

**TACKLING SUBSTANCE MISUSE IN  
WORCESTERSHIRE:  
A PARTNERSHIP APPROACH (2008-11)**

**TACKLING  
DRUGS  
& ALCOHOL  
CHANGING  
LIVES  
IN WORCESTERSHIRE**

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## 1. FOREWORD FROM EDDIE CLARKE, CHAIR OF WORCESTERSHIRE SUBSTANCE MISUSE ACTION TEAM;

In my first year as Chair of Worcestershire Substance Misuse Action Team, I am delighted to introduce the **first Countywide Strategy** to address substance misuse issues. This is a positive step in creating a **strong partnership** approach to tackling substance misuse in Worcestershire. Gaining sign up to this strategy from key Partnerships will ensure that tackling substance misuse is on everybody's agenda.

Since the introduction of the last SMAT Strategy in 2005, there have been many **achievements** including:

- A 30% increase in the number of people receiving drug treatment;
- 61% of GP practices in Worcestershire now offer Shared Care for drug users;
- 98% of DIP clients who get taken onto a caseload are engaging in treatment;
- Over 10,000 targeted drug education lessons delivered to young people;
- Over 800 calls to Pressure Point, the helpline for people who are concerned about someone else's drug use;
- The appointment of an Alcohol Liaison Nurse to deliver Brief Interventions in Worcester Royal A&E department;
- The growth of an enhanced Alcohol Arrest Referral Scheme – the Worcestershire Alcohol Criminal Justice Interventions Team;
- The development of a Rent Deposit Scheme for substance misusers;
- The development of Experience 24, a holistic 12-week programme for drug users;
- The development of Inside Out, a service designed to provide support for young people affected by someone else's drug or alcohol use;
- The setting up of district CDRP Tasking to anticipate and solve community safety problems through a practical and coordinated multi-agency approach.

But there is still more to be done.

Some of our key aims for the next 3 years will be:

- **To increase the focus on alcohol.** Although most of the population drink sensibly, almost one fifth of adults in Worcestershire drink more than the safe limit. Promoting a sensible drinking culture that improves health and reduces violence is a key part of this strategy and our work over the next 3 years.
- **To improve positive outcomes from drug treatment.** The focus for many years has been on getting more drug users into treatment. However, the focus has now shifted to quality and outcomes. Drug Treatment Services are being asked to complete Treatment Outcome Profiles (TOP) which will measure changes in people's lives – substance use, risk behaviour, criminality and health and social functioning. This will enable providers, commissioners and the community to assess the real difference that treatment is making to an individual's life.
- **To strengthen our links with prisons.** Drug related deaths are still occurring when people leave prison and do not receive the correct level of aftercare. It is hoped that the introduction of Integrated Drug Treatment Systems in our prisons will improve the quantity and quality of drug treatment within prisons and integrate prison and

community treatment to prevent damaging interruptions either on reception into custody or on release back home.

- **To improve prevention activities.** It is important that the focus isn't just on providing services and interventions for people already using drug and alcohol problematically. Preventative work also needs to be a key part of this strategy to ensure that young people are provided with sufficient information and support to enable them to make informed choices and minimise the harm that can result from problematic substance misuse. Parents and carers are an important part of this process and need better support to educate their children about drugs and alcohol.
- **To improve housing options for substance misusers.** Consultation with service users has revealed dissatisfaction with housing and housing related support for substance misusers in Worcestershire. Without adequate housing, an individual's chance of successful drug/alcohol treatment is greatly reduced. Working closely with Supporting People, a seamless model must be developed to ensure that various housing and housing related support options are made available at every stage of a client's recovery.

It is important that Partners work together to achieve these aims and to contribute to achieving our mission of:

**'Reducing the harm that drugs and alcohol cause to individuals, families and communities within Worcestershire'**



Eddie Clarke  
Chair of Worcestershire Substance Misuse Action Team

## 2. INTRODUCTION

Drug and alcohol misuse causes considerable harm to society.

The most harmful drugs, including heroin and crack cocaine, bring untold misery to individuals, their families and communities. The most damaging effects for communities are those caused by drug dealing, drug-related crime and anti-social behaviour, which can undermine stable families and cohesive communities.<sup>1</sup>

Drug Misuse can prevent parents from providing their children with the care and support they need and greatly increases the likelihood that their children will grow up to develop drug problems themselves. It creates chronic health problems that destroy lives and it prevents young people from succeeding in education, being healthy and fulfilling their potential.<sup>2</sup>

In Worcestershire, there are an estimated 2,750 problem drug users who need support. Some of these individuals are accessing treatment but some are not known to any of our services which means they are at greater risk of experiencing poor health, engaging in criminal activity and harming their children, families and the communities they live in.

The Government's National Drugs Strategy '**Drugs: protecting families and communities**' summarises the evidence of the scale of the drug problem in England as:

- **There are an estimated 332,000 problem drug users in England;**
- **Class A drug use generates an estimated £15.4 billion in crime and health costs each year, of which 99 per cent is accounted for by problematic drug users;**
- **Between a third and a half of acquisitive crime is estimated to be drug related;**
- **Around a quarter (24 per cent) of young people aged 16-24 have used an illegal drug in the last year;**
- **10 per cent of people aged 16-59 have used an illegal drug in the last year;**
- **17 per cent of school children aged 11-15 have used an illegal drug in the last year; and**
- **The UK illicit drug market is estimated to be worth between £4 billion and £6.6 billion.**

*Drugs: protecting families and communities. February 2008*

90% of the adult population drink alcohol and the majority of this population drink sensibly. However, excessive alcohol consumption by a proportion of the population is causing considerable concern to the Government and society.

Alcohol related violence and disorder continues to dominate our nighttime economy, consumption levels are on the increase (especially in our young people) and alcohol related deaths have more than doubled since 1979, with more people dying at a younger age.

In Worcestershire, one fifth of adults drink more than the safe limit. There was a 13% increase in the rate per 100,000 population of alcohol related admissions in Worcestershire between 2005/6 and 2006/7. Worcester City and Redditch districts are significantly worse than the national average for alcohol-specific and alcohol-attributable female admissions to

<sup>1</sup> Drugs: protecting families and communities. February 2008

<sup>2</sup> Drugs: protecting families and communities. February 2008

Accident & Emergency and alcohol related violence. Also, over 50% of Worcestershire respondents in the 2007 West Mercia Crime & Safety Survey agree that drunken disorder is a problem in their neighbourhood.

The Government's alcohol strategy '**Safe. Sensible. Social. The next steps in the National Alcohol Strategy**' outlines the current position regarding consumption, harm and public opinion in England:

- Surveys of public opinion in England and the UK as a whole suggest that alcohol is a major cause of concern.
- According to self-reported data in the General Household Survey (GHS), alcohol consumption rose between 1960 and 1980, then stabilised. Consumption by young women and children increased significantly in the 1990s.
- HM Revenue and Customs (HMRC) excise data on 'duty paid' clearances for the UK domestic market shows a longer sustained, continuing rise in overall consumption to 2004, with a fall in 2005 and 2006 (provisional data).
- In England, 90% of people drink alcohol, and most people have heard of units of alcohol and the sensible drinking message. However, most people do not keep a check on the number of units they drink and may be drinking more than they think they are.
- While the proportion of young people who are drinking has declined in recent years, those who do drink are consuming more alcohol, more often. High levels of alcohol consumption are associated with a range of high-risk behaviours including unprotected sex and offending.
- Underage drinking and drinking by young adults is perceived as a real problem by the public. Over half of those who reported witnessing drunken or rowdy behaviour said it was due to young people drinking in the streets and other public places.
- Alcohol-related illness or injury accounts for 180,000 hospital admissions per year. In 2005, 4,160 people in England and Wales died from alcoholic liver disease. For men who are regularly drinking more than 8 units a day and women regularly drinking more than 6 units a day, or 50/35 units per week respectively, the risks of various diseases, such as liver disease, stroke etc., are significantly higher.

*Safe. Sensible. Social. The next steps in the National Alcohol Strategy. June 2007*

This strategy provides an overarching framework of objectives and actions.

Also within this strategy is:

- A description of the Partnership structures in place to tackle substance misuse;
- A rationale for the need for a local Substance Misuse strategy;
- National drivers (including national targets);
- Local need (a summary of the Adult's and Young Person's drug and alcohol needs assessments);
- A review of the current responses to local substance misuse related harm;
- Local priorities to tackle drug and alcohol related harm;
- A description of how the strategy will be implemented;
- Contacts for Substance Misuse related agencies and services in Worcestershire;
- Action plans to address substance misuse related harm in Worcestershire (hyperlinked).

### 3. WHAT IS THE PURPOSE OF THIS STRATEGY?

The purpose of the strategy is to set out the agreed direction that agencies will work towards and the outcomes and objectives to be achieved. This will guide planning and commissioning to ensure that collectively we are reducing the harm that drugs and alcohol cause to individuals, families and communities within Worcestershire.

The strategy is being developed because:

1. The strategy is an opportunity to ensure that all SMAT partner organisations, service providers and Community Safety Partnerships in Worcestershire are working to a common strategy with a shared understanding of:
  - What services, interventions and activities are in place to prevent problematic substance misuse;
  - What treatment and support will be provided to drugs and alcohol misusers;
  - What interventions and initiatives will be designed and delivered to reduce drug and alcohol related crime, improve health and well being, prevent substance misuse, protect young people and reassure families and communities;
  - What the constraints are and what we collectively hope to achieve over the next 3 years (2008-11).

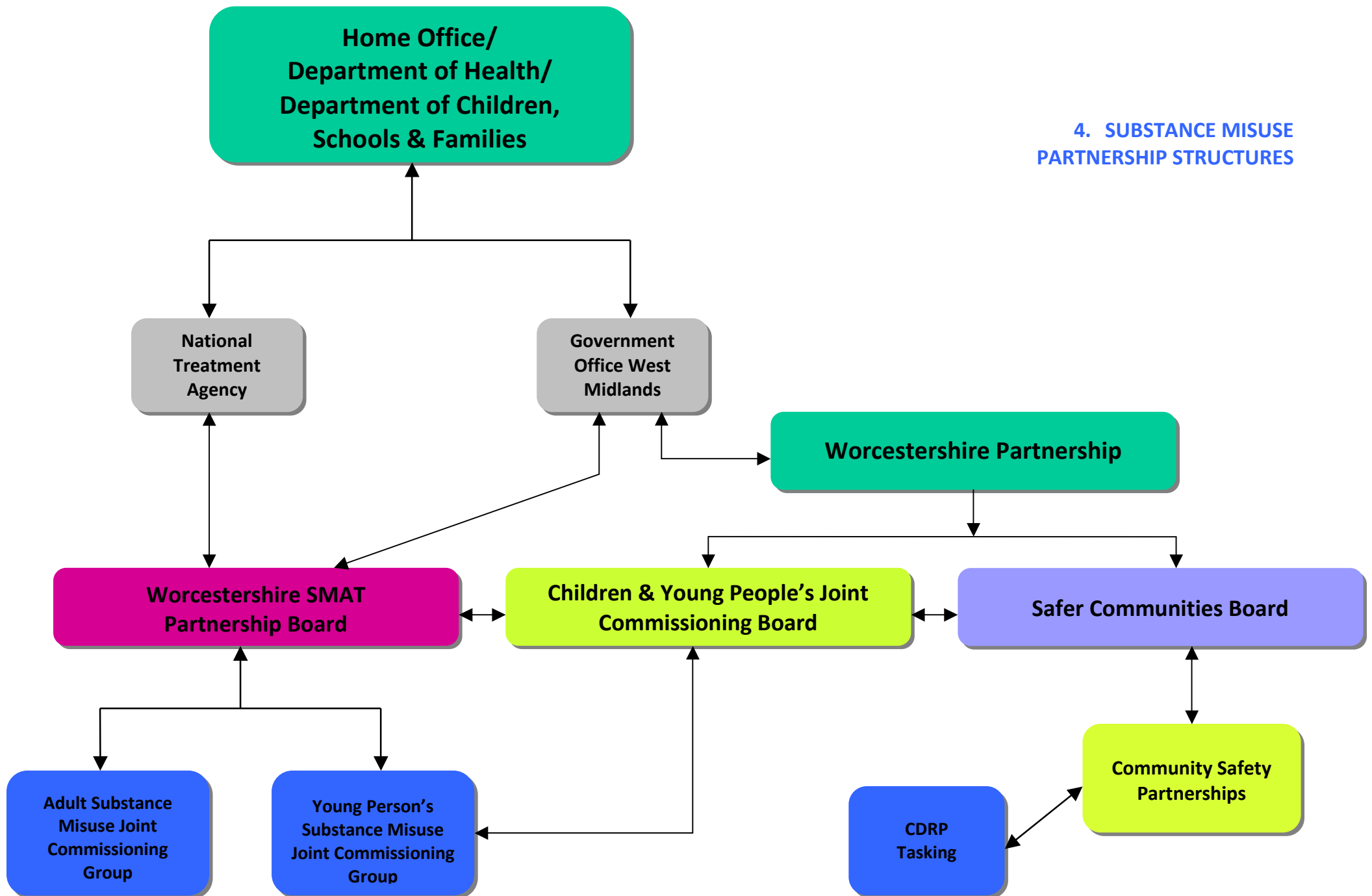
Having one substance misuse strategy which all key agencies are signed up to will help coordinate the various activities undertaken by the different organisations to tackle drug and alcohol related harm. Effective coordination at the local level will maximize efficiency and avoid duplication of effort. Working together will ensure that the national PSA 25 target is achieved.

2. HM Government launched the next steps in the alcohol strategy for England (Safe Sensible Social) in June 2007. It describes the need to develop a **clear and focused programme of action** to minimise the health harms, violence and antisocial behaviour associated with alcohol in the form of a local alcohol strategy.

However, there are several different agencies who have a role in addressing alcohol related issues so potentially, each of these organisations could produce a separate alcohol strategy. As Worcestershire SMAT is made up of these key agencies and has the vision to **“reduce the harm that drugs and alcohol cause to individuals, families and communities within Worcestershire”**, it makes sense for SMAT to coordinate one strategy (and this has been endorsed by Government Office).

Many areas will have 2 separate strategies for tackling drugs and alcohol but Worcestershire have chosen to have one substance misuse strategy. Worcestershire CSPs and Worcestershire PCT have signed up to this.

4. SUBSTANCE MISUSE  
PARTNERSHIP STRUCTURES



## 5. WHOSE RESPONSIBILITY IS IT TO ADDRESS SUBSTANCE MISUSE RELATED HARM IN WORCESTERSHIRE?

The challenge of substance misuse is that it affects the work of so many different agencies. For this reason, it is important that all agencies are involved in the development of this strategy and in prioritising actions and designing services to address substance misuse issues.

The most effective way to do this is to use the existing Partnerships that are made up of the various different agencies that come into contact with drug and alcohol misuse – namely Drug & Alcohol / Substance Misuse Action Teams and Crime & Disorder Reduction / Community Safety Partnerships.

The chart to the left demonstrates the organisation of the partnerships involved in tackling drug and alcohol misuse and the links into Government departments.

There are many more smaller action groups that sit under the main commissioning groups which SMAT/CDRPs host or attend. Some of these groups will be time limited to address a certain issue or problem, some will be on-going.

**Worcestershire Substance Misuse Action Team (SMAT)** is a multi-agency partnership of Chief Officers or their representatives from a range of agencies tasked with addressing the misuse of drugs and alcohol and implementing the national strategies associated with this work. These include:

- The 10-year National Drugs Strategy – **Drugs: protecting families and communities;**
- The Alcohol Harm Reduction Strategy – **Safe. Sensible. Social. The next steps in the National Alcohol Strategy.**

The partners comprising Worcestershire SMAT include the following:

- Community Safety Partnership representatives
- Worcestershire County Council (Adult and Community Services, Children's Services)
- District Council (Community Safety, Housing)
- Worcestershire Primary Care Trust
- West Mercia Constabulary
- West Midlands Ambulance NHS Trust
- Worcestershire and Herefordshire Youth Offending Services
- Herefordshire and Worcestershire ConneXions
- HM Prison Service
- West Mercia Probation Trust
- Worcestershire Mental Health Partnership NHS Trust

Worcestershire SMAT as a partnership has a strategic role with regards to strategy, planning, commissioning and performance managing the services and activities carried out on its behalf in order to achieve its agreed mission statement. This is to:

## **‘Reduce the harm that drugs and alcohol cause to individuals, families and communities within Worcestershire’**

Working alongside Worcestershire SMAT are **Crime and Disorder Reduction Partnerships (CDRPs)** who are responsible for developing and implementing strategies to tackle crime and disorder, including anti-social and other behaviour adversely affecting the local environment, as well as the misuse of drugs in their area. Alcohol related crime in particular impacts heavily on the work of CDRPs as alcohol misuse contributes to a large proportion of criminal activity in the county.

There are 4 CDRPs in Worcestershire known as Community Safety Partnerships (CSPs) – South Worcestershire CSP, Bromsgrove CSP, Redditch CSP and Wyre Forest CSP. A Chief Officer level strategic group called the North Worcestershire Responsible Authorities Group sits above the three CDRPs in the North of the county and coordinates North Worcestershire wide activities.

Responsible authorities have a statutory duty to ensure that the key agencies come together to work in partnership in a CDRP/CSP. These include:

- Police
- Local Authority (including Licensing departments, Trading Standards, Youth Service, Environmental Teams, District Councillors etc)
- Police Authority
- Fire and Rescue Authority
- Primary Care Trust

Other agencies also sit on CSPs including, Housing Associations, SMAT, Youth Offending Services, Probation Service etc.

Both SMAT and the CSPs are represented on the **Worcestershire Safer Communities Board (SCB)**. The SCB is a sub-group of the Worcestershire Strategic Partnership, responsible for delivering Block A – *‘Communities that are safe and feel safe’* of the Local Area Agreement on behalf of the Worcestershire Partnership Management Group.

The **Children & Young People’s Joint Commissioning Board (CYPJCB)** is also a key part of the structures in place to tackle substance misuse. This Board is Chief Officer level and is responsible for delivering Block E - *‘Meeting the needs of children and young people’* of the Local Area Agreement. The CYPJCB leads on the strategic planning and joint commissioning of services for children, young people and their families and carers.

## **Local Area Agreements**

Local Area Agreements (LAAs) were introduced by the Government in 2005 and were designed to provide local authorities and partners with the flexibility and capacity to deliver the best solutions for their areas.

LAAs set out the key priorities for an area - these priorities are agreed between central government and the Local Authority/Local Strategic Partnership and other key partners at a local level.

Worcestershire County Council was in round 2 of the introduction of LAAs which meant their LAA ran from 2006 – 2009 (Round 1 LAAs ran from 2005-2008). The drug/alcohol related outcome was – **to reduce the harm caused by illegal drugs and alcohol**. The performance measure/indicators agreed were:

1. Ensure completion rates for Specialist and Shared Care drug treatment prescribing are in line with national averages;
2. Increase the number of people receiving alcohol treatment;
3. To reduce public perception of crime, anti social behaviour (ASB) and drug use.

However, in 2008, the Government instructed all areas to create new LAAs, which would start in April 2008. In Worcestershire's 2008 – 2011 LAA, there is one drug and alcohol related outcome - **to reduce the harm caused by illegal drugs and alcohol**. The performance measure/indicator that has been agreed is:

1. Reduce the trend in the increase of alcohol-related hospital admissions.

## National Targets

Worcestershire SMAT and CSPs are also expected by Government to undertake work to address a number of Public Service Agreements (PSAs), placed upon individual Government Departments and outlined in the paper entitled *"PSA Delivery Agreement 25: Reduce the harm caused by drugs and alcohol"* (October 2007). The Home Office PSA targets applicable to this strategy include:

### PSA 25 – Reduce the harm caused by drugs and alcohol

This PSA will aim to reduce the harm caused by drugs and alcohol to:

- The community as a result of associated crime, disorder and anti-social behaviour;
- The health and well-being of those who use drugs or drink harmfully; and
- The development and well being of young people and families.

The indicators that measure progress in reducing drug and alcohol related harm are set out below.

- **Indicator 38:** The rate of drug-related offending;
- **Indicator 39:** The number of alcohol-related hospital admissions;
- **Indicator 40:** The number of drug users recorded as being in effective treatment;
- **Indicators 41 & 42:** The percentage of the public who perceive drug use or dealing/ drunk and rowdy behaviour to be a problem in their area.

In addition to the above indicators that sit solely within this PSA, there are other indicators within other PSAs that are crucial to reducing the harms outlined within PSA 25.

### PSA 14 - Increase the number of children and young people on the path to success

The indicators within this PSA that are related to substance misuse are:

- **Indicator 110:** Young people's participation in positive activities;
- **Indicator 111:** First-time entrants to the Youth Justice System aged 10-17;
- **Indicator 114:** Rate of permanent exclusions from school;
- **Indicator 115:** Substance Misuse by young people;
- **Indicator 117:** 16-18-year-olds who are not in education, training or employment.

### PSA 23 - Make Communities Safer

The indicators within this PSA that are related to substance misuse are:

- **Indicator 15:** Serious violent crime;
- **Indicator 16:** Serious acquisitive crime;
- **Indicator 17:** Perceptions of Anti Social Behaviour (ASB);
- **Indicator 18:** Adult re-offending rates for those under probation supervision;
- **Indicator 19:** Rate of proven re-offending by young offenders;
- **Indicator 20:** Assault with injury crime rate;
- **Indicator 21:** Dealing with local concerns about ASB and crime by local council and Police.

From a wider perspective, the Adult Drug Treatment Plan supports the delivery of the following Public Service Agreements:

PSA 2: Improving the skills of the population

PSA 8: Maximising employment opportunities for all

PSA 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training

PSA 18: Promoting better health and wellbeing for all

PSA 19: Ensuring better care for all

### PCT Targets

As part of a Department of Health Operating Framework for 2008/9 a list of targets/indicators known as '**Vital Signs**' have been developed across a range of services. The 'Vital Signs' have been developed to encourage and enable partnership working between the PCT and partners such as the Local Authorities to deliver joint outcomes through the Local Area Agreements (LAAs) and the PCT operational plan.

Two 'Vital Signs' targets link to drug and alcohol misuse. These are:

- **VSB 14: Drug users in effective treatment**
- **VSC 26: Alcohol related hospital admissions**

SMAT partner agencies will be working with the PCT to ensure these targets are met.

## 6. THE NATIONAL PRIORITIES

The role of Worcestershire Substance Misuse Action Team is to implement the actions laid out in the national strategies to address drug and alcohol related harm at a local level. This local strategy must mirror the National strategies wherever possible.

The following section describes what these priorities are.

### Drugs

In February 2008, the Government published its new 10-year National Drug Strategy (2008-2018) – **Drugs: protecting families and communities**. The strategy describes an ambition of a society free of problems caused by drugs – fewer people starting to use drugs, those who use drugs not only enter treatment but complete and re-establish their lives and that communities are free of drug related crime, anti-social behaviour and the fear these cause.

The following points summarise the main actions described in the strategy. These key strategic actions should form the basis of work in local areas.

#### **1. Protecting communities through robust enforcement to tackle drug supply, drug related crime and anti-social behaviour:**

- Use multi-agency and intelligence-based approaches to identify the drug-misusing offenders at greatest risk of causing the most harm and improve our responses to divert them out of crime.
- Embed action to tackle drugs within the Neighbourhood Policing approach, responding to community concerns about drugs, acting on intelligence provided by the community and giving feedback on how such intelligence was used.
- Support communities who wish to take action against drug dealing by promoting local campaigns such as 'Rat on a Rat'.
- Create more international partnerships to intercept drugs being trafficked to the UK and to implement border controls in countries of departure.
- Extend asset seizure powers, including entering asset-sharing agreements with other countries to allow the seizure of criminal assets sequestered overseas, and introducing powers to seize high-value goods at arrest.

#### **2. Preventing harm to children, young people and families by drug misuse:**

- Ensure prompt access to treatment for all drug-misusing parents with a treatment need, with parents who are problem drug users and whose children are at risk having rapid access, and all assessments taking account of the needs of the family.
- Deliver a package of interventions for families at risk, to improve parenting skills, helping parents to educate their children about the risks of drugs, supporting families to stay together and breaking the cycle of problems being transferred between generations, drawing on learning from innovative programmes and providing intensive interventions where needed.
- Support kin carers, such as grandparents caring for the children of substance-misusing parents, by exploring extensions to the circumstances in which local authorities can make payments to carers of children classified as 'in need', backed up by improved information for carers and guidance for local authorities.

- Support parents with substance misuse problems so that children do not fall into excessive or inappropriate caring roles.

### **3. Delivering new approaches to drug treatment and social reintegration**

- Develop pilots to test new approaches, which can provide better end-to-end management through the system, including a more effective use of pooled funding and individual budgets, and with a sharper focus on outcomes.
- Develop a package of support to help drug users, and particularly those causing the most harm, to access and complete treatment and to re-integrate into society.
- Use opportunities presented by the benefits system to provide support and create incentives to move towards treatment, training and employment.
- Ensure treatment is personalised and outcome-focused, making full use of new treatment approaches that are shown to be effective.
- Draw on significant new funding to support research into developing better forms of treatment.

### **4. Public information campaigns, communications and community engagement**

- Extend the use of FRANK to provide access to support and interventions, to support local campaigns and school-based education, and target key audiences.
- Improved support and information for parents. The Government will bring together a partnership of leading organisations pledging to support and provide information for parents.
- Develop better community-based communications to build community confidence and engagement in the work being done to tackle drug misuse.

## **Alcohol**

In June 2007, HM Government launched the new National Alcohol Strategy. **‘Safe. Sensible. Social. The next steps in the National Alcohol Strategy’** builds on the foundations laid and the lessons learnt since 2004. It describes the need to develop a clear and focused *programme of action* to meet the long term goal to minimise the health harms, violence and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

### **1. Sharpened criminal justice for drunken behaviour**

- The criminal justice system should be used to bear down on those committing crime and antisocial behaviour when drunk.
- Points of intervention should be introduced following arrest, through conditional caution and through disposal.
- Offenders should be given the facts about unsafe drinking and its link to criminal behaviour and will be offered advice, support and treatment where appropriate.

### **2. A review of NHS alcohol spending**

- A root and branch stock take of the burden of alcohol-related harm on NHS resources will be carried out to inform smarter spending decisions, driving local investment in prevention and treatment while delivering better health and saving the NHS money.

### **3. More help for people who want to drink less**

- Many people who reduce their drinking to within sensible limits don't need or want professional help, but there are many people who would like more support.
- The Government will develop and promote sources of help for people who want to drink less, including telephone helplines, interactive websites and support groups.

### **4. Toughened enforcement of underage sales**

- Successive enforcement campaigns have made it harder for under-18s to buy alcohol. Since 2004, the national test-purchase failure rate has fallen from around 50% to around 20%. Now, local authorities and the police have more powers to prosecute and even close premises that persistently sell alcohol to children.

### **5. Trusted guidance for parents and young people**

- To help young people and their parents make informed decisions about drinking, the Government will provide authoritative, accessible guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad.

### **6. Public information campaigns to promote a new sensible drinking culture**

- A new generation of publicity campaigns will mark a paradigm shift in the ambition and impact of public information about alcohol.
- The 'Know Your Limits' campaign will continue to develop and expand, acting as a call to action to promote sensible drinking and highlighting the physical and criminal harm related to alcohol misuse.

### **7. Public consultation on alcohol pricing and promotion**

- Does alcohol pricing and promotion cause people to drink more? An independent review of the evidence, followed by a consultation beginning next year, will enable us to explore the relationship between promotional activity and harmful consumption, particularly among young people.

In June 2008, the Department for Children, Schools and Families, the Home Office and the Department of Health launched a **Youth Alcohol Action Plan** which sets out what the Government pledges to do to address drinking by young people. The following summarises the key priorities for the next 3 years.

### **1. Stepping up enforcement activity to address young people drinking in public places**

- Suitable penalties for young people who persistently drink in public places;
- Giving the police powers to disperse under-18s who are drinking and behaving anti-socially;
- Extend the use of Acceptable Behaviour Contracts (ABCs) with young people caught drinking in public;
- Extend the use of Alcohol Arrest Referral Schemes to under-18s;
- Make better use of confiscation powers and ensure parents are routinely notified of their child's behaviour.

### **2. Taking action with industry on young people and alcohol**

- Working with the alcohol industry to ensure they operate to 'Alcohol Social Responsibility Standards';

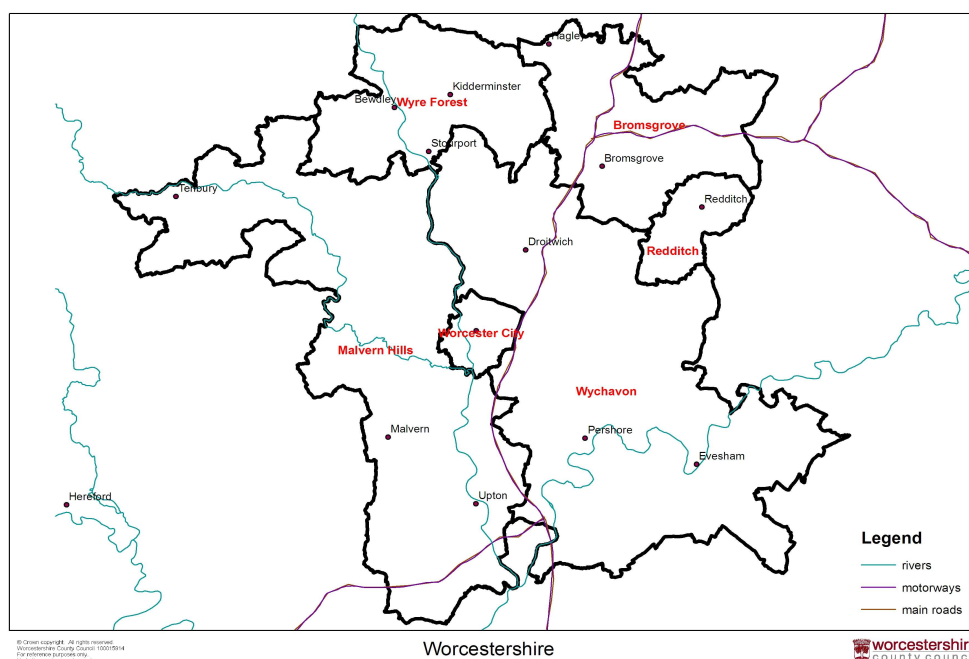
- Ensuring that existing powers to identify problem retail premises selling alcohol are fully utilised;
  - Tougher sanctions on those found to be breaching their licensing conditions;
  - Encourage prompt roll out of 'Challenge 21' to ensure that all outlets seek proof of age identification for those appearing to be under 21.
- 3. Developing a national consensus on young people and drinking**
- Develop much clearer information about the effects of alcohol on children to inform parents' decisions about when and how much young people may drink and how far young people's drinking should be supervised by parent and carers.
- 4. Establishing a new partnership with parents on teenage drinking**
- Consult with parents regarding actions to tackle underage drinking;
  - Encourage wider use of Parenting Contracts and Parenting Orders;
  - Extend Family Interventions Projects to an additional 500 families (nationally).
- 5. Supporting young people to make sensible decisions about alcohol.**
- Deliver a comprehensive communications campaign aimed at 11-15 year olds;
  - Conduct a review into alcohol education in schools;
  - Improve activities and support available to young people to prevent drinking through boredom;
  - Continue to focus on the most vulnerable young people through targeted youth support;
  - Focus on improving alcohol treatment for young people.

## 7. THE LOCAL PROFILE

Worcestershire, like any other county, district or area within the UK experiences problems associated with drug and alcohol misuse. Evidence suggests that Worcestershire is not out of step with comparable areas in terms of the levels of drug and alcohol misuse but, in terms of crime, Worcestershire is a low crime area.

- Worcestershire has a population of 552,900 people (2006 mid-year estimate).
- There is a roughly equal gender split, with 49% male and 51% female.
- The county is predominantly White British, with ethnic groups accounting for only 3.5% of the population (2004)
- Worcestershire has a larger population of older age groups, with all age groups above 45 years being higher than the national average. Redditch has the youngest population, with Malvern Hills having the oldest.
- 71% of people in Worcestershire live in urban areas, with 20% residing in villages and hamlets. A further 9% live in small towns and fringe areas.

The map below shows the county of Worcestershire, identifying the main districts, towns, main roads, motorways and rivers.



In 2007, the SMAT Information Manager created a profile of the level of drug and alcohol misuse for adults and young people in Worcestershire. The following sections will summarise the key findings.

### Drugs - Adults

#### Treatment population

According to estimates produced by Glasgow University, Worcestershire has an estimated 2,750 problem drug users (PDUs); those using opiates and/or crack. Research shows that there are only small proportions of users in treatment for other drugs such

as cannabis and amphetamines. Figures from treatment services reveal that 1192 of these problem drug users have never been in contact with treatment services.

Within this population who are not known to services, it is clear that there are approximately 250 individuals who are already in contact with 'gateway' services, such as criminal justice or needle exchanges. Services will continue to focus on engaging and retaining these individuals in treatment.

### **National Treatment Agency data**

Data provided by treatment services reveals the following findings:

- A higher than national proportion of clients under 25. This reinforces the importance of sustaining good links between SPACE and the Youth Offending Service and the adult drug services.
- 97% of the treatment population are white – this is higher than the regional and national average (both 83%), although it is reflective of Worcestershire's population as a whole. BME groups within the county are small and therefore much harder to reach.
- A higher than national proportion of opiate users (67% compared with 48%). There is also a high rate of current and previous injectors in treatment; this poses challenges in terms of harm reduction and heightens the risks of drug misuse related deaths.

### **Viral Hepatitis Services**

- Screening, vaccinations and tests for Hepatitis B and screening for Hepatitis C are provided by the Clinical Nurse Specialists within the Hepatitis Service. Every client receiving a comprehensive assessment within one of our treatment services should be offered screening and vaccination for HBV. With 1,598 clients in treatment at the end of 2006/7, and 1,012 clients reporting current or previous injecting, there is clearly a need to improve screening and vaccination rates.
- The service began to run community vaccination clinics during 2006/07. These clinics are held at each of the geographical treatment locations and will enable vaccinations to be provided for a larger number of clients.

### **Needle Exchange**

- A monthly average of 325 individuals accessed specialist needle exchange in 2006/07. An audit carried out in December 2007 showed that the general profile of clients accessing specialist needle exchange mirrored that of clients in treatment.
- Records show a 99% return rate for the needles distributed by Turning Point. This is encouraging in terms of public perceptions regarding discarded needles within communities.

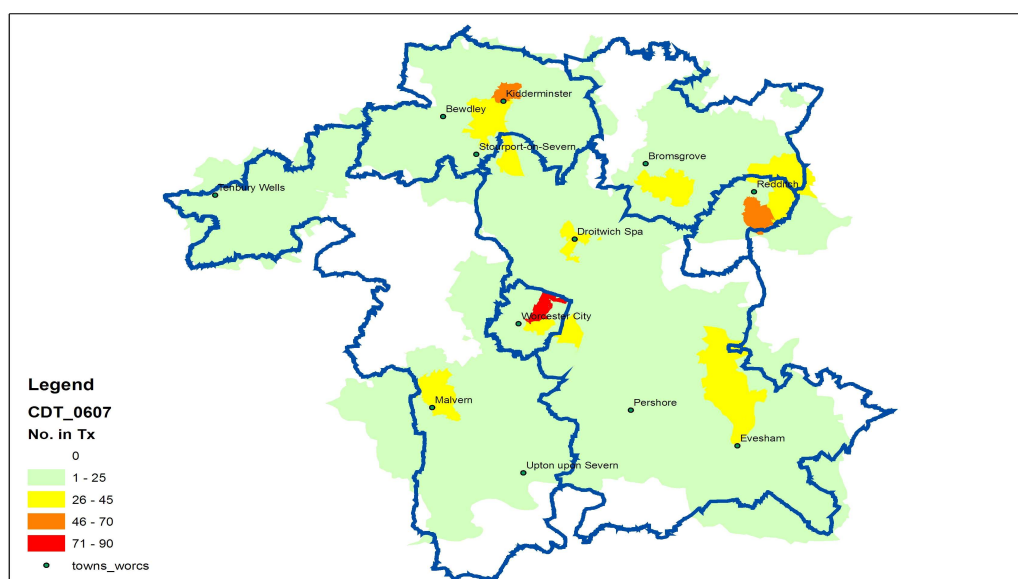
### **Drug related deaths**

- There were a total of 15 drug related deaths in Worcestershire during 2006/07; higher than the 13 recorded in the previous year. The most commonly reported cause of death is heroin, followed by combinations/mixing of drugs.
- A confidential enquiry is held into all drug deaths, and recommendations for future actions are disseminated as appropriate.
- Key priorities for the future include the need for better communication and links between those drug treatment services within prison and those within the community, and the provision of harm reduction messages via outreach services to

those users who are in contact with hostels or day centres and are not currently engaged in treatment. Also, it is important to look at 'near miss' data as well to determine patterns – this can often be a better indicator than actual deaths.

### Treatment Population - geography

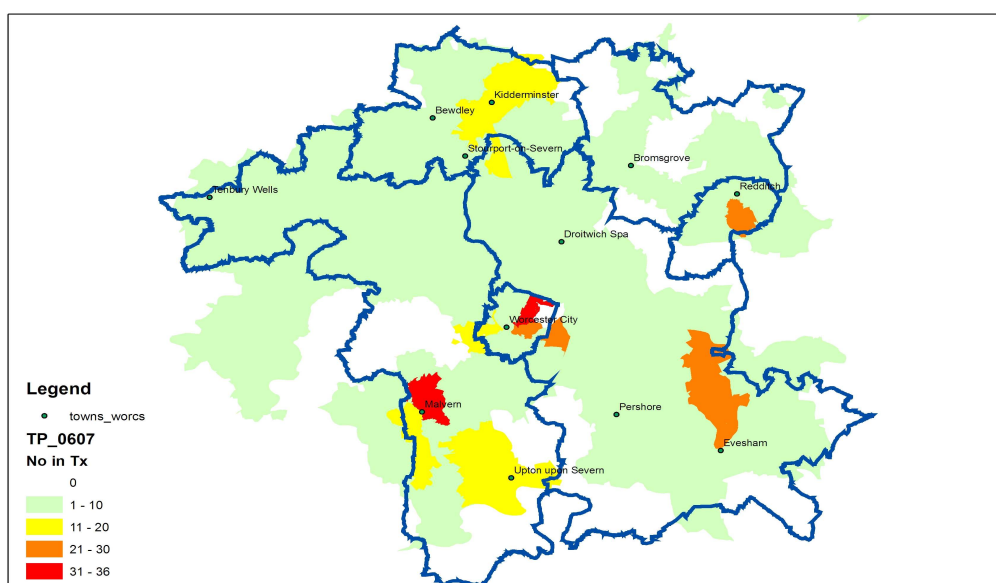
- Considering population data against client residence 'hotspots', it is clear that those from urban areas access treatment more readily, and that the large proportion of the county population who reside in rural areas do not appear to be accessing/engaging in treatment.
- This may be due to the distance it is necessary to travel in order to access services, and the poor transport links available in some rural areas.



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CDT clients in treatment end of year 2006/07:  
Home Residence of Clients

worcestershire  
countycouncil



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TP clients in treatment end of year 2006/07:  
Home Residence of Clients

worcestershire  
countycouncil

### **Crisis/Emergency Centres**

- St Paul's Hostel and Maggs Day Centre provide services for the vulnerable and homeless, and are in contact with a large number of drug users who are not engaged with treatment services.
- The majority of individuals in contact with these services are young and white, and approximately 85% male. Maggs sees approximately 500 people per year, while St Pauls has 40 beds for males and 6 for females, which are always full. It is estimated that between a third and a half of clients are drug and/or alcohol users, and very few of these users are in contact with treatment services.
- The younger age groups in particular appear to be using dangerous practice, both in terms of injecting and general use. Peer education was considered to be a good method for providing advice on safer injecting and safe sex messages.

### **Carers/significant others**

Consultation with carers have raised the following concerns:

- Workers may need more training to be confident regarding what information can and cannot be shared with the families or carers of clients.
- More work is needed to reassure carers who feel stigmatised by an addict's drug use, so that they feel able to access help and support.
- A carer advocacy post would be a welcome development.
- The experience of carers could be improved through carer-specific interventions and the appropriate involvement of carers within the treatment system.

### **Service users**

Consultation with service users and the national service user survey revealed:

- Clients may not always be offered the opportunity to involve significant others within their care plan.
- Satisfaction levels were higher when clients received assessments and treatment within a short waiting time, and for clients whose care plans had recently been reviewed.
- The most common requests for help from clients related to housing, education, employment and dual diagnosis issues. There is a need for service development regarding employment and accommodation services.

### **Housing**

A snapshot survey of clients in treatment conducted in April 2006 indicated that:

- 23% of clients had a housing need (e.g living in - B&B, with friends or relatives, hostel, on street, refuge or temporary).
- 10% of clients reported that they had been evicted, and 4% more than once.
- Main causes for eviction were rent arrears, relationship breakdown, client's drug use and anti-social behaviour.

### **Retention rates**

- There are high retention rates for clients being treated for all drug types (86%), with rates being marginally better for women than men. This is higher than regional and national retention rates.
- However, the retention of so many clients on long-term methadone maintenance brings its own challenges. Many clients receive supervised consumption services for

long periods of time. Services should focus on more clients achieving care-planned exits from the system.

### **Discharges**

- 63% of clients left treatment via an unplanned exit, with a further 26% of clients leaving via a planned exit. There needs to be a much stronger focus on clients exiting the treatment system in a successful, planned way. This will include improving referral routes into wraparound and aftercare services, and providing harm reduction programmes to maintain contact with those clients who have, or are at risk of, dropping out of structured treatment.

### **Crime**

- During 2006/07, 4.4% of total crime in the North of the county was flagged as being drug related, with 3.8% of crime in South Worcestershire drug-related. A total of 194 Class A drug supply offences were recorded in the county, with 103 offenders charged. West Mercia Police conducted 519 seizures of Class A drugs in the county.

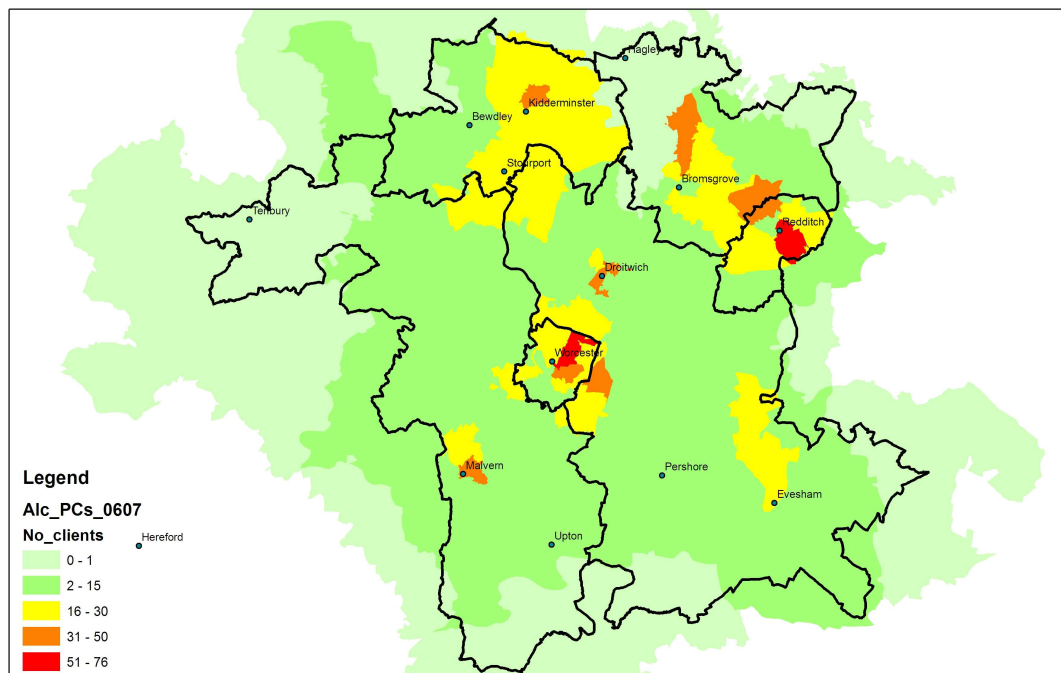
### **Prisons**

- There are 160,000 new admissions per year to prisons in England and Wales. 65% of men and 45% of females arrive drug dependent. 40% report injecting drug use in the 28 days preceding imprisonment. In the week following release, drug dependant prisoners are 37 times more likely to die of a drug overdose than other members of the public. Links with prisons need to be improved, especially links with community services to ensure that offenders receive seamless support and are retained in treatment after release.

## **Alcohol – Adults**

### **Treatment**

- During 2006/07 the Worcestershire Community Alcohol Team (WCAT) received 1996 referrals to the service. There were 469 clients on the caseload at the end of the year; 238 at the Worcester location, with 144 being treated at Bromsgrove and 87 on the caseload at Kidderminster.
- A total of 7,455 face to face treatment sessions were offered during 2006/07, with 4,753 being attended, resulting in a failure to attend rate of 36%.
- 92% of community detoxifications carried out during the year were completed successfully.
- The map below shows the home postcodes of WCAT clients in 2006/7.



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Home Postcodes of WCAT clients 2006/07



## Crime

- During 2006/07 13.5% of all crime in North Worcestershire was flagged as having alcohol involved, compared with 15.6% of all crime in South Worcestershire.
- A total of 793 domestic violence *offences* in the county were recorded as having alcohol involved, with a further 2197 *reported incidents* of domestic violence with alcohol involvement.

## Hazardous and Harmful Drinking

The North West Public Health Observatory published the 'Indications of Public Health in the English Regions' report in August 2007. Local findings from this are outlined below.

Indicator	Bromsgrove	Malvern Hills	Redditch	Worcs City	Wychavon	Wyre Forest
Rate of alcohol-specific hospital admissions per 100,000 population MALE*	275	235	334	366	218	274
Rate of alcohol-specific hospital admissions per 100,000 population FEMALE*	128	113	219	190	120	129
Rate of alcohol-attributable hospital admissions per 100,000 population MALE*	768	674	935	923	719	781

Indicator	Bromsgrove	Malvern Hills	Redditch	Worcs City	Wychavon	Wyre Forest
Rate of alcohol-attributable hospital admissions per 100,000 population FEMALE*	439	426	608	540	435	431
Percentage of adults consuming hazardous levels of alcohol**	20	19	19	21	20	19
Percentage of adults consuming harmful levels of alcohol***	4	4	5	5	4	5
Percentage of adults binge drinking****	17	17	18	18	17	18

\* 2005/06 figures, not including A&E activity.

\*\* Mid 2005 estimates of percentage of population 16years+ who report engaging in hazardous drinking, defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females.

\*\*\* Harmful drinking is defined as consumption of more than 50 units of alcohol per week for males and more than 35 units per week for females.

\*\*\*\* Binge drinking is those adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women).

Particular areas where the county performance is significantly worse than the national average include:

- Alcohol-specific hospital admissions for females in Redditch
- Alcohol-attributable hospital admissions for females in Redditch
- Alcohol-related violent crime in Worcester City

### **Alcohol Criminal Justice Intervention Team (ACJIT)**

The Worcestershire Alcohol CJIT was launched in June 2007. The basic concept of an ACJIT is that individuals who are committing alcohol related crime could be referred to Worcestershire Community Alcohol Team for Brief Interventions or structured counselling at ANY point of the Criminal Justice System. Leaflets have also been developed to give to offenders in Custody to encourage them to attend Worcestershire Community Alcohol Team (WCAT) for counselling.

Activity between April 2007 and March 2008 is outlined below:

- 662 cases were referred to the scheme by North and South Worcestershire police divisions (via arrest referral, PND (Penalty Notice for Disorder), conditional cautions routes). Approximately 40% of these referrals are attending 1 appointment at WCAT. A further 23% of referrals are attending a further appointment / group session.
- A further 145 cases have been referred to ACJIT via the West Mercia Probation service.
- 36 cases have been referred to further specialist alcohol treatment.
- It can be accurately predicted that those who come on to the scheme have a 75.7% chance of **not** re-offending in the following nine months.
- 58% of those dealt with for disorder offences involving alcohol do not re-offend

- Of those who do re-offend and do not attend their appointments at WCAT, 16.2% do so on 2 or more occasions.
- Using standard deviation it can be predicted that these figures are an accurate reflection of the scheme.

### **Perception of crime (2007 West Mercia Crime & Safety Survey)**

*North Worcestershire – (2413 responses):*

- 60% of respondents agree that drunken disorder is a problem in their neighbourhood;
- 57% of respondents agree that alcohol related violence is a problem in their neighbourhood;
- 8% felt tackling drunken disorder should be a priority;
- 8% felt tackling alcohol related violence should be a priority;
- 27% of respondents have felt worried in the last year that drunken people will cause them problems.

*South Worcestershire – (2952 responses):*

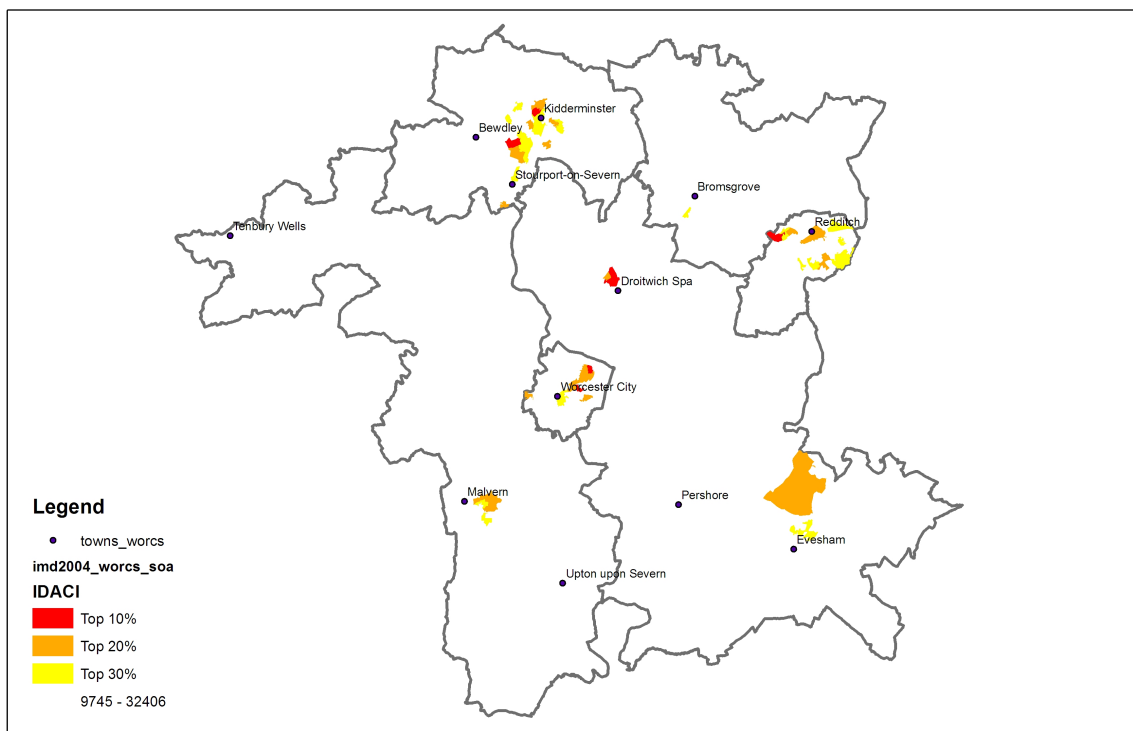
- 50% of respondents agree that drunken disorder is a problem in their neighbourhood;
- 48% of respondents agree that alcohol related violence is a problem in their neighbourhood;
- 9% felt tackling drunken disorder should be a priority;
- 7% felt tackling alcohol related violence should be a priority;
- 23% of respondents have felt worried in the last year that drunken people will cause them problems.

## **Drugs and Alcohol – Young People**

### **Young People demographics**

These are general demographics of the overall population of young people in Worcestershire:

- Young people (those aged 18 and under) account for 23% of the total population of Worcestershire (approximately 125,418 young people);
- Approximately 4.4% of the young people population is from an ethnic minority group, compared to 2.5% of the total population;
- 3424 school-aged children (5-16 years) have English as their second language;
- During the academic year 2006/07, pupils in secondary schools were absent for 6.7% of possible school sessions, with 17% of all absences being unauthorised;
- During the same year, only 2 pupils were permanently excluded from schools in Worcestershire for drug/alcohol related reasons and 73 pupils were excluded for a fixed term;
- Worcestershire has 4 Super Output Areas that feature in the top 10% most deprived areas nationally regarding Children and Young People's Education deprivation (sub-domain).
- A total of 6 areas in the county are ranked in the top 10% most deprived areas in England with regards to the Income Deprivation Affecting Children Index. The map below shows where these areas are situated within the county;



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IMD Income Deprivation Affecting Children  
Areas of deprivation



- Worcestershire has lower teenage conception rates for girls aged 13-15 and those aged 16-17 than national figures;
- Across the county, 22.9% of all offenders in 2006/07 were aged under-18, with this group being responsible for 5.2% of all crimes committed. Redditch and Bromsgrove have the largest proportions of offences committed by under-18s;
- During 2006/07, the Youth Offending Service in Worcestershire supervised 837 young offenders;
- There are approximately 288 children on the Child Protection Register;
- A snapshot in November 2007 revealed a total of 454 children in full time care (40 of these were children with disabilities);
- There are approximately 2500 children aged 5-18 in the county who are statemented for Special Educational Needs;
- 5.3% of the total 151 young people referred to SPACE during the first half of 2007/08 were recorded as having dual diagnosis problems;
- It is estimated that between 2113 and 3170 children under 16 have one or both parents with serious drug problems.

Services should be built around the needs of all children and young people, but particularly those who are most vulnerable to substance misuse and the poor outcomes that arise from it. Prevention activities, in particular, should be targeted at children and young people who are most at risk, including:

- Children of problem drug users
- Persistent truants and school excludees
- Looked after children
- Young People in contact with the criminal justice system

- Other groups e.g. homeless young people, young people not in education, employment or training and those living in our most deprived communities.

### **Treatment Population**

- During 2006/07 the SPACE service received 286 referrals; 205 of these young people entered treatment.
- Approximately 60% of clients referred to SPACE in both 2005/06 and 2006/07 were male.
- Clients were predominantly white (99%).
- The majority of clients were towards the older end of teenage years – 88% were aged 15 or over. 27% were aged 18 or over.
- Predominant problem drugs were alcohol and cannabis,
- The majority of clients have never injected (89%).

### **Treatment Exits**

- 56% of young people left treatment via a planned exit,
- For planned exits and referrals into further treatment, the gender split follows the overall trend, with almost 70% being male. However, females account for a higher proportion of those clients leaving in an unplanned way (46%).
- 11% of those leaving in an unplanned way were current injectors.

### **Family Group Comparisons**

Comparing Worcestershire against the family group members (according to Children's Services family group of most similar authorities) shows that:

- Worcestershire ranks 5<sup>th</sup> highest of 11 in terms of numbers in treatment at the end of 2006/07, rising to 4<sup>th</sup> highest in June 2007.
- Worcestershire is 3<sup>rd</sup> highest in terms of numbers of new presentations to treatment during 2006/07.
- When considering the percentage of the total young person population that is in contact with treatment services, Worcestershire's penetration rate is one of the highest in the family group.

### **Geography**

- 28% of those in treatment during 2006/07 were from Worcester City. Only 5.5% were from Bromsgrove.
- 0.3% of the total young person population in the county are in treatment. The same applies to the district populations, with the exception of Worcester City at 0.4% and Bromsgrove at 0.15%.
- The geographical pattern of clients' home addresses shows an increase in referrals from Malvern and Redditch during 2006/07, and a decrease in referrals from the St John's area of Worcester City.
- The majority of clients accessing treatment are from the urban centres across the county.

### **Hazardous and Harmful Drinking**

The North West Public Health Observatory 'Indications of Public Health in the English Regions' report also lists data about under-18s alcohol specific hospital admissions. Local findings are outlined in the table below:

Indicator	Bromsgrove	Malvern Hills	Redditch	Worcs City	Wychavon	Wyre Forest
Number of under 18 hospital admissions for alcohol specific conditions – males & females	41	26	71	51	26	35
Under 18 hospital admissions for alcohol specific conditions – males & females – rate per 100,000 pop'n	69.2	54.6	128.3	82.7	36.0	57.7

Redditch and Worcester City are significantly worse than the national average of 60.6 alcohol specific admissions per 100,000 under 18 population.

### **Perception of crime (2007 West Mercia Crime & Safety Survey)**

*North Worcestershire – (2413 responses):*

- 75% of respondents agree that underage drinking is a problem in their neighbourhood.
- 18% felt tackling underage drinking should be a priority.

*South Worcestershire – (2952 responses):*

- 64% of respondents agree that underage drinking is a problem in their neighbourhood.
- 14% felt tackling underage drinking should be a priority.

### **Housing**

- During 2006/07, 64.5% of young people in treatment were living with their parents. 10% of those in treatment had a housing need (no fixed abode, temporary housing or hostels).
- A survey in October 2004 revealed 200 young people (16 to 25 year olds) presenting as homeless. 4% were in need of housing due to their own drug or alcohol problems.
- 11% of respondents stated that they needed help with drug or alcohol problems, and a further 11% needed help with depression or mental health problems.
- 23% had nowhere to sleep on the night of completing the survey.

### **Tell Us 2 data**

The TellUs2 survey of children and young people carried out in Spring 2007 revealed the following:

- 74% of respondents had never smoked a cigarette (national figure 73%).
- 53% had consumed an alcohol drink at some point (national figure 48%).
- 81% reported never having taken any drugs (national figure 80%).
- 20% had been bullied in school a couple of times in the last four weeks before the survey (national average 17%).
- 41% said they needed more/better things to do in their local area.

NB. Further information on Young People can be found in the 'Children's & Young People's Joint Strategic Assessment' which can be found on:

<http://worcestershire.whub.org.uk/home/wccindex/wcc-smat-needs-assessments>

## 8. CURRENT LOCAL RESPONSES TO DRUG AND ALCOHOL RELATED HARM

The following section outlines the services, interventions, schemes, and initiatives that are currently in existence in Worcestershire to address drug and alcohol related issues:

### Drug Services

#### **Turning Point:**

Turning Point is a countywide service that provides needle exchange support, a drop-in service, advice and information, harm reduction guidance (i.e. safer injecting, overdose awareness, hep B & C advice), structured counselling, support for families and carers, support for children of substance misusing parents and aftercare & relapse prevention work.

#### **Community Drug Teams provided by Worcestershire Mental Health Partnership Trust:**

These teams are also countywide and provide primarily prescribing based treatment through specialised or primary care (family doctor) services. They will also provide the route into other specialised services such as mental health services, detoxification in a hospital setting and residential rehabilitation. Additionally, they will provide key working, vaccinations against Blood Borne viruses, counselling interventions and community-based detoxification to clients.

#### **Shared Care services provided by General Practitioners (family doctors) and Pharmacists:**

Once a drug-using client is stable on a prescription they may be transferred to their own family doctor for continued medication. A team of Shared Care liaison workers supports the family doctor. As part of the process for stabilising an individual on drug misuse substitute medication they will be required to consume this medication under the supervision of a Pharmacist. This ensures that their medication is taken regularly, in accordance with the prescription and is not 'diverted onto the streets'.

#### **Drug Interventions Programme provided by Worcestershire Mental Health Partnership NHS Trust, with secondments from the National Probation Service (West Mercia):**

The programme aims to get drug-misusing offenders out of crime and into treatment. It ensures that individuals who are in the Criminal Justice System (CJS) (arrested, in court, released from prison, sentenced to a community order) can access treatment at any and all parts of their process through the CJS. The aim of the service is to ensure that their care is co-ordinated and treatment provided at all points and that individuals remain in contact with treatment services. DIP is also responsible for managing the care of offenders who are released from custodial sentences, complete community sentences and/or leave treatment.

### **Rapid Access Methadone Programme:**

RAMP stands for Rapid Access Methadone Programme and it is a partnership between the Community Drug Teams and Turning Point. The scheme is designed to target the most vulnerable substance misusers (particularly those who are homeless) and enable them to get faster access to a methadone prescription.

Service users access RAMP through the “drop-in” at Worcester Druglink, the doctor who goes into St Paul’s Hostel, the Turning Point worker at St.Paul’s or Maggs day centre.

### **Social Reintegration Scheme provided by Turning Point:**

This is a team that supports drug misusers who are receiving, or have completed treatment back into employment, education or training as well as addressing other support needs such as housing.

### **Community Rehab provided by Turning Point:**

The Community Rehab programme combats the problems inherent in residential rehabs by maintaining and developing the client’s positive links with their community, while providing them with a safe environment for 6 days a week, and helping them to selectively sever links and break patterns that are negative for them. The Community Rehab centre is in Droitwich but is open to residents from the whole county.

### **Experience 24 provided by Turning Point:**

This is a 12-week programme where clients attend for 2 days a week (a total of 24 days) to take part in a variety of different sessions focussing on harm reduction, self-esteem building, relationship building etc.

### **Residential Rehabilitation provided by a range of establishments outside of Worcestershire:**

These services provide therapeutic programmes to assist people in addressing some of the reasons why they may misuse drugs and/or alcohol and tools to develop and maintain drug/alcohol free lifestyles. Programmes are usually 12 weeks long.

### **Inpatient Drug and Alcohol Detoxification:**

In-patient detoxification programmes are where an individual is medically supervised whilst they withdraw from taking drugs or alcohol. In-patient drug (and alcohol) misuse treatment services are located in hospital general psychiatric units and in general hospitals (general medical beds).

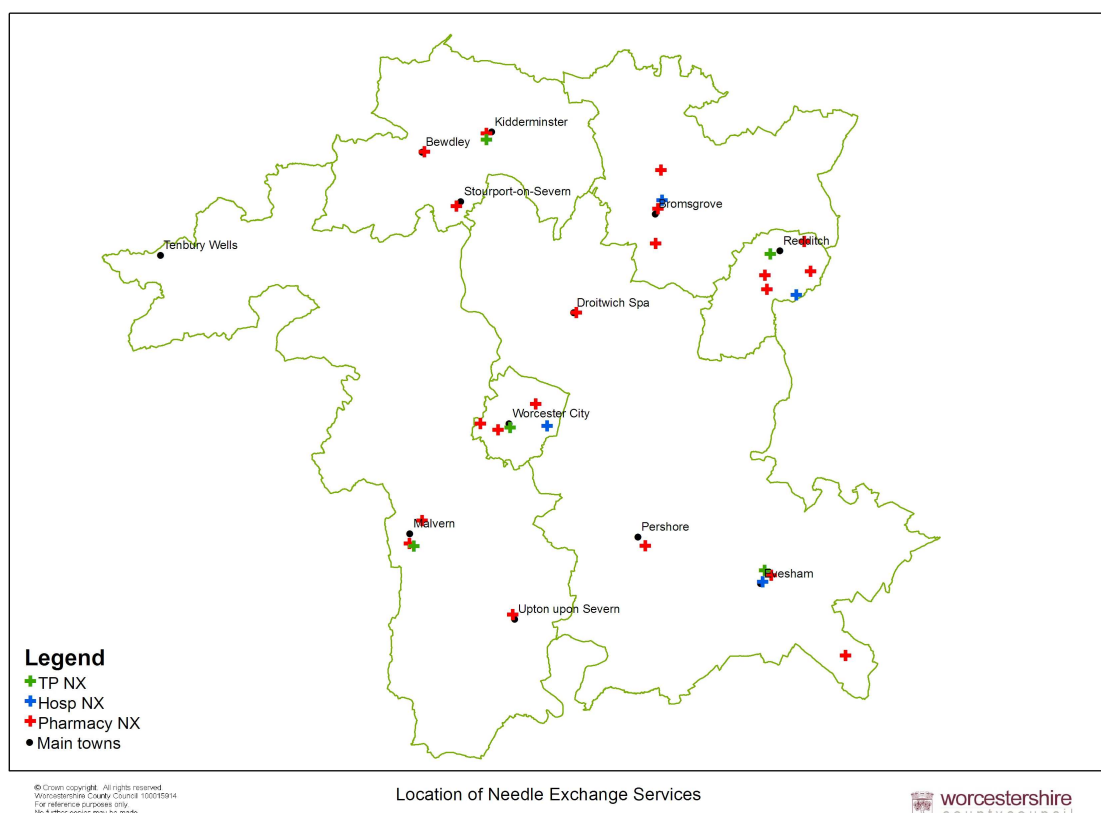
Worcestershire has a contract in place with an inpatient detox provider in Gloucestershire.

### **Hepatitis B & C service provided by Worcestershire Acute Hospitals NHS Trust:**

This service treats people who have been infected with Hepatitis C, which is a blood borne virus. They also vaccinate against Hepatitis B. Two part-time nurses run Community Vaccination Clinics in the various treatment locations across the county.

### **Needle Exchange Schemes provided by Turning Point:**

There are 31 needle exchanges in Worcestershire - 21 pharmacy based exchanges, 5 at hospitals and 5 are based within drug services. The locations of the needle exchanges are detailed below:



### **Worcestershire Substance Misuse Housing Related Support service provided by Stonham Housing:**

This service aims to support drug-using clients to access or maintain their accommodation, which may be provided by a Local Authority, Residential Social Landlord or a private tenancy. In April 2008, there were 245 hours per week of housing related support available for substance misusers.

### **Rent Deposit Scheme provided by Worcester Housing, Benefits and Advice Centre:**

The RDS is a countywide scheme that provides a holistic and long-term approach for substance misusers across Worcestershire who need support and assistance in finding a suitable tenancy. Rent deposits are provided to landlords in both private housing sector

and Registered Social Landlords to house clients that are actively engaged with drug and alcohol agencies. Referrals to the scheme come from drug agencies only.

### **St Pauls, Bromyard Road:**

Bromyard Road is a substance free environment that aims to provide housing for people who have experienced difficulties with substances, and who are homeless or in inappropriate or insecure accommodation.

The project aims to resettle all clients in suitable independent accommodation.

## **Alcohol Services**

### **Community Alcohol Team jointly provided by Worcestershire Community Alcohol Team and Worcestershire Mental Health NHS Partnership Trust:**

This service provides advice and information, Brief Interventions, counselling, support for professionals and parents/carers, work with offenders as well as community based detoxification and access to residential rehabilitation. Services are provided from bases in Worcester City, Kidderminster, Redditch and Bromsgrove.

### **Worcestershire Alcohol Criminal Justice Interventions Team (ACJIT) provided by Worcestershire Community Alcohol Team:**

The basic concept of an ACJIT is that individuals who are committing alcohol related crime could be referred to Worcestershire Community Alcohol Team for Brief Interventions or structured counselling at ANY point of the Criminal Justice System. This includes:

- Individuals who have received a Fixed Penalty Notice or Conditional Caution where alcohol is assessed to be a significant factor;
- Individuals who have been charged with committing an alcohol related offence;
- Individuals appearing before court where the court has requested a Pre- Sentence Report (PSR) which in the judgement of Probation staff requires an assessment for;
  - The extent of alcohol misuse
  - Relationship to offending and
  - Susceptibility to treatment.
- Those subject to community sentences and where addressing alcohol misuse is identified as a key component to successfully completing that sentence, and reducing the risk of subsequent re-offending.
- Those released from prison where successful resettlement will be enhanced by alcohol interventions aimed at reducing alcohol misuse.

This countywide multi-agency scheme is funded by Police, Probation Service and Safer Communities Board and is monitored by Worcestershire Substance Misuse Action Team.

### **Alcohol Liaison Nurse provided by Worcestershire Acute Hospitals NHS Trust:**

This post is based in the Worcestershire Royal Hospital but primarily works in Accident and Emergency and the Medical Assessment Unit. The Alcohol Liaison Nurse provides screening, assessment and brief interventions to patients presenting with alcohol

related conditions. The ALN will also refer patients with more severe alcohol issues on to specialist community alcohol services.

A key part of this role is to train other medical staff in other departments how to screen and identify patients presenting with alcohol issues.

### **Brief Interventions Project:**

This service provides training to front line staff (Tier One) that may come into contact with clients who are misusing alcohol. The purpose of the training programme is to increase the competence and confidence of professionals in delivering 'Brief Interventions' to their client group.

## **Young Person Specific Drug and Alcohol Services**

### **SPACE:**

Services for young people are collectively known as **SPACE** (Substance Prevention Acceptance Confidentiality Education) and are delivered through a multi-agency team (which includes Primary Care Trust, Youth Offending Service and Turning Point) with a dedicated free-phone number. The services delivered through SPACE include: advice and information, harm reduction guidance, substitute prescribing, complimentary therapies and targeted education for vulnerable young people, professionals, parents and carers.

### **Inside Out provided by Turning Point:**

Inside Out is a service, which provides support for young people up to 19 years of age affected by someone else's drug or alcohol use. There is a free helpline and a 1:1 support service available.

Support for services working with young people are also provided by the following:

- Teacher Advisor within the Healthy Schools team at Worcestershire County Council;
- Targeted Youth Support Worker with Integrated Youth Support Services with a specific focus on substance misuse. Education and information is provided for young people and youth workers as well as other professionals working with vulnerable young people and parents/carers.

## **Other Services**

### **Pressure Point provided by Turning Point:**

This is a freephone confidential helpline open in the evenings and weekends and staffed by volunteers. Advice and information is provided to callers as well as referrals to the Family Support Co-ordinator and other adult/young people's services.

### **Family Support provided by Turning Point:**

This service provides 1:1 support to parents and carers as well as recruitment, co-ordination and training of Pressure Point helpline volunteers.

Additionally there are independent voluntary Parent (Carer) support groups operating in parts of the county. These are:

- Parents and Partners Against Drugs (Worcester)
- Families Unite (Redditch & Bromsgrove)

### **MerciaNet South Training:**

This service delivers high quality substance misuse training to statutory and voluntary workers across Herefordshire and Worcestershire.

### **SURGE:**

SURGE stands for Service Users' Rights Group Enterprise and is a group of current and ex-drug users who work to improve information resources and increase awareness for drug users, help current users to address their problems and access treatment services, assess local services and suggest ways in which they may be improved and, most importantly, represent the views of current and ex-drugs users in Worcestershire. SURGE also runs Overdose Awareness, Harm Reduction and Hepatitis C workshops for drug and alcohol users.

## **Community Based Solutions**

### **Crime and Disorder Reduction Partnership (CDRP) Tasking:**

CDRP Joint Tasking is a multi-agency forum composed of operational officers from the following agencies:

- District/Borough Council
- West Mercia Constabulary
- Worcestershire County Council
- Primary Care Trust
- Worcestershire Substance Misuse Action Team
- West Mercia Probation Service
- Hereford and Worcestershire Fire & Rescue Service

Other organisations are invited to attend where relevant.

There are 4 different Tasking Groups operating at district level.

The role of Tasking is to anticipate, mitigate and solve community safety problems through a practical, coordinated, multi-agency approach

Tasking aims to explore and form an analysis of problems through:

- Specific research;
- Partner intelligence;
- Community intelligence.

Tasking encourages partners to use the following tools to address community safety problems:

- Building working practices between partners that focus on dealing with problems outside of mainstream service delivery;
- Examining and modifying existing operations and practices with a view to making them more effective;
- Re-prioritising or re-distributing resources to address problems.

Tasking acts practically by:

- Allocating partner agencies with specific, time bound and resourced actions;
- Evaluating the performance of partner agencies in completing these actions;
- Evaluating the community safety results for the local community;
- Communicating the work of the CDRP and community safety results to the local community.

#### **Prolific and Priority Offender Scheme:**

Prolific and Priority Offenders (PPOs) are persistent offenders who pose the greatest threat to the safety and confidence of their communities. Many of them frequently have drug problems and commit crime to support their drug habit. It is estimated that out of a million active offenders, 100,000 offenders have three or more convictions and are responsible for half of all crime. Within this 100,000 (10%) a further 5,000 (0.5%) are super prolific.

The Prolific and Priority Offenders scheme was introduced to tackle these prolific offenders who are committing the most crime and causing the most harm within our local communities.

Responsibility is placed on CDRPs to work in partnership with other statutory agencies including the Police, the Probation Trust, Youth Offending Teams and the Prison Service to introduce a local PPO scheme in every CDRP area.

There are three strands to the Tackling Prolific Offenders Framework:

- **Prevent and Deter** – to stop young offenders escalating into prolific offenders and to prevent children and young people from becoming involved in criminality in the first place.
- **Catch and Convict** - approach with all partners focusing on the same key groups of offenders who are causing the most crime.
- **Rehabilitate and Resettle** - to provide prolific offenders coming to the end of their sentence with a choice: 'Reform or face a very swift return to the courts'.

## 9. KEY TARGETS

Back in 2004, Worcestershire SMAT partners, Community Safety Partnerships and partners in District Councils and Primary Care Trusts agreed a set of outcomes to collectively work towards and achieve. These outcomes were:

1. Reduce drug and alcohol related deaths and ill health
2. Reduce drug and alcohol related crime and disorder
3. Reduce social and educational exclusion
4. Improve access to drug and alcohol treatment and support.
5. Increase positive outcomes from drug and alcohol treatment

Partners were asked to re-visit these outcomes before the new strategy was written to decide if they were still relevant or whether new national and local priorities had resulted in the current outcomes no longer reflecting the direction in which the Partners wanted to travel.

Most were in agreement that these outcomes were still relevant, however, it was felt that there needed to be an outcome around prevention, particularly focusing on vulnerable groups. A large proportion of our work is focused on preventing individuals from becoming problematic drug and alcohol users (problematic meaning that an individual's drug/alcohol issue has become out of control and their need for drugs/alcohol is the over-riding goal in their daily life to the exclusion of other considerations such as personal and family relationships). Therefore, instead of the outcome around reducing social and educational exclusion (which it was felt was too general), a new outcome of **"Prevent the problematic use of drugs and alcohol"** was agreed.

### Performance Indicators

There are a number of key performance indicators, which Partnerships are required to achieve.

The table below outlines the key targets that Worcestershire SMAT, CDRPs and partner agencies will work towards over the next 3 years in order to progress against the 5 locally agreed outcomes. It is important to note that some of these are set nationally and some are agreed locally. Also, these KPIs were agreed in March 2008 and are subject to change. These are the targets that performance will be **measured** against by Partnership Boards.

Description	Baseline 2007/8	Target 2008/9	Reporting Stream
<b>Outcome 1: Reduce drug related deaths and drug and alcohol related ill health</b>			
Reduce the number of drug related deaths	17	Reduction	National Treatment Agency/Local Area Agreement/ PCT Vital Signs
Increase the number of clients receiving Hep B vaccination	54	To be monitored	NTA/Health Care Commission
Increase the number of clients tested for Hep C	171	To be monitored	NTA/HCC
Reduce the trend in the increase of alcohol-related hospital admissions ( <i>new National target</i> )	13% increase	8% increase	LAA/ PCT Vital Signs
All young people with a history of injecting to be offered Hep C test ( <i>new National target</i> )	6%	100%	NTA
<b>Outcome 2: Reduce drug and alcohol related crime and disorder</b>			
Proportion of adults not already on DIP caseload who are assessed	85%	60%	Home Office / NTA
Proportion of those assessed who are taken onto the caseload	85%	85%	HO / NTA
Proportion of those on caseload who engage in treatment	98%	95%	HO / NTA
Number of Drug Rehabilitation Requirement (DRR) commencements	115	135	NTA
Number of DRRs successfully completed	36	45	NTA
No of Police CJIT referrals attending 1st appointment	271	600	Local
Number of referrals to ACJIT via Probation	145	100	Local
Percentage of clients prevented from re-offending within a year of receiving Brief Intervention	75.5%	70%	Local
Assault with injury crime rate	7.12% per 1000 residents	Maintain baseline (reduction in 2009/10 & 2010/11)	Crime & Disorder Reduction Partnership/HO
<b>Outcome 3: Prevent the problematic use of drugs and alcohol</b>			
Number of schools achieving the Healthy Schools Standard	66%	75%	Dept of Children, Schools and Families
Proportion of targeted education sessions delivered to vulnerable groups/settings ( <i>new target</i> )	-	80%	Local
Proportion of young people receiving targeted education that show an improvement in knowledge/awareness following sessions ( <i>new target</i> )	-	Baseline year	Local

Description	Baseline 2007/8	Target 2008/9	Reporting Stream
<b>Outcome 4: Improve access to drug and alcohol treatment and support</b>			
Increase in Problem Drug Users in effective treatment ( <i>new definition</i> )	3%	5% increase	NTA/ LAA/ PCT Vital Signs
Number of all drug users in treatment ( <i>new definition</i> )	1726	Tbc	NTA
Percentage of GP practices providing Shared Care	61%	70%	NTA
Percentage of clients accessing treatment within 3 weeks: Tiers 3 & 4	86%	85%	NTA
Number of new registrations to non-pharmacy NeedleX	216 (forecast)	300	NTA
Estimated number of clients using non-pharmacy Needle Exchange	300 per month	To be monitored	NTA
Proportion of young people in treatment catered for in a young person specific service	98%	90%	NTA
Number of referrals to alcohol service	1593	1600	Local
Number of alcohol users on caseload (snapshot)	511	350	Local
Percentage attending first appointment within 3 weeks	72%	85%	Local
<b>Outcome 5: Increase positive outcomes from drug and alcohol treatment</b>			
Percentage of new clients retained in treatment for 12 weeks or exiting prior to 12 weeks in a care-planned way ( <i>new National target</i> )	91%	85%	NTA
Percentage leaving the treatment system in a planned way: Tiers 3 & 4	43%	40%	NTA
Percentage of adult clients with a care plan	86%	95%	NTA
Young People receiving a comprehensive assessment within 5 working days of referral ( <i>new National target</i> )	94%	100%	NTA
Young People commencing treatment within 10 working days of assessment ( <i>new National target</i> )	93%	100%	NTA
Proportion of young people with a care plan ( <i>new National target</i> )	100%	100%	NTA
Proportion of young people leaving treatment in an agreed and planned way ( <i>new National target</i> )	56%	80%	NTA
Percentage of workforce undertaking/achieving NVQ/Development Awards ( <i>New local target</i> )	-	Baseline year	Local
Percentage of alcohol community detoxifications that are successfully completed	98%	95%	Local
Proportion of alcohol users leaving treatment in an agreed and planned way ( <i>new target</i> )	-	65%	Local

## 10. LOCAL PRIORITIES TO TACKLE DRUG AND ALCOHOL RELATED HARM

Agencies that make up Worcestershire Substance Misuse Action Team and Worcestershire Community Safety Partnerships will focus activity and commissioning towards achieving the 5 outcomes through the following:

### **Outcome 1: Reducing drug and alcohol related deaths and ill health**

- Continue to develop programmes to alert people and organisations to the risks of drug related deaths and the actions they can take to reduce them.
- Improve awareness and access to Harm Reduction services, particularly testing and vaccinations for Blood Borne Viruses.
- Improve the information available to individuals and start the process of change in the culture of drinking to get drunk.
- Focus on decreasing the average weekly alcohol consumption by adults and young people.
- Develop a network of Providers who can provide a range of Brief Intervention services.
- Ensure Brief Interventions training is provided for all health, social care, housing and criminal justice professionals to enable them to screen for problematic alcohol use and respond appropriately with Brief Interventions and referral to specialist services.
- Look to expand the Alcohol Liaison Nurse post to other emergency departments and Minor Injuries Units in Worcestershire.
- Review alcohol services in Worcestershire to ensure that they are operating within the Models for Care for Alcohol Misusers (MoCAM) framework.

### **Outcome 2: Reducing drug and alcohol related crime and disorder**

- Continue to bring more people to justice for supplying Class A drugs.
- Continue to seize Class A drugs and ensure that drug suppliers (dealers) have their assets and proceeds of crime confiscated.
- Ensure that Prolific and other Priority Offenders whose drug use underpins their criminal behaviour get access to and remain in treatment via the Drug Interventions Programme.
- Continue to use multi-agency approaches to tackle drug supply in communities ensuring that all agencies are involved, including community members.
- Continue to use multi agency approaches to target problematic licensed premises and work with them to reduce offending behaviour and anti-social behaviour.
- Facilitate depersonalised information sharing on A & E assault patients to help target hotspots.
- Distribute responsible retailing messages to both off and on licensed premises, particularly focusing on serving of underage young people and proxy alcohol sales.
- Continue to focus on underage drinking and reducing alcohol related anti-social behaviour and criminal damage.
- Increase the number of young person's outreach teams in Worcestershire.
- Continue to develop and monitor the Worcestershire Alcohol Criminal Justice Interventions Team.
- Continue the operation of CDRP Tasking to share and utilise information and data produced by CDRP analysts relating to drug and alcohol related crime and disorder.

- Continue to focus on reducing the perceptions of drug and alcohol misuse within our communities.

### **Outcome 3: Preventing the problematic use of drugs and alcohol**

- Continue and further develop programmes of targeted substance misuse education to vulnerable and 'hard to reach' young people through Turning Point and Targeted Youth Support, including harm reduction information.
- Improve education, prevention and links into treatment needs for looked after children, truants and young people excluded from school.
- Ensure that schools are supported in delivering drug and alcohol education policies and programmes as part of their achievement of the National Healthy Schools Standard and that drug education is provided within a 'lifeskills' framework.
- Develop joint projects with partners such as teenage pregnancy, sexual health and youth offending to address the risks associated with the misuse of drugs and alcohol by young people.
- Improve targeted interventions and treatment options within specialist services to address the misuse of cannabis and alcohol by young people.
- Further develop drug and alcohol support services in line with 'Hidden Harm' to respond to the needs of children and young people with parents who misuse substances.
- Continue to develop Parenting programmes to develop an empowering way of working with parents with substance misuse problems that promotes protective parenting and a meeting of children's needs.
- Work with drug and alcohol users who are on the margins of society to support their re-entry into education, training and employment ensuring they have the skills and confidence to take up these opportunities.
- Improve housing provision and support for those at risk of misusing drugs and alcohol.
- Continue to educate the wider community through targeted campaigns to address drug and alcohol misuse.

### **Outcome 4: Improving access to drug and alcohol treatment and support**

- Ensuring that there are year on year increases in the number of adults and young people accessing and receiving treatment for their drug and alcohol misuse.
- Ensure that children, young people and families are involved in the way young person's services are planned, delivered and monitored.
- Continuing the close collaboration between Drug Interventions Programme and Prolific and Other Priority Offender schemes.
- Ensuring that a comprehensive range of drug, alcohol and young people's services are available and that individuals find them accessible, approachable, acceptable, confidential and effective in meeting their needs.
- Model the drug treatment system in terms of caseload capacity and total numbers in and completing treatment, to identify what can be provided in each service element or modality.
- Review the provision of psychosocial interventions and increase the range and intensity of provision for both short term and long-term interventions.

- Continue the evolution and development of advocacy and support for users and carers, including their increased involvement in SMAT planning and service delivery systems
- Introduce a low threshold prescribing service, to engage with hard to reach groups in order to prepare them for structured drug treatment.
- Build stronger links with prisons to ensure that the new Integrated Drug Treatment System works effectively.
- Ensure equity and equality of access to drug and alcohol services across the county.

#### **Outcome 5: Increasing positive outcomes from drug and alcohol treatment**

- Ensure that the specialist substance misuse workforce is competent and that all professionals working with children and young people are able to deal with substance misuse issues in line with the requirements of the Comprehensive Assessment Framework.
- Ensuring that young people's services are provided within a confidential, young person focused and holistic framework.
- Review treatment pathways for service users to ensure movement through to completion of treatment.
- Ensuring that treatment services are focused on the needs of the client and can support them through the whole of the treatment journey.
- Implement a system of care co-ordination in drug services, such that all service users have a named Care Co-ordinator.
- Continue the movement of clients out of Secondary and into Primary/Shared Care treatment.
- Ensure housing and housing related support is provided for substance misusers at all stages of their journey.
- Continue the development of wrap around services, including development of Floating Support Services and access to accommodation.
- Work with Mental Health, Primary Care and other partners to progress dual diagnosis, access to mainstream services and other issues.
- Develop a partnership workforce strategy, incorporating training, development and induction for all staff within the drug and alcohol treatment agencies.

## 11. IMPLEMENTATION OF THE STRATEGY

The SMAT Partnership Board and the Safer Communities Board agreed this Strategy in May 2008.

The SMAT Partnership Board will monitor the implementation of the strategy over the next three years.

It will be the responsibility of the partners who sit on SMAT, CDRPs and Children & Young People's Commissioning Group to take forward the recommendations and actions described in this Strategy. The specific actions, timescales and lead responsible agencies are listed in the following annual plans:

- Worcestershire Adult Drug Treatment Plan
- Worcestershire Young Person's Substance Misuse Plan
- Worcestershire Alcohol Harm Reduction Plan
- Worcestershire Children and Young People's Plan
- Bromsgrove CSP Partnership Plan
- Redditch CSP Partnership Plan
- Wyre Forest CSP Partnership Plan
- South Worcestershire CSP Partnership Plan
- Supporting People Commissioning Plan

All of these plans can be found on:

<http://worcestershire.whub.org.uk/home/wccindex/wcc-smat-partnership-plans>

## 12. CONTACTS

Organisation/Team	Service	Address	Phone
<b>Co-ordination</b>			
<b>Worcestershire Substance Misuse Action Team (SMAT)</b>	A multi agency partnership which co-ordinates and commissions local agencies involved in tackling the misuse of drugs and alcohol	County Hall, Spetchley Road, Worcester WR5 2NP	01905 766735
<b>Adult Drug Services</b>			
<b>Turning Point (Worcester Drug Locality Team)</b>	Free confidential service supporting drug users and their families. Assessment & Care co-ordination for all drug treatment in Worcestershire.	Castle House, Castle Street, Worcester WR1 3ZB	01905 724754
<b>Turning Point (Malvern Drug Locality Team)</b>		12 Priory Road, Malvern, Worcestershire WR14 3DS	01684 580240
<b>Turning Point (Evesham Drug Locality Team)</b>		64, High Street, Evesham, Worcestershire WR11 4HG	01386 444380
<b>Turning Point (Central Office)</b>	Needle Exchange, Family Services, Rapid Access Methadone Scheme.	6 Shaw Street, Worcester WR1 3QQ	01905 724853
<b>Worcester City Community Drug Team</b>	A free confidential service for all drug users and concerned others offering a range of options depending on individual need. Satellite clinics operate in Droitwich and Malvern.	Castle House, Castle Street, Worcester WR1 3ZB	01905 681460
<b>Redditch Community Drug Team</b>		8A Church Green East, Redditch, Worcs. B98 8BP	01527 61010
<b>Kidderminster Community Drug Team</b>		28/29 New Road, Kidderminster, Worcs. DY10 1AF	01562 823211
<b>Drugs Interventions Programme (DIP)</b>	A multi-agency team offering treatment interventions and other support to drug users at all points of the criminal justice system	Castle House, Castle Street, Worcester WR1 3ZB	01905 681412
<b>Pressure Point</b>	Helpline for people concerned about someone else's drug use	6 Shaw Street, Worcester WR1 3QQ	0800 652 9664
<b>Adult Alcohol Services</b>			
<b>Worcestershire Community Alcohol Team (WCAT): Worcester</b>	A non-statutory service providing a complete range of alcohol services for anyone (16+) adversely effected by alcohol.	Rutland House, 25 The Tything, Worcester. WR1 1JL	01905 27417
<b>Bromsgrove</b>		Mitre House, 27 The Strand, Bromsgrove, Worcs. B61 8AB	01527 870707
<b>Kidderminster</b>		Pearl Assurance House, 26 Church Street, Kidderminster, Worcs. DY10 2AR	01562 863386
<b>Redditch</b>		Community House, 103 Easemore Road, Redditch, Worcs. B98 8EY	01527 870707

Organisation/Team	Service	Address	Phone
<b>Young People's Substance Misuse Services</b>			
<b>SPACE</b>	Information, advice and support for young people around drugs and alcohol	The Fish, 1 Fish Street, Worcester WR1 2HN	0800 169 6064
<b>Inside Out</b>	Support for young people up to 19 years of age affected by someone else's drug or alcohol use	6 Shaw Street, Worcester WR1 3QQ	0800 652 9664
<b>Training</b>			
<b>Mercia Net</b>	Free drug and alcohol training courses for professionals and volunteers in West Mercia	County Hall, Spetchley Road, Worcester WR5 2NP	01905 728649
<b>User / Carer Support Groups:</b>			
<b>SURGE - Service User Rights Group Enterprise</b>	Service User Advocacy & Training, and harm reduction workshops	Castle House, Castle Street, Worcester WR1 3ZB	01905 332933
<b>PAD - Parents/Partners Against Drugs</b>	Partners & Families of drug users (Worc City)	C/o Worcestershire SMAT, County Hall, Spetchley Road, Worcester WR5 2NP	01386 860338
<b>PAST - Parents &amp; Addicts Support Team</b>	Support and information provided by parents for parents (Evesham)	Wallace House Community Centre, Oat Street, Evesham, Worcester WR11 4PJ	01386 446580
<b>Families Unite</b>	Local help & support group for Redditch and Bromsgrove area, for families affected by drugs	C/o Worcestershire SMAT, County Hall, Spetchley Road, Worcester WR5 2NP	07817 075408 or 07855 690918
<b>Community Rehab</b>			
<b>Turning Point Community Rehab</b>	A non-residential rehab programme based around therapeutic group work with supporting workshops and activities.	Amphlett House, 114 Worcester Road, Droitwich WR9 8AW	01905 774618
<b>Crime &amp; Disorder Reduction Partnerships</b>			
<b>South Worcestershire Community Safety Partnership</b>	Multi-agency partnerships responsible for developing and implementing strategies to tackle crime and disorder, including anti-social and other behaviour adversely affecting the local environment, as well as the misuse of drugs and alcohol related crime in their area.	Wyatt House, Farrier Street, Worcester WR1 3ES	01905 722067
<b>Wyre Forest Community Safety Partnership</b>		Wyre Forest District Council, Civic Centre, Stourport-on-Severn, Worcs DY13 8UJ	01562 732788
<b>Redditch Community Safety Partnership</b>		Redditch Borough Council, Town Hall, Alcester Street, Redditch, Worcs B98 8AH	01527 534187
<b>Bromsgrove Community Safety Partnership</b>		Bromsgrove District Council, The Council House, Burcot Lane, Bromsgrove, Worcs B60 1AA	01527 881486

Organisation/Team	Service	Address	Phone
<b>Domestic Violence</b>			
Worcestershire Domestic Violence Forum	Inter-agency group working to promote awareness and better services for victims and survivors.	The Pines, Bilford, Worcester. WR3 8PU	01905 752187
County Domestic Violence 24 hour Helpline offering advice, information and support for women and local agencies			0800 980 3331
National Domestic Violence Helpline			0808 2000 247
<b>Criminal Justice</b>			
West Mercia Police	South Worcestershire HQ	Worcester Police Station, Castle Street, Worcester, WR1 3AD	08457 444888
	North Worcestershire HQ	Kidderminster Police Station, Habberley Road, Kidderminster, DY11 6AN	
Crimestoppers			0800 555 111
West Mercia Probation Trust	Responsible for supervising offenders in the community. This can be when an offender is sentenced to a community order by the court or when the offender leaves prison	Head Office, Stourbank House, 90 Mill Street, Kidderminster DY11 6XE	01562 748375
HM Prisons Area Drug Co-ordinator	West Midlands Area office, PO Box 458, The Dana, Shrewsbury SY1 2WB		01743 284525
<b>Health</b>			
West Midlands Ambulance Service			01384 215555
Worcestershire Primary Care Trust	Responsible for improving the health and well being for the population of Worcestershire.	Ground Floor West Wing, Wildwood, Wildwood Drive, Worcester WR5 2LG	01905 760000
<b>Housing Support</b>			
Worcestershire Supporting People Team	Responsible for commissioning, budget management and quality monitoring for housing related support services for a range of vulnerable people, including people with substance misuse issues	Worcestershire County Council, County Hall, Spetchley Road, Worcester WR5 2NP	01905 728825
Stonham (Worcestershire Substance Misuse Housing Support Service)	This service aims to support drug-using clients to access or maintain their accommodation, which may be provided by a Local Authority, Residential Social Landlord or a private tenancy.	98c Blackpole Trading Estate, Estate West, Worcester WR3 8TJ	01905 756277
Worcestershire Hub	The Worcestershire Hub is a partnership between the six district councils and the county council to improve access to council services for the people of Worcestershire.	01905 765765/ <a href="http://hub.whub.org.uk">hub.whub.org.uk</a>	

Organisation/Team	Service	Address	Phone
<b>Housing Support cont...</b>			
<b>Worcester Housing and Benefits Advice Centre (WHABAC)</b>	WHABAC provides a countywide rent deposit scheme that has a holistic and long-term approach for substance misusers who need support and assistance in finding a suitable tenancy.	13A Lowesmoor, Worcester WR1 2RS	01905 612774
<b>Multi Agency Resource Centres (MARC)</b>			
<b>Multi Agency Resource Centre</b>	Community Advice Centre where the community can access support and information from a range of outreach workers from the voluntary and statutory sectors – from family planning to the police.	21 Humphrey Avenue, Charford, Bromsgrove, Worcs B60 3JB	01527 874880