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ONE HULL is Hull's Local Strategic Partnership (LSP), which brings together public, private, voluntary and community sectors to create a better city.

This edition focuses on the new national drug strategy, changes in drug trends and issues and what changes are taking place locally with drug and alcohol provision.

Hull Substance Misuse Team

The team, based within Citysafe, now addresses substance misuse as a whole - in line with the latest drug strategy (Dec 2010).

The team now:

- Commissions a wider range of alcohol treatment
- Continues to commission drug treatment in line with the recovery agenda
- Is working to address the problems associated with all drug use, including new psychoactive substances and prescription drugs
- Addresses offender health
- From 1st April is responsible for young people's substance misuse commissioning



Contacts:

- Vicky Harris:** Head of Offender Health & Substance Misuse
- Andrew Major:** Performance Officer
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- Nicola Harris:** Administrator

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National timescales for changes relating to substance misuse

- **2010 – The new Drug Strategy** – outlines a shift to a Recovery focused approach.
- **2012 - Public Health England (PHE) forms** – PHE will take over the functions of the National Treatment Agency and Health Protection Agency, becoming part of the Department of Health. Drug and alcohol treatment are placed at the heart of PHE.
- **2011/12 – Department of Health** will allocate funding to local areas for DIP and prison treatment. This provides an opportunity to better align budgets and accountability between prison and community treatment, and between offenders and non offenders in the community.
- **2013/14 – Local Commissioning** via a ring fenced public health budget - Directors of Public Health will be directly accountable through the Local Authority for Public Health commissioning – including substance misuse commissioning.
- **2013/14 – Police and Crime Commissioners form** – they will replace Police Authorities and control local Police budgets; meaning a local democratic accountability.
- **2013 – Payment by Results Pilot evaluations** – pilots will begin shortly looking at payment to treatment providers based on a number of outcome measures, such as reduced offending, finding work and reduction in drug use. There are no plans for roll-out across the country, but the pilot evaluations will help local commissioners to decide if this would be effective in improving outcomes.
- **2011/12 - Community Budgets pilots** – families with complex needs – Hull is one of 16 pilot areas. Community budgets will put councils and their partners in the driving seat by pooling funds for tackling these families' needs into one budget, so communities can develop local solutions to local problems. The Government intends to roll out community budgets nationally by 2013-14.

Proposed drugs and alcohol outcome measures:

- D3.4: Rate of hospital admissions per 100,000 for alcohol related harm
- D3.7: Number leaving drug treatment free of drug(s) of dependence

2010 Drug Strategy; Reducing demand, restricting supply, building recovery

Outcome aims of the strategy:

- Free from dependence on drugs and alcohol
- Reduced crime and re-offending
- Employment
- Ability to access and sustain suitable accommodation
- Improved health and wellbeing
- Improved relationships with family members
- Capacity to be an effective and caring parent

Key themes of Building Recovery in Communities



The new strategy sees a key change – away from maintenance in treatment and towards recovery. Recovery will be supported through joined up working with a range of agencies to address users' needs and help reintegration back into the community.

Evidence shows peer support, recovery networks and involvement of families are key sources of support to achieve and maintain recovery; as is housing and meaningful activity.

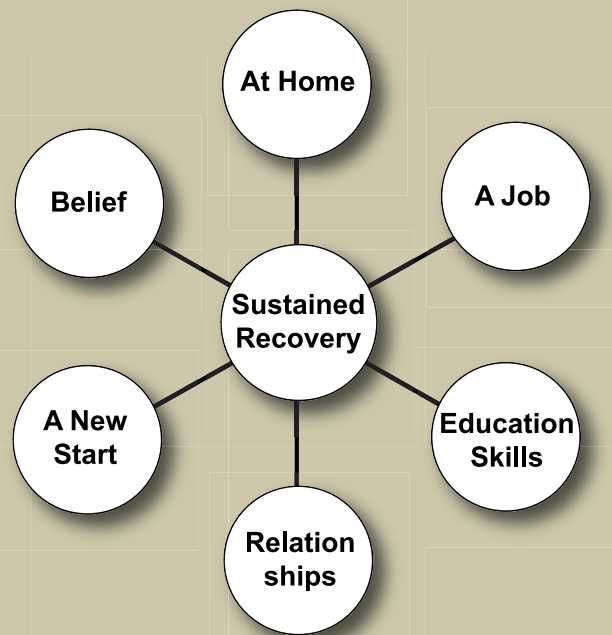
Recovery Capital Key to Sustaining Recovery

Social: arising from relationships

Physical: money & somewhere to live

Human: skills, health & employment

Cultural: values & beliefs of individual



Below are some of the key themes within the Building Recovery section of the new drug strategy:

- Locally led and owned** - Government will not prescribe approaches that should be taken to deliver outcomes, but will take a central role in carrying out research to develop and publish an evidence base as to what works and promote the sharing of best practice.
- Joint commissioning** - A joined up approach to designing services which supports people through substance misuse recovery.
- All drugs** - The focus has widened to consider dependence on all drugs, including alcohol.
- Recovery** - Individual, person centred journey, addressing wider needs (housing, employment & training, family, social reintegration)
Recovery Capital available to a person to draw on is critical - relationships, money, accommodation, skills, mental and physical health, work and values and beliefs.
The workforce needs to be inspirational and recovery-orientated, promoting a culture of ambition and a belief in recovery.
Recovery can be contagious - recovery networks, mutual aid networks (such as AA and NA), peer support and recovery champions (those who have experienced the recovery journey) should be promoted.
- Reintegration** - Somewhere to live, something to do, off benefits and into employment.
- Involving families** - Treatment is more likely to be effective, and recovery sustained, where families are closely involved.
- Supporting families** - Families and carers should have support provision in their own right.
- Safeguarding children** - Training the workforce to identify issues early, support parents to stay in treatment and build parenting capacity.
- New emerging drugs** - Respond quickly to new drugs and related harms. Promote dangers of drugs sold as 'legal highs'.
- Rebalance the use of pharmacotherapy** - Prescribing and clinical services become a part of a wider recovery plan.
- Offenders** - Encouraged to seek recovery at every opportunity in their contact with the criminal justice system.

58% of addicts will achieve lasting recovery in their lifetimes

Breaking the Cycle

Short term (8 months) benefits for drug users and their families

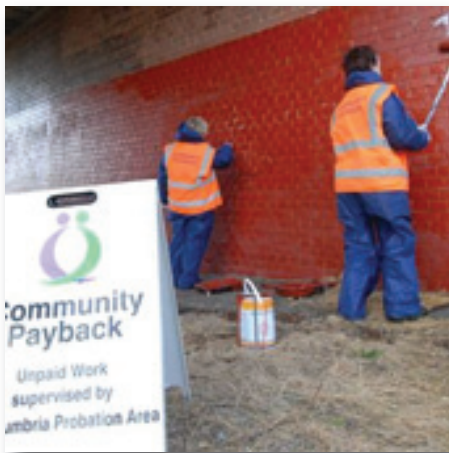
- Less use of drugs
- Children attend school regularly
- Overall improvement in social functioning

Medium term (1 – 2 years) benefits

- Children do better at school
- Reduced risk of eviction
- Fewer children taken into care
- Less crime
- Stable housing situation & more stable family dynamics

Long term benefits - with two generations of drug users

- Improved work opportunities
- Reduction in health costs & criminal activities
- Benefits of more stable relationships



Reducing demand

Demand is being tackled though establishing a whole life approach:

- Supporting vulnerable families to break inter-generational paths to dependency (some family-focused interventions have the best evidence of preventing substance misuse amongst young people).
- Providing information and advice to young people and their parents to actively resist substance misuse.
- Consistently enforce effective criminal sanctions to deter drug use (41% of young people seeking support for drug or alcohol misuse are also being seen within the Youth Justice System).
- Strengthen the use of community sentencing for adults, combining drug and alcohol requirements with other sentencing options, such as community payback – to ensure punishment is visible in the community.
- Encourage individuals to take responsibility for their own health.





The UK Drug Policy Commission are conducting the following research;

Documenting the impact of changing expenditure and increasing local involvement:

This 12-month research project will document the impact of increasing localism, alongside decreasing public service expenditure, on action in local areas to tackle the problems associated with illicit drugs.

Service provision for families of drug users:

Research published last year by UKDPC highlighted the large number of adult family members affected by a relative's drug problems and the contribution they can make to recovery.

Research is now beginning a second phase that will examine the extent and nature of services available to adults affected by a relative's drug problems. The study will look to identify both good practice and gaps in provision, and models for developing improved services.

How should drug policy be made? - the governance of drug policy:

No one, to date, has looked systematically at how drug policy is made in the UK. The UKDPC is embarking on an ambitious 18-month project to examine this system, at the national and local level, in order to see how effective it is, and what lessons there might be from other countries.

Tackling stigma towards recovering drug users:

The key message from the review published last December is that if we want to be serious about improving recovery outcomes we cannot ignore tackling stigma. We are now following this up with the national media, Ministers, professional interests, as well as treatment providers, user and self-help groups.

www.ukdpc.org.uk

Changing Trends

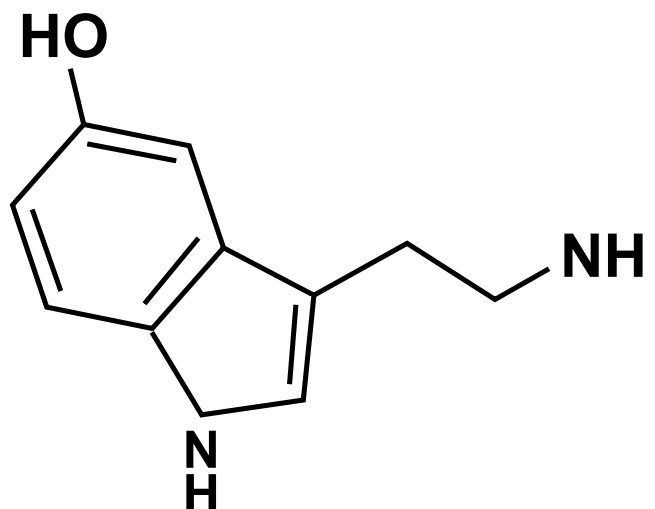
Use of heroin is reducing, whilst there are an increasing number of new psychoactive substances emerging – meaning a wider variety of drugs of abuse.

This will have an impact in terms of prevention, harm reduction and treatment and support and will be a challenge for services.

The International Narcotics Control Board (INCB) tries to identify and predict dangerous trends and recommends measures to be taken in response to those trends. In Europe, 16 new designer drugs are being monitored by the INCB.

The new government has introduced Temporary Class Orders – making potentially dangerous substances illegal for 12 months, pending review.

Authorities tackling supply of drugs need to establish more effective ways of tackling supply through the internet and other new technologies.



The Future in Hull

To improve access to services, improve service user experience and see more people leaving services recovered from substance use and reintegrated back into communities, the treatment system has been re-designed.

As from 1st July there will be 3 organisations providing the following drug services:

Service	Provider	Remit of work
Harm reduction service	Compass	Harm reduction work, needle exchange, outreach and drop in services
Criminal Justice prescribing	Compass	Specialist prescribing for substance misusers involved in offending, care planning for health and substance misuse element of the recovery plan - for those in the community and in prison.
Psychosocial Services	Compass	Structured one to one and group work to facilitate change, high intensity structured day programme, facilitation of in-patient treatment.
Community prescribing	DISC	Care plan for health and substance misuse element of the recovery plan
Case Management	DISC	Manages the recovery plan; assesses users and their families, develops and manages the recovery plan in partnership with other agencies.
Drug Intervention Programme	CRI	Manages the recovery plan (as above) of those who are offending, with a key focus on reducing re-offending.
CHOICES Service user programme	Compass	Peer led user involvement; support groups, outreach, represents those involved with services to inform commissioning, run projects/ events for current and ex-service users.



Benefits and employment are vital in Recovery

Encourage & support engagement with treatment through the benefit system

Maximise available employment and training opportunities

Contacts for Jobcentres



On 4th April Treatment Providers will begin using the Treatment Provider Referral (TPR2) as outlined in the Joint Working Protocol between Job Centre Plus and Treatment Providers.

The protocol was developed to promote more effective action to address the employment-related needs of substance misusers and to contribute towards more positive treatment outcomes.

The Department for Work and Pensions (DWP) and JCP have been working closely with the NTA and the treatment sector since April 2009 to develop a more joined-up response to working with drug users who claim Jobseeker's Allowance (JSA) and Employment and Support Allowance (ESA) and who identify their substance misuse as a barrier to work. The focus to date has been on people using heroin and/or crack cocaine, but this protocol applies equally to clients accessing treatment for all substances, including alcohol.

Below are the contact points for Hull Job Centres, for treatment providers to make appointments for a three way discussion (with client consent).

Jobcentre	SPOC	Telephone
Hull Britannia House	Theresa Brookfield	01482 584683
Hull Market Place	Paul Jaques	01482 332363

The protocol can be found at:

<http://www.nta.nhs.uk/uploads/joint-workingprotocolwithjcp.pdf>