

Substance Misuse in Staffordshire: Key Findings

November 2007



Staffordshire
County Council

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Key Messages:

- In Staffordshire it is estimated there are around 131,000 hazardous drinkers; 32,000 harmful drinkers and 21,000 dependent drinkers. All may benefit from some kind of intervention or treatment.
- Around a third of all adults report using drugs in their lifetime; one-in-ten report using drugs in the last year. It is estimated that there are around 3,500 problematic drug users in Staffordshire, the majority (c. 3,000) of which are crack and opiate users.
- In Staffordshire up to 4,500 children have one or both parents with a serious drug problem whilst around 15,000 children have at least one parent who misuses alcohol to a significant extent.
- Drug offences account for around 2,500 (3%) of offences in Staffordshire, mostly for possession. This equates to a rate of 1.4 drug related offences³ per thousand population in Staffordshire Moorlands to 4.5 per thousand population in South Staffordshire. (The latter is largely attributable to the annual 'V' Festival.) Drug offences have increased over the last three years, largely as a result of an increase in offences for possession of Class A drugs (cocaine).
- In 2005/06 just over 5,000 offences were committed under the influence of alcohol. Around two-thirds of these took place on a weekend and around three-quarters of these were for violent crime.
- There is currently no identified or ring-fenced funding for treatment services for alcohol. The Drug and Alcohol Action Team (DAAT) Partnership is not permitted to fund alcohol treatment services through its pooled drug treatment budget funding stream. Better partnership working is required with funding from wider partners and agencies and investment in treatment and support services.
- There were 1,929 drug users in effective treatment¹ in Staffordshire (in 2005/06) from an estimated total problem drug user population of 3,542.
- The rate of hospital admissions attributable to alcohol² is below the regional and national figure for men and women in local authorities in Staffordshire. (However, under 18 hospital admissions for alcohol specific conditions are higher in Staffordshire than the regional and national figure, particularly for females.)
- Perceptions of problems with drug use or dealing in local communities⁴ have improved substantially across Staffordshire over the last three years. There has also been a similar marked improvement in perceptions of people being drunk and rowdy in the local area⁵.

^{1, 2, 3, 4 & 5} These measures are the five indicators which will be used to measure progress on PSA Delivery Agreement 25 (2008-2011): Reduce the harm caused by Alcohol and Drugs (revised November 2007). For more information and to download the report go to: http://www.hm-treasury.gov.uk/media/A/4/pbr_csr07_psa25.pdf

Contents

<u>Page</u>	<u>Contents</u>
iii	Key Messages
iv	Contents
1	Background
2	Introduction
2	Substance Misuse and Community Safety Issues
6	Substance Misuse and Health Issues
11	Substance Misuse Services in Staffordshire
14	Staffordshire Stakeholder Event: Key Findings

Background

This report is the culmination of a project looking into substance misuse in Staffordshire. It was requested following a full council debate at Staffordshire County Council. This report draws together the key findings from four reports on substance misuse in Staffordshire:

Staffordshire Stakeholder Event: Key Findings	June 2007
Substance Misuse and Community Safety Issues in Staffordshire	August 2007
Substance Misuse Services in Staffordshire	September 2007
Substance Misuse and Health Issues in Staffordshire	October 2007
Substance Misuse in Staffordshire: Key Findings	November 2007

Each of the above reports are available separately. For further information please refer to the Staffordshire Observatory Website: <http://www.staffordshirepartnership.org.uk/observatory>
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References

¹ Drugs and Crimes: What Are the Links?: <http://www.drugscope.org.uk/druginfo/evidence-select/drugscrim.htm>

² Choosing Health for the West Midlands: Recommendations for implementing Choosing Health and Achieving Health equality: A Report of the Regional Director of Public Health.(2005)

³ Hidden Harm – Responding to the needs of children of problem drug users. Advisory Council on the Misuse of Drugs, 2003.

⁴ ONS Population Estimate for 0 to 15 year olds in Staffordshire in 2006 is 151,533. Although it is unlikely that the national proportion of children where one or both parents have a serious drugs problem applies equally across the UK, it can be used as a rough approximation in the absence of any robust local data. Thus the estimated rate of 2-3% of under 16 year olds equates to a range of between 3,031 and 4,546 children in Staffordshire (who have parents with serious drug problems).

⁵ Updated National Alcohol Strategy; Safe, Sensible, Social, DH 2007

Introduction

Substance misuse—both drugs and alcohol—have been the subject of considerable attention in recent years and continue to command a high media profile. This report draws together the available data and analysis regarding substance misuse in Staffordshire County as it relates to issues of community safety and health. This is augmented by the key findings of a stakeholder event in June 2007 and a report by Staffordshire Drug and Alcohol Action Team on existing service provision (drug misuse only).

The publication of this report provides an important, previously un-researched cross-cutting evidence base for Staffordshire, which is intended to support local planning and decision-making. This is in the context of national and local strategic drivers including (i) The new National Alcohol Strategy; Safe, Sensible, Social, (DH 2007) (ii) The new national drugs strategy, currently out for consultation, Drugs: Your Community, Your Say (Home Office, July 2007) (iii) a new Public Service Agreement to Reduce the Harm caused by Alcohol and Drugs, and (iv) the Local Area Agreement for Staffordshire.

Substance Misuse and Community Safety

Whilst there is evidence of a powerful link between drugs and alcohol and issues of community safety, the relationship between the two is complex and takes a number of forms. There is a strong link between drug misuse and acquisitive crime and a similarly strong link between alcohol misuse and violence and anti-social behaviour (including criminal damage). How drug misuse and alcohol misuse relate to community safety is addressed separately in this report.

Substance misuse, whether referring to alcohol or drugs is a central part of local community safety strategies in Staffordshire. Within the county, substance misuse features heavily in all of the 2005-08 Community Safety Strategies. In most cases, priorities for the partnerships include tackling alcohol and drug-related crime and fear of this, tackling binge drinking amongst young people, improving access to treatment and improving education and tackling social exclusion. Substance misuse is also prioritised in the county wide strategies of Staffordshire County Council and Staffordshire Police.

There is an obvious link between substance misuse and the Safer & Stronger Communities block of the current Local Area Agreement (LAA) for Staffordshire (2007). However, due to the cross-cutting nature of issues related to substance misuse this impacts on most of the other blocks of the LAA, in particular the Healthier Communities and Older People block and the Children and Young People block.

Drug misuse and community safety

Although use of illegal substances is an offence in itself, research shows that people who use drugs are more likely than others to commit other forms of law-breaking². Thus, drug related crime is a very significant part of volume crime generally.

Although most individuals will take drugs occasionally, without becoming involved in other crime, around 5% are problematic drug users who cause harm to themselves and to others

through their drug use. For this group of users, there are strong links between drug misuse and issues around community safety.

The regular use of illicit drugs places a huge economic burden on the user. In most cases this can not be met legitimately, causing heavy users to turn to drug dealing or acquisitive crime to fund their habit. The regular use of heroin or cocaine has been linked to income generating offences such as theft, burglary and robbery.

It is important to remember however, that crime and addiction do not go inevitably together. Not all drug users will be involved in crime and even for the most chaotic dependent users, criminal activity often pre-dates drug abuse.

Drugs and recorded crime

Drug offences dealt with under the Misuse of Drugs Act 2005 and related legislation accounted for 3.6% of all recorded crime in Staffordshire in 2005/06. This equated to around 2,500 recorded drug offences – up by 31.4% over the last three years – of which the vast majority (88%) were for drug possession. The increase, for the most part, was due to a large increase in recorded possession of cocaine (up by over 100 offences or 155% over the last 3 years) and a 45% increase in charges for cannabis possession (up by over 500 offences).

South Staffordshire was the district experiencing by far the highest rate of drug possession offences (4.5 per 1000 population) but this is attributable to the annual ‘V festival’ held in Weston Park, during which a considerable number of drug arrests are made.

The majority of drug possession offences tend to be committed by young people; almost two-thirds (63%) were committed by those aged between 16 and 24 years old. In Staffordshire in 2005/06 there were just under 500 offences recorded where the offender was thought to be under the influence of drugs, a decrease of a third (33%) over the last three years. The largest proportion of offences where the offender was thought to be under the influence of drugs was predictably drug offences, accounting for 38% (187 offences) followed by violence 37% (181 offences).

There were 288 recorded offences for drug trafficking in 2005/06 equating to a rate of 0.4 per 1000 population. This represents a slight (4.3%) increase over the last 3 years. The biggest proportion (43%) of drug trafficking was for heroin. Trafficking offences for heroin have more than doubled in the last three years; from 61 in 2003/04 to 125 in 2005/06. Newcastle-Under-Lyme is the district with the highest offence rate for drug trafficking (0.6 per 1000 population) and where there has been the most significant increase in heroin trafficking in the last three years; up from 4 offences in 2003/04 to 62 offences in 2005-06.

Nothing affects the well-being of local communities as much as substance misuse, related crime and the fear of such crime. Where communities are strong, drugs do not take hold. The highest incidences of drug-related crime, supply and drug related nuisance occur in the communities that suffer most from social deprivation.

Alcohol misuse and community safety

Alcohol-related crime and disorder has a major impact on the quality of life of many people, it also places huge pressures on criminal justice agencies and emergency services who are confronted daily with alcohol related crime. The severity of alcohol-related crime may vary considerably from relatively low level rowdy drunkenness and anti-social behaviour to serious violent assaults.

Although the link between alcohol and crime is well established, the exact nature and extent of the relationship is a matter of debate. Any behaviour committed in the context of alcohol consumption, results from the interaction between factors related to the individual, the environment and the alcohol. Alcohol is therefore best seen as contributing to crime, disorder and violence, not causing it.

Alcohol-related crime is most likely to be linked to violence, particularly 'stranger violence' (British Crime Survey 2005/06). Much of this violence occurs in the night time economy, in or around pubs and clubs. The impact of violence in the night time economy places huge pressures on enforcement and health services, with statistics suggesting that at peak times, up to 70% of all A&E admissions stem from alcohol abuse.

Fear of alcohol related violence or intimidation may well mean that large numbers of people avoid town and city centres on weekend evenings. Once again, young people, notably those who regularly use pubs and clubs, are most at risk from this issue. Whilst binge drinking amongst young women has attracted much press of late, it is men who face far higher rates of victimisation and who are almost invariably the perpetrators of such violence.

Alcohol and recorded crime

In Staffordshire in 2005/06 there were just over five thousand offences committed where the offender was under the influence of alcohol. Around two-thirds of these offences took place on a weekend and around three-quarters of all these offences were for violent crime. The level of alcohol related crime has remained fairly stable across Staffordshire over the last three years, although this has varied by district with decreases in some areas (e.g. East Staffordshire) and increases in others. The biggest increase and the highest rates were in the districts of Newcastle-under-Lyme and Tamworth where the alcohol-related crime rate per thousand population was 12.7 and 8 respectively, compared to a County figure of 6.2 per thousand population.

Substance misuse and offending

Drugs and alcohol are a key factor in offending behaviour in around two-thirds of adult offenders in Staffordshire. Staffordshire Youth Offending Service Users had substance misuse flagged as a potential problem in around a quarter of cases (263 out of 1040).

In Staffordshire the majority of alcohol-related offences are committed by young people. Nine-out-of-ten (92%) alcohol-related offences are committed by people aged under 45 years old and almost half (48%) are committed by people aged between 16 and 24 years. This is in line with national findings. Young people are also the most likely to be victims of alcohol-related offences.

Substance misuse and Anti-social behaviour

Recorded incidents of Anti-Social Behaviour (ASB) in Staffordshire whereby the offender was caught drinking in the street have increased considerably over the last 2 years; from 637 incidents in 2005-06 to 1486 incidents in 2006-07, with all districts seeing dramatic increases. This could reflect a real change in patterns or could be in part attributable to a change in policing or recording practices.

Perceptions of substance misuse and community safety

Perceptions of problems related to drug and alcohol misuse have improved considerably over the last three years.

Community perceptions of problems with people being rowdy or drunk in public places in Staffordshire County are down by a quarter (25%) over the last 3 years. All districts have witnessed large decreases, with the exception of Staffordshire Moorlands where there was a slight increase on an already low figure.

Similarly, community perceptions of problems with drug use or dealing in their local area are down by almost a fifth (18%) in Staffordshire over the last 3 years. Again, this reduction is reflected in all districts, except for Staffordshire Moorlands. Perceptions of problematic drug use/dealing were highest in Cannock Chase, where nearly two-thirds of the population (64%) believe it to be a problem in their local area, followed by Tamworth (57%). Three district areas experienced rates of concern below the county average; Stafford Borough, South Staffordshire and Lichfield, of which South Staffordshire had by far the lowest rate of concern (just 31%). There appears to be no clear relationship between levels of police recorded drug offences and local perceptions of problematic drug use/dealing.

Substance misuse and domestic violence

In 2005/06 the offender was under the influence of alcohol in around a quarter of all recorded domestic violence incidents in Staffordshire County (just over a thousand incidents). In some districts this was as high as 42% of incidents (Newcastle-Under-Lyme Borough).

Drink driving

There was a large increase in the number of drink driving offences from 2003/04 to 2004/05 followed by a considerable fall the next year in 2005/06. This was evident in all districts in Staffordshire.

Substance misuse and fatal fires

National data shows that in a third of all fatal fires the person was under the influence of alcohol at the time of the fire. Alongside the main cause of the fire, alcohol is one of the biggest single influences on whether a fire starts and/or whether it has fatal consequences.

Substance misuse and health

Drug and alcohol misuse are known to have adverse effects on people's health ranging from short term damage caused by intoxication to longer term problems such as a reduction in the quality of life and potentially death. There are also wider, socio-economic impacts such as family breakdown, child neglect and debt.

Table 1—Summary of short-term and long-term health impacts from substance misuse

Drug	Short term impact	Long term impact
Heroin	Overdosing on heroin can cause heart failure, unconsciousness and coma. Risk of the user choking on their own vomit if they are sick whilst unconscious.	Increase risk of infection from injecting, such as HIV, Hepatitis C Long-term injecting may cause collapsed veins, appetite loss and severe constipation
Cocaine & crack	Raises blood pressure, causes irregular heart beat, increases body temperature. When taken in large doses can cause heart failure.	Extreme paranoia, depression, insomnia extreme weight loss and malnutrition impotence in men. Low birth weight, birth defects and drug dependent babies when used by pregnant mothers. Body becomes more tolerant to the drug, so does needs to increase to get same effect.
LSD (acid)	Accidental injury due to psychological effects of taking the drug (such as believing they can fly).	Psychological problems
Cannabis		Similar problems to those experienced by smoker – oral and lung cancer. Possible psychological problems.
Ecstasy	Dehydration. If taken in large amounts can cause feelings of anxiety, panic and confusion. Other unpleasant side effects include: dry mouth, nausea, raised blood pressure, depression.	
Amphetamines (speed)	Short-term dizziness, hallucinations, burst blood vessels which can, in very rare cases, lead to paralysis and may even be fatal. Insomnia. Depression.	Body becomes more tolerant to the drug, so does needs to increase to get same effect.
Alcohol	Increased chance of accidental injury. Increased chance of casual sex, which may result in unplanned pregnancy. More inclined to be argumentative, and potentially violent.	Chronic Liver Disease. Stomach disorders, such as ulcers Brain damage, including dementia and memory loss. More likely to commit suicide or suffer from depression. Increased risk of heart disease.

Patterns of drug misuse

In England just over a third of all adults report using drugs at least once in their lifetime. Around one-in-ten adults used one or more drugs in the last year (10.5% of those aged 16 to 59 years), in the West Midlands the proportion is slightly lower (9.1%). The most commonly used drug in 2005/06 was cannabis followed by cocaine. Levels of reported drug use are around twice as high for men than they are for women. Single or co-habiting adults are much more likely to report using drugs than married or widowed people.

Drug use varies among different ethnic groups with adults from 'Mixed' ethnic groups more likely to have reported using drugs in the previous year (26%) than the general adult population (11.9%). Adults from 'Asian' ethnic groups were least likely to have taken drugs in the last year (5%).

Drug misuse amongst young people and children

Drug use is highest amongst young adults—around a quarter of those aged 16 to 24 years old—and declines with age. However, since 2002/03 frequent drug use among 16 to 24 year olds has decreased. There has also been a decline in drug use amongst children (aged 11 to 15 years old). The proportion of boys and girls taking drugs are similar overall.

As with adults, the most commonly taken drug among young people is cannabis, 10% of pupils had taken cannabis in the last year. The next most common drug taken by pupils in the last year was sniffing glue, gas, aerosols or solvents (7%), followed by taking poppers (3%).

It is estimated that in Staffordshire there are between 3,000 and 4,500 children where one or both parents have serious drug problems.

Drug misuse data for Staffordshire

There were 158 hospital admissions related to drug misuse in Staffordshire in a year (April 2004 to March 2005). Around a third of these were due to poisoning from opium, heroin, other opioids and around half of these admissions were as a result of opiod dependence.

Over the last three and a half years there have been 54 drug related deaths in Staffordshire, of which 47 (87%) were men. The average age at time of death for men was 32 years old. There were more drug related deaths in 2004 and 2005 than in 2006. Heroin abuse was believed to be the cause in the majority of deaths.

Over the financial year 2005/6, 1,929 individuals received treatment from drug and alcohol services within Staffordshire, with a monthly caseload of approximately 1,250 people. The majority of these people were male, aged 25 – 34 and white. The proportion of self-referrals in Staffordshire are lower than the national figure with more referrals through Primary Care.

When the differences between the profile of Staffordshire and England are examined it can be seen that there are more people in Staffordshire receiving treatment who use opiates as their main drug but generally fewer in all other categories.

Alcohol consumption amongst adults

On the whole, men drink more than women. Young people drink more heavily, whilst older people drink more regularly. Married and co-habiting people drink more often than others, whilst single people drink more heavily but less often. Whilst there is no robust local data, anecdotally it is recognised that rates of alcohol (and drug) use are higher and over a longer period of time for gay and bisexual people than amongst heterosexuals. There is little difference in drinking patterns between those working full-time and those unemployed.

Consumption amongst Black & Minority Ethnic (BME) groups is lower than for the general population, with the exception of Irish. BME groups are not one homogenous group and significant variations exist. Consumption levels are higher for some minority ethnic groups—e.g. Irish and Black Caribbean—and lower for others—e.g. Bangladeshi and Pakistani—although the number of people from all BME groups in Staffordshire is low.

The vast majority of people (around 80%) are either low-risk drinkers or non-drinkers. Of the remaining fifth of the population it is estimated that in Staffordshire around 131,000 people are hazardous drinkers; 32,000 are harmful drinkers and 21,000 are dependent drinkers. (It is important to remember that individuals will move in and out of these categories over the course of a lifetime.)

National research shows that around three-quarters of men and over half of women drink at least one day a week. Just over a third of men and a fifth of women drink more than the recommended number of units at least one day a week. The proportion of men and women drinking above daily benchmarks has remained at the same level between 1998 and 2004. In the West Midlands the level has been slightly lower for men in all but one of the last five years (2003) and fell in line with the national figure in 2004. For women in the West Midlands the figure has been consistently below the national figure.

The heaviest drinking day of the week was Saturday. However, there was some variation by age. Younger people (16-24) reported Friday as the second heaviest drinking day. Older age groups were more likely to report Sunday as the second heaviest drinking day and for the over 65s Sunday was the heaviest drinking day.

Alcohol consumption amongst children (11 to 15 years old)

Nationally, boys drink more than girls but the gap between the two has narrowed in the 2000s compared to what it was in the 1990s. The frequency of drinking amongst young people has fallen over the last three years, however, the mean consumption has gone up. Thus fewer children are drinking now than were drinking three years ago but those who are drinking are drinking more. Nationally mean alcohol consumption amongst children has roughly doubled over the last sixteen years. Most of that increase took place in the 1990s, with levels fairly stable between 1998 and 2005, although there has been an increase in the last year (2006).

The total percentage of children who have had an alcoholic drink in the last 7 days in Staffordshire is 30.4% this compares unfavourably with the national average of 21%. There is variation by district across the County ranging from 38.3% in Tamworth down to 27.3% in Cannock Chase. As you would expect there is variation by age with consumption increasing with age: around one-in-ten 11 year olds (11%) had an alcoholic drink in the last 7 days, rising to half (50%) of 15 year olds.

In Staffordshire it is estimated that there are about 15,000 children (under 16) living with at least one parent who misuses alcohol to a significant extent and that this can have a dramatic effect on children, making their lives stressed and difficult.

Local Alcohol Profiles for England: A Staffordshire Summary

Data from the Local Alcohol Profiles for England shows that generally alcohol related harm using these measures is greater for males than for females in Staffordshire. There are however some notable exceptions to this. Standardised Mortality Ratios (SMR) for chronic liver disease are higher for females than for males in six of the eight Local Authority Districts (LAD)—Tamworth and Lichfield being the exceptions. The SMR for chronic liver disease is also relatively worse compared to the regional and national figures for females in Staffordshire. Another interesting finding is for hospital admissions for under 18s where the rate per thousand population was higher for females than for males in six out of the eight (LAD) areas—Newcastle-under-Lyme and East Staffordshire being the exceptions.

The district areas of Cannock Chase and Newcastle-under-Lyme tend to be the two areas which record the highest levels of alcohol related harm using these measures.

Binge drinking estimates are highest in Tamworth and Stafford. All LADs in Staffordshire have a higher estimate of binge drinking than for the West Midlands as a whole and the estimate for Tamworth is also higher than the estimate for England.

The number of months of life lost attributable to alcohol are highest in Newcastle-under-Lyme where the figure reaches over a year (12.1 months). The inequality between males and females is also highest in Newcastle-under-Lyme (5.8 months higher for males than females).

Mortality from chronic liver disease is highest in Newcastle-under-Lyme for both males and females. SMR for 2004 has shown big increase in Cannock Chase for males and in Stafford for females.

Hospital admissions attributable to alcohol and for alcohol specific conditions are lower in Staffordshire than in the rest of the West Midlands and England as a whole.

Wider social and community harm related to problematic drug use

Most of the harm from illegal drug use is caused by and to the group of users commonly classified as 'problematic drug users'. These are users who are often dependent on Class A drugs, i.e. heroin, cocaine/crack, who live extremely chaotic lives, with high levels of risk to their health and that of others. Whilst problem drug use has a significant impact on society as a whole, it disproportionately affects the most deprived communities. Earlier sections of

this report highlight some of the key issues around problematic drug use and community safety. Drug use and dealing also exacerbates health inequalities since often the communities most plagued by dealing are those with fewest resources.¹

Child Protection and substance misuse

A growing body of national and local research indicates the extent of issues arising in families where there is parental drug and/or alcohol misuse. Research acknowledges that in many families this will be a hidden problem, although the arising issues will manifest in ways that will be recognisable to all partner agencies. In reference to children in need and child protection, substance misuse is recognised in a significant proportion of families as outlined below.

The report '*Hidden Harm*'² estimated that 2-3% of children under 16 in England and Wales had one or both parents with serious drug problems. Applying this to Staffordshire there are between 3,000 and 4,500 children across the County who have parents with drug problems³.

It is estimated⁴ that there are about one million children (under 16) living with a least one parent who misuses alcohol to a significant extent and that this can have a dramatic effect on children, making their lives stressed and difficult. Harmful drinking can lead to substantial stress or aggression and can lead to severe consequences such as domestic violence, assault or neglect of children. This equates to almost one-in-ten children (based on ONS population estimate of 10.2million children aged 0 to 15 years old in 2006). Applied to Staffordshire this gives an estimates of around 15,000 children.

Staffordshire Child Protection register

In Staffordshire County there are a total of 923 registrations on the Child Protection register. Around half of these (52%) are under 5 years old and there is a fairly even split of male (51%) and female (49%). The ethnicity profile of the Child Protection register falls in line with the general ethnicity profile of Staffordshire County Council as a whole with almost 91% coming from a White British background (information not available for 2%).

When the register is broken down by pre-disposing risk factor, alcohol misuse was noted in 170 cases (18.5%), substance misuse in 102 cases (11.1%) and 276 cases (29.9%) where domestic violence was noted. In addition to cases where just one pre-disposing risk factor was noted, there are also cases where more than one risk factor is present, such as 90 cases (9.8%) where alcohol and domestic violence was noted, 22 cases (2.4%) where substance misuse and domestic violence was noted and 22 cases (2.4%) where substance misuse and alcohol where noted. There was also 6 cases (0.7%) where all 3 risk factors were noted.

The type of abuse seen is also recorded on the register. Substance. Drug misuse was a factor in over three-quarters (76.4%) of cases where there was neglect. Alcohol misuse seems to be associated with violence and with physical abuse and emotional abuse.

Substance misuse services in Staffordshire

This section of the report draws together information on the treatment services that are currently available in Staffordshire focusing particularly on drug treatment services as opposed to alcohol, as the Drug and Alcohol Action Team (DAAT) is not permitted to fund alcohol treatment services through its pooled drug treatment budget funding stream.

Overall aim of the DAAT Treatment Strategy

The overall aims of the DAAT Partnership Treatment Strategy are to reduce the harm that drugs cause to society, communities' individuals and their families; to increasingly engage the participation of problematic drug users in treatment services and to expand accessibility to treatment by responding to diverse needs and improving the impact of treatment on the individual.

DAAT funding

Funding streams coming to Staffordshire DAAT for 2007/2008 currently stands at £5,179,750. There is additional funding of £384,851 allocated to the Young People's Treatment budget. This is a reduction in overall funding of £420,141 on the 2006/07 budget. Whilst the DAAT pooled treatment budget is purely to provide drug services, historically funding has been used to support alcohol related services.

Drug use in Staffordshire and Problematic Drug Users (PDU's)

The term problematic drug users is used to describe a person who experiences social, psychological, physical or legal problems related to intoxication, regular consumption, or dependence, as a consequence of their own use of drugs.

The Home Office estimated that in 2006 there were approximately 250,000 – 300,000 problematic drug users in England who required treatment. The total population of Staffordshire is 816,700 with an estimated number of PDU's (according to research by Glasgow University) of approximately 2975 crack & opiate users, which represents an estimated 84% of the total PDU population. In addition there are 16% for other drug use; therefore the total PDU population in Staffordshire is estimated at 3542.

Drug treatment services in Staffordshire tend to be mainly opiate focused, with 84% of all clients accessing the services being opiate dependent. Other main drug dependencies of clients entering treatment reveal Cannabis (6%) Crack (1%), Benzodiazepines (1%) Other stimulants (6%), Evidence shows that Crack as a secondary drug of choice is still on the increase as is alcohol and poly drug use.

The National Treatment Agency data reveals that approximately 33% of those individuals are not known to Tier 3 or Tier 4 treatment services. Throughout 2007/08 work will continue in Staffordshire to clarify the findings in order to gain a better understanding of the needs of the population, particularly those individuals who are reluctant to access treatment and individuals in hard to reach groups. The target for the year 2006/07 was to have 2100 individuals in structured treatment which equated to 60% of the estimated

population. (For the first quarter of 2007 there were 1515 individuals engaged in treatment in the County.)

There is an unknown amount of the PDU population in contact with services and who do receive Tier 2 interventions, but do not go on to require Tier 3 or 4 services. Therefore further work will be undertaken in 2007/08 to establish these figures.

Prolific Offender Units

The obvious link with crime and drug use is well documented. It is also accepted that in order to impact on the cycle of offending linked to drug abuse individuals must be able to access treatment services. To this end prolific offender units are in existence and target those individuals who are well known to the criminal justice services. These units operate at three locations in the county, one in the Trent Valley area, one in North Staffordshire and one in the Chase area. The Units are not open access and individuals are referred to the unit via the criminal justice system. The purpose is to fast track prolific offenders into treatment services in order to reduce and ultimately discontinue their offending behaviour. The DAAT funds the treatment element in the form of rapid access prescribing.

Evidence for Effective Treatment

Models of Care 2006 puts a greater focus on improving an individuals treatment journey. Drug treatment should not be seen as an event but as a process which usually involves engagement with a number of treatment services and may span a number of years. It should not be expected that an individual will always make rapid progress and may well continue to use drugs for a number of years.

The Models of Care describes effective drug treatment by a tiered system of treatment modalities. This is a means of classifying drug treatment services which are categorized into four tiers of treatment.

Tier 1 Interventions

- Drug related information and advice, screening and referral by generic services

Tier 2 Interventions

- Open access, non care planned drug specific interventions

Tier 3 Interventions

- Structured, care planned drug treatment

Tier 4 Interventions

- Drug specialist inpatient treatment and residential rehabilitations

The Staffordshire DAAT commissions drug treatment services across these 4 tiers of treatment.

Existing Drug and Alcohol Treatment Services and Resources

In addition to the 4 Tier Drug Treatment services which are commissioned through the Pooled Treatment budget by the Staffordshire CC DAAT, there are additional preventative and support services available in Staffordshire. These include:

1. The Staffordshire County Council Substance Misuse Team.

This is a county-wide specialist substance misuse social work team. The service sits within the structure of Staffordshire County Council Social Care and Health Directorate, and operates within co-located health and voluntary sector teams, providing a service to individuals between 18-65 who are experiencing significant problems as a result of the misuse of alcohol or drugs. The team consists of a Team Manager and 6 social workers, each covering a specific locality within the County. Social Workers carry out individual needs assessments to access appropriate services to assist the individual user in maximising independence, including the commissioning of rehabilitative programmes where appropriate.

2. Staffordshire Healthy Schools Scheme

The Healthy Schools Programme is a nationally accredited programme which is managed in Staffordshire by the County Council's Children and Lifelong Learning Directorate on behalf of the Staffordshire Healthy Schools Strategic Partnership Group. The Programme supports schools in achieving accreditation for the national award, which is achieved through schools self-validating in four themes, one of which is Personal & Social Health Education (PSHE), which includes substance misuse. This includes policy, staff training and development, and curriculum education (including alcohol, tobacco and volatile substance misuse). In Staffordshire, this programme of work is supported by a specialist Substance Misuse PSHE Adviser (funded by the SCC DAAT), and is performance managed against the National target of 100% of schools engaged in the Programme by 2009.

3. Reducing Alcohol Consumption in 11-15 year olds (LPSA2)

This programme, funded through LPSA2 monies, is co-ordinated by Staffordshire County Council Social Care and Health Directorate, and aims to reduce the number of 11-15 year olds consuming alcohol with a subsequent reduction in the average overall units consumed. The focus of the programme is to encourage young people to make healthy and responsible choices about when and whether to drink alcohol. 2 specialist alcohol workers from the County Council's Personal, Social and Health Education (PSHE) team deliver the programme which has an emphasis on web-based resources which provides information for children, young people, parents and teachers. The programme is performance managed by the Local Area Agreement target to reduce the percentage of 11-15 year olds who report that they drank alcohol in the last week, alongside reducing the mean alcohol consumption of those who drank.

Substance Misuse in Staffordshire—Stakeholder Event

A consultation of the views of key stakeholders

A key stakeholder event was conducted in June 2007, as it was considered important that the report and any future recommendations should be informed by the views of key stakeholders in the field of drugs and alcohol, health and community safety.

Workgroup sessions examined and discussed some of the preliminary emerging findings from the ongoing data analysis and to identify further unmet needs and future partnership priorities for the following perspectives:

- criminal justice
- young people and prevention
- treatment services
- hidden harm to children caused by parents who misuse drugs and alcohol
- rehabilitation and training and employment opportunities

The key messages which emerged from the stakeholder workgroup discussions and feedback are summarised below.

1. There is a lack of **partnership funding and treatment services for alcohol**: Multi-agency Partnerships need to recognise the impact of alcohol in terms of harm to both health and community safety and current funding gaps for alcohol treatment services. This needs the contribution of funding from wider partners and agencies and investment in treatment and support services, e.g. PCT Commissioning and work with new Practice-based Commissioning arrangements in Primary Care.
2. A **Staffordshire Alcohol Strategy** needs to be developed in response to the new updated national alcohol strategy. This will need to inform the content of the Crime and Disorder Reduction Partnership Community Safety Assessments, Local Community Safety Strategies and the County Community Safety Agreement. It will also need to address both the funding and service gaps for treatment alongside the crime and disorder which is caused by alcohol misuse.
3. There needs more **emphasis on patient choice** within Drug and Alcohol Treatment Services; with treatment options which respond to different stages of drug and alcohol use and different treatment options delivered in the community considered as viable outcomes e.g. chaotic-use, maintenance, harm minimisation, with an acknowledgement that patients move in and out of stages and treatment at different times.
4. **Hidden harm to children and young people**: alcohol and drug misuse is contributing to **child neglect** and the numbers of vulnerable children on the child protection register. There is a need to prioritise funding and high-risk family interventions to address this in order to improve the safety and life-chances of vulnerable children and reduce the number of re-registrations on the child protection register who at risk.
5. There needs **more joined-up working and partnership working in**, e.g. improved information sharing between agencies and more joined-up working within adults and children's services.
6. There should be a focus and prioritisation of **targeting the most risky and problematic families**.

7. There needs more **investment in Prevention** and **Early intervention**, including investment in to Tier 1 and 2, but this includes the need to draw on funding from partners as commissioning cannot disinvest from treatment services.
8. There needs **Training and Skills Development**, especially at Tiers 1 and 2.
9. There needs a **wider dialogue with all potential funding partners** especially Staffordshire Children’s Trust, North and South Staffordshire PCTs, and Crime and Disorder Reduction Partnerships.
10. There needs a county-wide approach to **working with employers** on wider training, skills and employment opportunities, and hold a future event with the business/ employment sector.
11. **Staffordshire Local Area Agreement:** Key recommendations from the event and the information from the commissioned report on the “extent of harm caused by drugs and alcohol in Staffordshire” should be fed into the LAA refresh.

Specific recommendations emerging from each workgroup

Listed below is a Summary of the feedback themes from each Workgroup

Criminal Justice:

- 1 Intervene earlier on with lower levels of offending—e.g. interventions with those receiving fixed penalties and refer into treatment system.
- 2 Identify Problem families; with thresholds and triggers for intervention.
- 3 Target and invest resources in the worst geographical areas and most ‘problematic’ families (intelligence-led).
- 4 Domestic Violence and Alcohol – include compulsory elements around cautions i.e. treatment for alcohol.
- 5 Include Alcohol Arrest Referral targets in the LAA.
- 6 Need improved Information-sharing and Analysis: to support intelligence-led enforcement and links to services.
- 7 Need Improved Treatment Service Publicity in local communities.
- 8 Need to remove the disparity in how we treat people in certain groups, Criminal Justice System clients versus other clients.

Preventing Young People from becoming drug users and misusing alcohol:

- 1 Need to influence Community and Learning Partnership Co-ordinators to identify need at local level with prevention/treatment services commissioned to ensure pooled resources are commissioned effectively based on local need.
- 2 Re-education or development work with education providers and employers around work with YP who have had a substance misuse issue.
- 3 Further work with parents to educate, and especially around alcohol culture and families.
- 4 Peer education with children and young people.
- 5 Concentration of resources at Tiers 1 and 2 to prevent issues becoming a bigger problem
- 6 Improve skills and knowledge gaps in Tier 1 /Schools/head-teachers, e.g. clarity on referral pathways for teachers
- 7 The Needs of Vulnerable children i.e. education exists in mainstream school provision, but who is working with excluded C&YP

- 8 Work with Trading Standards around proxy buying, extend remit and influence to work around advertising controls
- 9 Review of licensing arrangements

Drug and Alcohol Treatment Services

- 1 Need patient choice and changes in commissioning to shift towards better service for the individual, i.e. need to consider maintenance models as viable outcomes and 'dipping in and out' of treatment as service options.
- 2 Need to ensure that partner agencies contribute to the Pooled treatment Budget, i.e. move to an improved Commissioning Partnership as the Pooled Treatment Drugs Budget is not enough resource to cover alcohol treatment.
- 3 Need much closer working with PCT Commissioners and GPs, practice based commissioning
- 4 Need closer working between agencies to ensure care co-ordination of clients and smooth flow of clients through treatment system
- 5 Need a set of quality standards and involve service users
- 6 Gap in Alcohol funding and treatment - New Alcohol strategy will need to examine the 2 PCTs spending on alcohol,
- 7 Tier 2 alcohol services commissioned but NO Tier 3 & services need commissioning across all tiers
- 8 Arrest Referral for alcohol – is needed in terms of Community safety – but currently no treatment services!
- 9 Need more meaningful input in to LAA target setting from relevant agencies involved with drugs and alcohol
- 10 Closer partnership working

Hidden harm caused to children by parents who misuse drugs and alcohol

- 1 Alcohol is more acceptable and widespread, therefore there is likely to be more (hidden) harm in terms of alcohol and child protection and neglect.
- 2 Low level problems need to be identified earlier by early intervention and prevention services i.e. through application of the Children's Trust Thresholds for Intervention Model and the use of the Common Assessment Framework.
- 3 Upon early identification there needs to be ready and prompt access to support services.
- 4 Training is required at these early levels/Prevention services so that people know how to intervene and where to signpost individuals to services.
- 5 There needs recognition and partnership support of the important prevention/intervention role the Voluntary Sector has, who are working with families in the community.

Community and Learning Partnerships and CLP Co-ordinators need to understand and promote the reducing harm agenda, encourage services to work with disadvantaged families in the identification of needs, and ensure there are local community-referral routes in to services and support.

Rehabilitation: Housing, training and employment

- 1 Need to understand the institutional barriers and issues which prevent training and employment for service users.
- 2 Opportunities for training and employment need to be available and accessed via all the Tiers of Treatment, not solely abstinence-based.
- 3 Need to identify socially responsible employers – but this needs a model in place before approaching employers/businesses
- 4 Need to identify a 'skills and training pathway', including basic life-skills/work experience/placements/volunteering.
Need support systems from treatment agencies to enable pathways to employment, i.e. 'screening clients, after-care support, and I-I support to clients.