health & Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA)
Joint Strategic Needs Assessment (JSNA)	Health and Social Care Act 2012 states the purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages
LGBT	Lesbian, Gay, Bi-sexual and Transgender
MEAM	Making Every Adult Matter is a coalition of four national charities – Clinks , DrugScope, Homeless Link and Mind
Mutual Aid	Mutual aid refers to members of a group that give each other support at every stage of their recovery from drug or alcohol dependence.
NA	Narcotics Anonymous
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NOMS	National Offender Management Service
NTA	National Treatment Agency
Naloxone	A drug used to counter the effects of opiate overdose, for example heroin.
PACT	Police and Communities Together
PCC	Police and Crime Commissioner
PCT	Primary Care Trust
PHE	Public Health England
PRS	Private Rented Sector
PSHEE	Personal, Social, Health and Economic Education
PSI	Psychosocial Intervention
Quasi-residential	Combining local accommodation and housing support with an off-site treatment programme
RAD	Recovery Academy Durham
RAPPO	Restorative Approaches Prolific and Priority Offenders
RIO	Recovery Injectable Opioid
RJ	Restorative Justice
Safe Durham Partnership	The Community Safety Partnership for County Durham
Sexual Exploitation	Exploitative situations, contexts and

	relationships where young people (or a third person or persons) receive “something” (e.g. food, accommodation, drugs, alcohol, cigarettes, affection , gifts , money) as a result of them performing, and/or another or others performing on them, sexual activities.
SMART Recovery	‘Self-Management And Recovery Training’.
SPOC	Single Point of Contact
STC	Secure training centres (STCs) are purpose-built centres for young offenders up to the age of 17. They are run by private operators under contracts. There are four STCs in England.
Tiers 1-4	Department of Health has a tiered system of treatment modalities (different therapies). Tier 1: Non-specific (general) service; Tier 2: Open Access; Tier 3: Community Services; Tier 4a: Specialist Services (residential); Tier 4b: Highly specialist (non-substance misuse) services.
Think Family	An approach which makes sure that the support provided by children’s, adults’ and family services is co-ordinated and focused on problems affecting the whole family
Triage	A process of prioritising needs
UKDPC	UK Drug Policy Commission
4Real	Children and Young People’s Substance Misuse Service in County Durham
12 Step Programme	A set of guiding principles and spiritual foundation for personal recovery from the effects of addiction, i.e. drugs, alcohol

Appendix 2: Examples of NICE Guidance

- National Institute for Clinical Excellence (NICE) (2012) Quality Standard for Drug Use Disorders. (QS 23) London: NICE
- NICE (2007) Drug Misuse: Psychosocial interventions. (CG 51) London: NICE
- NICE (2007) Drug Misuse: Opioid detoxification. (CG 52) London: NICE
- NICE (2007) Methadone and Buprenorphine for managing opioid dependence. (NICE technology appraisal 114) London: NICE
- NICE (2007) Naltrexone for the management of opioid dependence. (NICE technology appraisal 115) London: NICE
- NICE (2007) Interventions to reduce substance misuse among vulnerable young people. (PH 4) London: NICE
- NICE (2007) The most appropriate generic and specific interventions to support attitude and behaviour change at population and community levels. (PH 6). London: NICE
- NICE (2009) Needle and Syringe Programmes. (PH 18) London: NICE
- NICE (2010) Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors (CG 110) London: NICE
- NICE (2013) Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection. (PH 43) London: NICE
- NICE (2013) Hepatitis B (chronic): Diagnosis and management of chronic hepatitis B in children, young people and adults. (CG 165) London: NICE

Appendix 3: Organisations involved in the development of the County Durham Drug Strategy

Addaction

County Durham Ambassadors

County Durham and Darlington Foundation Trust (CDDFT)

DAAC (Durham Agency Against Crime)

DISC

Durham County Council including representatives from:-

- 4Real

- Children's Services

- Drug and Alcohol Commissioning Team

- Housing Solutions

- Public Health

- Safer Communities

- Youth Offending Service (YOS)

Durham Constabulary

Her Majesty's Prison Service (HMPS)

Jobcentre Plus

Liberty From Addiction

North East Council on Addiction (NECA)

NHS England (Health and Justice)

North of England Commissioning Support (NECS)

Probation Services

Public Health England

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

Appendix 4: Bibliography

- ACMD (2010) Consideration of Cathinones.
- ADEPIS (2013) Drug and Alcohol prevention: Caffeine and energy drinks. London:ADEPIS
- Birmingham Drug Strategy (2013)
- DfE and ACPO (2012) DfE and ACPO drug advice for schools.
- Department of Health and devolved administrations (2007) Drug Misuse and dependence: UK guidelines on clinical management. London: Department of Health
- Department for Work and Pensions (DWP) (2012) Social Justice: transforming lives. London: HMSO
- DH (2011) A summary of the health harms of drugs.
- DrugScope (2013) The Public Health Reforms: What they mean from drug and alcohol services.
- Local Government Association (2013) Tackling drugs and alcohol. Local governments's new public health role. London: Local Government Association
- Hay, G., Santos, A.R. Millar, T. (2012) Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2010/11: Sweep 7 report
- HMSO (2013) Serious and Organised Crime Strategy. London: HMSO
- Home Office (2013) Guidance for local authorities on taking action against 'head shops' selling new psychoactive substances (NPS)
- HSCIC (2013) Smoking, drinking and drug use among young people in England in 2012.
- National Institute for Clinical Excellence (NICE) (2012) Quality Standard for Drug Use Disorders. (QS 23) London: NICE
- NICE (2007) Drug Misuse: Psychosocial interventions. (CG 51) London: NICE
- NICE (2007) Drug Misuse: Opioid detoxification. (CG 52) London: NICE
- NICE (2007) Methadone and Buprenorphine for managing opioid dependence. (NICE technology appraisal 114) London: NICE
- NICE (2007) Naltrexone for the management of opioid dependence. (NICE technology appraisal 115) London: NICE

- NICE (2007) Interventions to reduce substance misuse among vulnerable young people. (PH 4) London: NICE
- NICE (2007) The most appropriate generic and specific interventions to support attitude and behaviour change at population and community levels. (PH 6). London: NICE
- NICE (2009) Needle and Syringe Programmes. (PH 18) London: NICE
- NICE (2010) Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors (CG 110) London: NICE
- NICE (2013) Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection. (PH 43) London: NICE
- NICE (2013) Hepatitis B (chronic): Diagnosis and management of chronic hepatitis B in children, young people and adults. (CG 165) London: NICE
- National Treatment Agency (NTA) (2006). Models of Care for treatment of adult drug misusers: Update 2006. NTA: London
- National Treatment Agency (NTA) (2011) Helping service users to access and engage with mutual aid. London: NTA
- National Treatment Agency (NTA) (2012) Medications in Recovery: Re-orientating drug dependence treatment. London: NTA
- Public Health England (PHE) (2013) Drug Treatment in England 2012-1013. London: PHE
- PHE (2013) A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid. London: PHE
- UKDPC (2008) The UK Drug Policy Commission Recovery Consensus Group. A vision of Recovery.

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