

Working together

Helping to support and transform the lives of people affected by drug and alcohol problems

Foreword

Drinking and drug problems remain, sadly, all too common. While alcohol consumption is falling, too many adults still regularly consume more than they should.

It means alcohol misuse is the biggest risk factor for death, ill-health and disability among 15 to 49-year-olds and the fifth biggest for all age groups.

Add to that the burden of drug use – more than 300,000 are struggling with crack cocaine and heroin addictions – and the cost of substance misuse is huge.

Estimates suggest that the social and economic impact of alcohol-related harm amounts to £21.5 billion, while harm from illicit drug use costs £10.7 billion.

These include costs associated with deaths, the NHS, crime and in the case of alcohol, lost productivity.

Whilst illegal drug use can affect any section of the community, there is a strong correlation between economic disadvantage or deprivation and the development of more serious drug problems.

Many adult problem drug users have long histories of substance misuse which often starts before the age of 18. Research suggests that those most susceptible to developing problematic substance misuse problems are from 'vulnerable groups' such as children in care, persistent absentees or excludees from school, young offenders, the homeless and children affected by parental substance misuse. So providing well-funded, targeted and effective substance misuse services is vital.

It is the responsibility of local government to commission these and in the process, help prevent abuse in the first place and enable people to beat addiction and sustain their recovery.

But the causes of substance misuse and the solutions for tackling it are multi-factorial. It requires close working with partners, imagination and hard work. However, when we get it right it can have a tremendous impact. As the case studies in this report show, lives are being turned around.

Not only is substance misuse being treated, but vulnerable people are being given another chance to find work, rebuild relationships, improve their health and secure safe accommodation.

The economic argument speaks for itself. For every £1 spent on drug treatment, there is a social return of £4. For every £1 spent on alcohol, it is £3. That means these services are helping to save society more than £2 billion every year.

But more must be done. Only a fifth of dependent drinkers are currently accessing treatment, while the success rates of drug services vary five-fold from place to place.

What is more, new threats are emerging all the time – one only needs to look at the problems related to psychoactive substances to see that. We must not be complacent. Councils know more needs to be done in close collaboration with partners locally to ensure everyone gets the support they need wherever possible.

Councillor Ian Hudspeth

Chairman, LGA Community Wellbeing Board

Key statistics

- **seven per cent** of adults regularly consume alcohol over the low-risk guidelines
- estimates show that **2.7 million** aged 16 to 59 took drugs last year – with one in nine of those using crack cocaine or heroin
- **£2.4 billion** combined benefits of drug and alcohol treatment
- **£21.5 billion** social and economic costs of alcohol-related harm
- **£10.7 billion** social and economic costs of illicit drug use
- **41 per cent** of women and **27 per cent of men** reported problematic drug use on arrival at prison
- the most deprived local authorities have the highest prevalence of problematic drug users
- **279,793** individuals were in contact with drug and alcohol services in 2016-17; this is a **3 per cent** reduction from the previous year (288,843)
- there were **595,131** individuals aged 18 and over drinking at dependent levels and potentially in need of specialist treatment
- the median age of alcohol only problems was 46 years, with **12 per cent** (9,274) aged 60 years and older
- alcohol only clients had the highest rates of successful treatment exits, with **61 per cent** completing treatment successfully
- the number of deaths from drug misuse registered in 2016 increased by **3.6 per cent** to **2,383**, this follows larger increases of **8.5 per cent** between 2014 and 2015 and **17.0 per cent** between 2013 and 2014
- drug misuse is the third most common cause of death for those aged **15-49** in England

Sources: Alcohol Concern and PHE

Birmingham City Council: moving from 19 providers to one integrated service

Birmingham City Council has created an integrated substance misuse service after concern its previous approach was too fragmented. The new service is achieving results, helping people recover from their problems, while also helping with everything from employment to housing and benefits.

The challenges

Birmingham City Council runs the biggest substance misuse service in Europe, providing support to nearly 7,000 people. Evidence shows those with substance misuse problems have a range of problems.

This was reflected by the fact that until three years ago the service was split across 27 different contracts run by 19 different providers. But the council, concerned the service was fragmented, decided to change the commissioning approach. The merit of this was also confirmed in a consultation of services users and staff.

An overwhelming majority said they wanted a greater focus on recovery and the needs of families, such as finding a job or re-building past relationships.

Max Vaughan, the council's Head of Service for Universal and Prevention Services, said it was clear things had to change. "Both service users and professionals were very confused as to which substance misuse service was most appropriate for a specific need. Furthermore, the service that an individual first entered into was the service they tended to remain with, despite the nature of their substance misuse problems. There were also concerns that the relatively high number of contracts all required separate building, management, IT and administration costs."

The solution

The decision was made to bring all the services together in one integrated contract. Change Grow Live won the tender for the five-year contract, which started in 2015.

Its programme, Reach Out Recovery, provides people with substance misuse problems a full range of support.

Once someone is referred on to the programme they are given a recovery coordinator who organises all aspects of their wider support from help with employment and training to housing and benefits.

The clinical side of treatment is carried out through the consultant-led team, which includes doctors and nurses.

They work from five locations across the city, although the recovery coordinators work from over 200 different locations, including libraries, fire stations and community venues.

Head of service Sian Warmer said: "The idea has been to base the service around the individual, out in the community. We have residential and in-patient services, but the day-to-day support is based close to where people live. The role of the coordinator is to arrange a package of support to re-integrate the client into mainstream life. It can involve anything from gym membership to employment and training opportunities as well as housing and debt support."

A major emphasis is also placed on involving the client's family. They are encouraged to come along to the appointments with the coordinator.

Ms Warmer said: “Often people with substance misuse problems have lost contact with family and loved ones. By re-connecting them with these people you are helping with their recovery. But we also provide them with peer support. We have volunteers who have been through the programme and are there to help them and talk to them. It is really making a difference to the people we help.”

The impact

The service is undoubtedly getting results – in fact its contract with the city council is structured so that the provider gets 10 per cent of the value of the contract for achieving certain thresholds. Since going live over 3,000 people complete their treatment having beaten their dependence on drugs or alcohol or both, giving the service a success rate that puts it in the top quartile of performance on three of the four national performance measures.

It is also achieving its target in the other three areas that are measured:

- getting clients into employment – one in three complete the programme with at least 10 days of work under their belt
- involving family in the recovery programme – over half of clients do this
- ensuring court treatment orders are completed – these can last three, six or 12 months with success rates currently running at over 80 per cent.

One of the many people who has been helped is Carl. He was a heroin addict for 17 years before he was referred to the service. He said the holistic support is essential. “Being an addict is never as simple as just picking up drugs and using, there’s always something else going on beneath the surface.”

Lessons learned

Ms Warmer said it is important to recognise that you need to tailor your approach to different populations. “You can’t have a one-size fits all approach. You need to take into account the differences that exist. For example, drug and alcohol problems can be viewed as quite a taboo subject in Asian communities. “It means people can be very reticent about coming forward for help so we have subcontracted the service to another provider in one area where we have a very high BAME population.”

The service is provided by KIKIT, which is staffed by people from Black, Asian and Minority Ethnic (BAME) communities to ensure culturally sensitive and multi-lingual services are provided.

How the approach is being sustained

The service is in the fourth year of a five-year contract, although there is an option for it to be extended for another two years. A decision on that is due to be taken during 2018.

In the meantime, the service has continued to look at new ways of working. During the second-half of last year, staff joined a new initiative to help homeless people.

A street intervention team, a multi-agency group involving housing, primary care, the substance misuse service and civil enforcement officers, was set up to provide rapid outreach support to homeless people.

Alongside finding them accommodation, homeless people are given support for substance misuse as well as being given health checks and treatment for chronic conditions and illnesses.

Contact details

Max Vaughan

Head of Service for Universal and Prevention Services, Birmingham City Council
max.vaughan@birmingham.gov.uk

Gateshead Council: running a dedicated service for young people

Gateshead Council commissions a dedicated substance misuse service for young people. It provides education, early intervention, outreach and psychosocial interventions for under 18s across the region.

The challenge

Drug and alcohol misuse poses a significant risk to a young person's physical and psychological health and development.

But research suggests significant numbers of under 18s are trying these substances.

Results from the latest annual survey of smoking, drinking and drug use among secondary school children found one in four had tried drugs and nearly half had consumed alcohol.

The solution

Many areas have an integrated substance misuse service that caters for both adults and children. But Gateshead Council has a dedicated service for each.

The young people's service is called Platform and is run by DISC. It provides education, early intervention, outreach work and psychosocial interventions to under 18s - or under 25s for those with learning disabilities.

The latter are offered on a one-to-one basis or within groups.

Key workers engage with young people to develop their own support plans depending on what they want to gain from the service and their objectives relating to their substance

use, actively involving them in their own journey with the service.

Many of the young people they work with are from vulnerable groups, such as young offenders, looked after children, those not in education or employment and victims of child sexual exploitation.

There is an education co-ordinator who focuses on training professionals working with young people, such as teachers and staff from the pupil referral unit, in substance misuse and how to identify and support young people.

This training can be bespoke depending on needs identified by professionals.

The education co-ordinator also provides targeted interventions, including drop-in services, and workshops in schools, including one in year six, which aims to provide basic drugs and alcohol awareness in preparation for their transition into secondary school.

This work is complemented by the direct support offered to the children of parents who misuse substances via the early intervention programme. The programme works with young people who have parents that use substances but who do not use themselves. It provides education around substances, reasons why people use and coping skills. It aims to support young people and also break the cycle of substance use.

Finally, there is the Platform Outreach Project (POP), which was launched last year as a pilot funded by the community safety team.

The project involves hot spot areas being identified by the police and community safety where young people are engaged in risk-

taking behaviour, such as substance misuse and anti-social behaviour.

Workers then deliver brief interventions, engaging young people out in the community who may not otherwise received this type of information.

Impact

POP has delivered interventions to over 1,000 young people in the first year of the pilot.

Samantha (not her real name) is just one of the people who has benefitted. The service received a referral from the local hospital after the 15-year-old was admitted after allegedly using ecstasy.

She was offered numerous appointments via letter and phone, but did not attend.

Some time later she was in a group who were approached by a POP outreach worker. She recognised the name of the service and from there the worker got talking to her about the help she could receive.

She then agreed to have a key worker and a home visit was arranged and a care plan developed.

Lessons learned

Platform senior manager Faye Codling said one of the real benefits of having a stand-alone service for young people is the ability to tailor services to them. "Working with young people using substances is different to working with adults.

"Young people want to experience and try substances and are often drawn towards their peers. Telling a young person to stop using drugs will result in them not coming back for support and being at increased risk."

"So our approach is based on aiming to provide education in order for young people to make informed choices with the overall aim of reducing or stopping their substance misuse.]The team are all experienced and

specialised and we so can allocate the right worker to the young person referred depending on their need."

How the approach is being sustained

Over the next year the service would like to develop more bespoke work with the Lesbian, Gay, Bisexual and Transgender (LGBT) community around substance use. Platform will also be working alongside Public Health England in support of Balances #alcoholfreechildhood campaign.

This work will focus on providing education to parents around the use of alcohol by young people and reduce current myths around providing alcohol to their young people.

Contact details

Faye Codling

Senior Manager, Platform

faye.codling@disc-vol.org.uk

London Borough of Hackney: supporting people into work

The London Borough of Hackney has started to run an employment support programme for people undergoing substance misuse treatment. The six-week programme offers everything from help writing CVs to confidence building sessions. It has had an immediate impact.

The challenge

The Government's drug strategy lists a series of priorities for recovery – among them is sustained employment. It says there is a mutually reinforcing relationship between employment and recovery - those who are employed tend to stay in work throughout treatment.

However, only around one in five people starting treatment are employed. But few who enter treatment without work find it during or after treatment.

In Hackney, there is also a general employment support service for all residents, Hackney Works. It has proved successful at helping residents find work, but it was felt something extra was needed to support those undergoing substance misuse treatment.

The solution

The London Borough of Hackney's substance misuse service launched its own supported employment programme in October 2017. It runs for six weeks, taking place on two separate days, giving about 50 hours of learning in total.

This includes sessions on:

- confidence building
- interpersonal skills and effective communication
- self-care and healthy living
- building and maintaining a support network
- CV development and completing application forms
- how to search for job opportunities
- interviewing skills.

Participants have to meet three criteria – they must be stable in recovery, be referred by a key worker and motivated for change.

The course builds on a Big Lottery-funded project run by the Westminster Drug Project (WDP), which is commissioned to provide the local substance misuse project.

The scheme – Giving Something Back into Work (GSB) – ran for three years across parts of London and in Bedfordshire. Once the Big Lottery funding had finished, the team behind that programme trained local Hackney staff to deliver the project.

The London Borough of Hackney's Public Health Strategist Helen Brock said: "The programme bridges the gap between what is available to all and what those involved with substance misuse services need.

"The development of skills and employment opportunities is crucial to recovery. We do a lot to support people to access benefits and housing, but ensuring they have the support they need to find work afterwards helps to prevent relapse and aids their recovery. It is providing an essential service."

Impact

The Big Lottery programme had already proved extremely successful before the launch of the bespoke Hackney scheme. Over 140 people took part in it in the participating areas with 85 per cent of those who started the course completing it.

Some 100 per cent reported an increase in employability skills and job readiness. Results from the first cohort in Hackney are equally impressive. Ten completed it, achieving an Open College Network level 2 employability award with all progressing on to some form of education, training or employment.

One of the participants who took part said: “I liked everything about the course because it had a good structure and enabled me to discover my strengths, skills and abilities.”

Lessons learned

The Big Lottery programme was based around a 10-week course. But since that funding source ended and it has been rolled out locally to Hackney and other areas, the organisers have had to be flexible.

In Hackney adjustments have had to be made to fit the course into six weeks.

“We have had to assess what can be done locally,” said Rebecca Odedra, WDP’s reintegration programme manager, who has overseen GSB. “That has meant reducing some of the sessions and merging others.

“The key is getting the right people locally trained – they need to have a willingness to be involved, be a strong facilitator and confident. We have a coordinator who can help support and co-deliver some of the sessions, but the idea is to make it sustainable.”

How the approach is being sustained

GSB is now fully embedded in the work WDP does in Hackney. One of the key focuses for the future is integrating it closely with the Hackney Works scheme.

Hackney Works offers more general support, including help accessing grants and a wider access to training than GSB can provide. The team also has good links with local employers to help people find jobs and can help people access the council’s apprenticeships scheme.

One person from the first GSB cohort has already received support from Hackney Works, enabling them to set up a coffee bar business. Ms Brock said: “We want to see more of that. Hackney Works complements what GSB can do and we want to ensure there is a smooth pathway from one to the other. I think that will help people in recovery even more.”

Contact details

Helen Brock

Public Health Strategist, Hackney Council

helen.brock@hackney.gov.uk

Knowlsey Council: working with the NHS to spot and treat respiratory problems

Knowlsey Council's substance misuse service has teamed up with the Liverpool Chest and Heart Hospital to offer testing and treatment for respiratory problems. The clinics – run at two of the substance misuse service's centres – are helping to identify previously undiagnosed cases of respiratory problems.

The challenge

Chronic obstructive pulmonary disease (COPD) is an umbrella term used to describe progressive lung diseases including emphysema and chronic bronchitis.

These diseases are characterised by increasing breathlessness, a cough and wheeze. COPD cannot be cured, but can be effectively treated. Treatment can only be provided following an accurate diagnosis and improves health-related quality of life along with reducing the risk of flare-ups in the disease.

Heroin and crack smoking is associated with early on-set of severe COPD, but drug users tend not to engage with non-emergency medical services, such as respiratory clinics.

The solution

For the last seven years Liverpool Heart and Chest Hospital has been providing community COPD services across the Merseyside area.

This includes everything from diagnostic testing through to rehabilitation and crisis response teams to prevent emergency admission.

To help engage people using substances in Knowlsey, the council's drug and alcohol and treatment service – run by Change Grow Live – and the hospital's community team started working in partnership at the start of 2018.

The project involves community diagnostic staff providing spirometry tests in conjunction with routine key worker appointments at two of the substance misuse service's centres. A spirometry is a simple test that gets an individual to breathe into a mouthpiece and measures how much they can breathe out.

If an abnormal result is registered or they have lots of symptoms of respiratory disease the individual is then booked in to see a consultant to make a formal diagnosis.

Both the diagnostic clinics and consultant clinics take part weekly split between the two centres. Once a diagnosis is confirmed the patients are given access to the other services and offered support in the community.

Knowlsey's Integrated Recovery Service Manager Zac McMaster said: "We had been looking to do this for some time. We have more regular contact with anyone facing difficulties with substances than the hospital or primary care do so it makes sense to offer them health testing while they are with us."

The impact

The project has had an immediate impact. During the first three months, more than 60 patients attended spirometry. Of those, 45 per cent had abnormal results consistent with a diagnosis of COPD.

So far just over three-quarters of those with abnormal results have had that diagnosis confirmed. The overwhelming majority had no idea they had COPD - and of those who had had a previous diagnosis, half were not taking treatment to manage their condition or were not taking treatment properly.

“You can see it is working really well,” said Mr McMaster. “The majority of people who have been diagnosed would be walking round unaware that they had a respiratory problem, not getting treated and ending up with their health getting worse.”

Respiratory disease consultant Sarah Sibley agrees. She said working with the substance misuse service was a “fantastic opportunity” to reach a group of people at high risk who don’t engage with traditional healthcare services.

“This joint venture is allowing us to help find ‘the missing millions’ of people who have COPD but are undiagnosed. Only by the early and accurate diagnosis of COPD can we help to improve health outcomes. It’s early days, but we are already seeing great benefits from our joint working and look forward to seeing the full impact.”

Lessons learned

When the project started the spirometry tests worked entirely through a booking procedure with the key worker using an online system to book their clients an appointment in the forthcoming weeks. The team soon found clients were not always turning up or arrived at the wrong times.

So, as the scheme has progressed, the approach has been changed.

Only about half the appointments are booked in advance now, leaving the rest available for opportunistic testing.

When people are waiting for their key worker appointment, the spirometry team will go into the waiting room to offer testing or if people come in asking for a test there will normally be availability.

How the approach is being sustained

The success of the programme has convinced the partners to keep offering the testing. In fact, they are in the process of recruiting a new member of staff.

A healthcare assistant is being appointed to work with the drug and alcohol key workers and hospital staff to chase up patients to attend appointment and help get people in for the opportunistic testing. “We think it will make it more efficient and ensure we are able to get as many people as possible tested,” said Mr McMaster.

Contact details

Zac McMaster

Knowsley’s Integrated Recovery Service
Manager Change Grow

Livezac.mcmaster@cgl.org.uk

Leeds City Council: engaging street beggars

A complex cases team has been set up in Leeds to work with street beggars. As well as getting them engaged in substance misuse services, they help them access NHS services and testing.

The challenge

Leeds City Council has funded a successful street outreach programme for well over a decade.

The team works with rough sleepers, offering them advice and supporting them to access housing and other support services. In 2014 that remit was widened to include beggars. The team now does daily sweeps of the city, talking to and engaging beggars.

But the outreach workers soon started noticing that this group had extremely complex needs with substance misuse problems identified in nearly all the people they came across.

The solution

The council decided to provide funding to set up a complex cases team in 2017. It comprised of a generic outreach worker and two complex case workers – one supplied by the outreach team and one from the substance misuse service run by Change Grow Live and Forward Leeds respectively.

The two organisations now work together to identify the most entrenched rough sleepers and beggars and then provide them with support. That can include taking them to hospital, registering them with a GP or getting them involved in alcohol and drug treatment

from detox programmes to needle exchange and blood borne virus testing.

Street Outreach Service Project Manager Lesley Howard said: “These people have really complicated needs – in some ways more complicated than rough sleepers.

“They may have accommodation but are in a cycle of begging, making good money from it which is funding their substance misuse habit. They don’t want to engage with services at all. Their physical health suffers, but they do not want to do anything about it. We have had people dying on the street so we knew we had to do more to help and engage them.

“The complex case workers have a case load of around 20 at any one time, that is not many but they need that time to help these people. They can spend a whole day with one person arranging appointments and attending them with them.”

The impact

The service is not yet a year old, but already it is having an impact.

During January, the team engaged with 79 different people, the overwhelming majority of whom had substance misuse problems. In total, 52 interventions took place in relation to physical health needs, seven for mental health and 32 for substance misuse.

The team accompanied 22 people to healthcare appointments and 12 to drug treatment appointments. Councillor Debra Coupar, the council’s Executive Member for Communities, said it was achieving real results and ensuring people get the support they need “whatever their circumstances”.

Lessons learned

Working with these complex cases has taught the team that they need to act quickly once you get them engaged.

Ms Howard said: “Having a worker from the substance misuse team means we can fast-track them for appointments. We have been able to get them in that day. You need to do that.

“If you make an appointment for the following week or two the chances are that you will not find the individual again. But being able to take them to an appointment that day can make all the difference in getting them engaged.”

The team has also used novel techniques to get them involved. “We sometimes go out with other people on our sweeps,” said Ms Howard. “Having someone different with you can be a good way to gain their trust.

“We have done some with the Dog’s Trust and these have worked really well. By getting them talking about the welfare of their dog, you then create an opportunity to talk to them about other issues.”

How is the approach being sustained?

The sheer complexity of the cases has convinced the team they need more specialist help to do the outreach work.

Ms Howard said: “The biggest issue is mental health – and we are in talks about getting a mental health specialist out with us. When you have someone who refuses help and it is minus 5 degrees centigrade and snowing, it is nearly always because of mental health problems. If we had someone with specialist knowledge in that area it could make a big difference.”

Contact details

Ian Street

Commissioning and Contracts Officer
Adults and Health Directorate
Leeds City Council
ian.street@leeds.gov.uk

Leicester, Leicestershire and Rutland Councils: supporting prisoners

An integrated substance misuse service has been set up to work in the community and local prison. There is an 11-strong team that work in Leicester HMP, but staff are supplemented by workers from the community team. It has created a more streamlined and consistent service for prisoners.

The challenge

An estimated third of prisoners are thought to have drug problems. When you include those with drinking problems the numbers rise to over half.

It is the responsibility of NHS England Health and Justice to fund and coordinate health services in prison. The group works closely with clinical commissioning groups and local authorities to ensure the full range of services are available.

When it comes to treating substance misuse a variety of different approaches are taken. Some are run by the prison service themselves, while others are coordinated by the NHS-commissioned health service team at each site, which then liaises with community services, which are commissioned by local authorities.

At Leicester HMP both approaches have been used in the past. The most recent meant there were eight different services involved in the treatment and support of prisoners.

The solution

The three local councils – Leicester City, Leicestershire County and Rutland County – decided to take a more integrated approach two years ago.

Turning Point was appointed to run an integrated service which brought all drug and alcohol services both inside and outside of prison under one umbrella.

The contract started in July 2016. There is an 11-strong team of recovery workers, wellbeing nurses and other staff including a pharmacist and psychosocial lead.

But they are also supplemented by staff from the community teams.

Karen Blatherwick, the Manager of the Prison Substance Misuse Team, says: “As well as the three prison recovery workers we have, we also have two in the community that come in and help with some of the late shifts and extra work.

“It means when prisoners come in – if they have been in treatment in the local community – they are known to the service and perhaps even familiar with the staff. It also helps with release. We can book appointments and coordinate care plans together.

“This is so important for people using substance misuse services. They don’t want to keep having to repeat their stories, going back over their history each time. With the service as it is now, they don’t need to.”

Contact with prisoners starts as soon as they enter the site. On arrival a member of team is on hand to ask if they need support for alcohol or drug misuse.

If anyone collapses or falls ill because of substance misuse they are once again offered help. At any one point they provide support to one in three prisoners at the site.

Ms Blatherwick said there were also wider benefits too with the teams in and out of prison attending meetings together and sharing learning. "There are also opportunities for staff to work in the different settings. Prison work can be quite demanding and challenging so if someone needs a change there is the opportunity to do that."

The impact

The benefit of the integrated working has been recognised in a recent joint Her Majesty's Inspectorate of Prisons (HMIP) and Care Quality Commission (CQC) inspection.

The inspectors praised the work of the psychosocial and clinical interventions for reducing demand for drugs and harm minimisation.

They praised the "rich mix of staff skills in the service enabled prisoners to access an unusually well-integrated and responsive pathway of care".

One member of the team who has seen the service be transformed in Psychosocial Manager Joe O'Callaghan.

He has worked at the prison since 2011. "We have transformed the service from one that simply issue prescriptions and left people parked on their medicine to one that is now really working towards recovery and able to better coordinate care. This is how treatment should be in prisons."

Lessons learned

Ms Blatherwick said one of the most important aspects of care to get right is when a prisoner is being released.

"The first two weeks are essential," she said. "That is the time when they are most likely to have an overdose."

This has prompted the service to start prescribing Naloxone, a drug that can reverse a potentially deadly overdose. The service also works closely with local peer support group Dear Albert, which meets prisoners when they are released so they have someone to help them as soon as they are released.

How the approach is being sustained

To build on the arrangements for release, the service is working with the reducing re-offending teams by looking to launch family days when a prisoner is close to release.

The idea is to involve the prisoner's immediate family in planning and preparing for their release so they can be supported as best as possible.

The service is also looking to introduce a drop-in facility in the prison. At the moment if prisoners want to make contact with the service it relies on them asking a prison officer to contact the service or submitting a request into a box.

Ms Blatherwick said: "We want to create something that is akin to what you would have in the community. It is about making it easy for people to ask for help when they want it."

Contact details

Karen Blatherwick

Substance Misuse Team Manager
Leicester HMP

karen.blatherwick@turning-point.co.uk

Liverpool City Council: providing a holistic drop-in service for street drinkers

Liverpool City Council has run a drop-in service for street drinkers over recent summers, providing substance misuse help alongside other support, such as mental health care and housing support.

The challenge

The National Consortium of Police and Crime Commissioners describes street drinking as a “continuing cause for concern” in many parts of the country.

The effects can be costly in different ways. It causes distress to members of the public, is bad for business and a drain on public services.

Street drinkers are often vulnerable people who need a range of support from substance misuse to mental health care.

Tackling high impact drinkers like these has been identified as one of three priority areas for public health across Cheshire and Merseyside.

The solution

Liverpool's Citysafe Partnership launched the Rehabilitation, Education, Support and Treatment (REST) centre in 2015 and since then it has been run every summer from June to September seven-days a week.

It is effectively a safe space for street drinkers and has been delivered by the Whitechapel Centre, one of the leading homeless charities in the city.

The service provides homeless people with a safe and secure environment in which they can drink, but also be provided with support at the same time.

Staff decant alcohol into plastic containers and then intersperse the alcohol with soft drinks, tea and food with the aim of reducing alcohol intake.

Food and drink are provided as well as a range of internal services such as housing and welfare rights advice, education and training, employment advice, volunteering opportunities and medical services from a GP.

Meanwhile, Addaction has provided substance use harm reduction advice and referrals on to mainstream substance misuse service – many of the clients have drug problems alongside their drinking.

Providing mental health support has also been crucial. A psychologist from Mersey Care NHS Trust held clinics one day a week, providing support and referrals to community mental health services where necessary.

For those facing an immediate crisis staff and volunteers at the centre have also accompanied clients to the local crisis team at the Royal Liverpool Hospital.

A number of on-site activities have also been made available to provide service users with something fun to engage with, to help build their skills and to act as a diversionary activity from consuming alcohol.

Activities have included holistic therapies, a film night, a library, board games, photography, creative writing, sport, bingo, and arts and crafts.

Charlotte Joyce, from the Whitechapel Centre, which oversaw the REST centre, said: “In terms of mental health support, it was three-pronged.

Having the activities is every bit as important as the other two. These people are really vulnerable and it is essential you join up with partners to provide that all-round care.”

The impact

Liverpool John Moores University evaluated the programme in each of its first two years.

In the first year it helped 386 street drinkers and while that dropped in the second year, the evaluation said there were signs it was better targeted as users were more engaged with the services and support on offer.

It noted there were improvements in issues around housing, healthcare, wellbeing and alcohol use – in fact in year two half of the days people attended they did not consume any alcohol on site.

Data from Merseyside Police also showed a reduction in anti-social behaviour police-related calls near the REST Centre. The evaluation concluded the service had saved £4.80 in societal costs for every £1 invested.

The case of 41-year-old Andrew (not his real name) is typical of the impact the project had.

He attended REST nearly every day during the summer of 2016 and was given help maximising benefits and was seen by the GP service and Addaction staff.

By the end he had found stable accommodation and was accessing detox services.

Jenny Ewels, Head of Safer and Stronger Communities at Liverpool City Council, said: “The great thing is that the centre allowed staff time to build trust with these clients by doing other activities, such as playing a game. That is so important and in the end allows them to make a difference to the lives of street drinkers.”

Lessons learned

It took a number of years to get the project up-and-running. One of the problems was finding a suitable site and getting planning agreement.

Ms Ewels said: “Something like this is always going to be controversial and people did make objections initially. It is very important to consult closely with the local community. In the end we did some small-scale pilots and held one-to-one conversations with local businesses and held small community meetings.

“We found when we explained the concept people were supportive of it, they just didn’t like the idea of it being local to them. By pointing to the pilots and making assurances that there would be a staggered closing and a police presence to ensure drinking did not just spill over on to the street we finally got it through.

“For something like this you have to work with the local community.”

How the approach is being sustained

A decision has not been taken over whether to run the REST centre again this summer.

That is because the council has developed new services since the REST Centre was established.

“We have been really pleased with what REST achieved,” said Ms Ewels. “The evaluation proved it was effective, but we continually review our services to make sure we are providing the right services to meet current needs.”

Contact details

Jenny Ewels

Head of Safer and Stronger Communities
Liverpool City Council

jenny.ewels@liverpool.gov.uk

Oxfordshire County Council: giving service users ‘a sense of purpose’

A café staffed by substance misuse service users has been created in Oxfordshire to help people recover from their problems. The project also teaches them valuable skills and gives them vital experience to help them in the future.

The challenge

Drug and alcohol problems hinge on much more than reduced use of or abstinence from substances.

What people in recovery from substance misuse need to live a full life does not differ markedly from what the general population need.

DrugWise calls this the development of personal, social and community “recovery capital”.

This can involve anything from resolving housing problems and childcare to improving employability. Achieving this requires close working with partners.

In Oxfordshire the substance misuse service has sought to develop its own in-house social enterprise to provide opportunities for their clients.

The solution

Oxfordshire County Council's substance misuse service – run by Turning Point - has a comprehensive recovery and after care programme.

It involves social activities and physical pursuits such as canoeing through to peer mentoring.

But three years ago it decided to set up a social enterprise to give those undergoing treatment the opportunity to do voluntary work to help them gain skills and aid their recovery.

The social enterprise runs the Refresh café in Oxford, which provides drinks and food six days a week from 9am to 5pm.

At any one time there are 30 people involved in doing voluntary work at the café – ranging from front-of-house staff serving food, to working in the kitchen and tending to the allotment where some of the ingredients are grown.

The café also provides food for the local branch of Age UK to deliver to elderly residents as well as a community centre for events.

Andy Symons, who manages the substance misuse service, said: “Treatment is not just about the counselling or medication, it is also about giving people a sense of purpose.

“Some of these people will not have been in work for years or may have been in prison. They need the opportunity to develop and build their lives after treatment and that is what we have tried to give them with the café.

I also think it has helped break down some of those stereotypes about people who misuse drugs and alcohol.”

To help support clients even further, the service works in partnership with Aspire, which provides three employment workers to lend support to clients in terms of CV writing and applying for jobs.

The impact

Last year the service saw a total of 48 people volunteering at the café – above its target of 35, according to the latest performance report by Oxfordshire’s public health team.

Between them they completed nearly 4,500 hours of work.

Some 21 went into paid employment, while another 17 went into further education.

What is more, 35 remained drug and alcohol-free after treatment.

Mr A is just one of the people who was helped. The 34-year-old started volunteering while on day release from prison after being sentenced for assault while under the influence of drugs and alcohol.

He worked for five-days-a-week over a three-month period.

He gained a food hygiene level two certificate and received help from the employment workers. Afterwards he went on to work as a chef in a local café.

Lessons learned

Clients tend to volunteer at the café for between three and four months – although for some the relationship can last up to a year. Some will even start before they finish their treatment.

The service believes it is important to ensure there are fully-trained support staff on site there to help the clients.

Mr Symons said: “With these sort of projects, it is easy to think you are running a social enterprise, but you can’t forget it’s an extension of the treatment service.

“We have two employed members of staff who coordinate the café and are there to support the clients. These are vulnerable people and there are safeguarding issues to take into account to. You can’t just run it through volunteers.”

How the approach is being sustained

The project gets some money from the local police and crime commissioner’s office – just over £50,000 a year – but beyond that it is self-funding.

It means the service is always looking for new opportunities to expand its role. In recent years it has become a real community hub, hosting AA groups, pop-up shops and a local AA group.

“You are not going to make lots of money with this sort of project, but with a little funding and hard work you can make it work,” added Mr Symons.

Contact details

Andy Symons
Oxfordshire Substance Misuse Service
Manager
andy.symons@turning-point.co.uk

Sandwell Metropolitan Borough Council: helping high-impact problem drinkers

Sandwell Metropolitan Borough Council has worked with Alcohol Concern to support the most difficult, hard-to-reach drinkers. These people are often involved with the criminal justice system or are frequent users of NHS services and do not want to engage with alcohol treatment. But through the Blue Light Project this is changing.

The challenge

Estimates from Public Health England suggest that at least three-quarters of dependent drinkers are not engaged with alcohol treatment services.

In the average borough of 350,000 that would mean nearly 10,000 dependent drinkers going without help.

Many of these will also have other problems – they may be engaged in criminal behaviour or frequent users of NHS services.

The cost to the public purse in managing them can be huge. Work done by Alcohol Concern has suggested the most acute cases can cost in the region of £35,000 a year with some exceeding £100,000.

Mike Ward, a Senior Consultant at the charity, said: “What you find is that these cases are very complicated and entrenched and there can be an attitude that they cannot be helped. It is much easier to engage the people who want help – and there is a tendency for that to happen in many places.”

The solution

Alcohol Concern has worked with a number of councils on a scheme aimed at engaging these high-impact, change-resistant drinkers.

Known as the Blue Light Project, it seeks to work with people who fit into three criteria:

- Alcohol dependent
- Burden on public services
- Non-engagement with treatment

In Sandwell, work started with the public health team in 2015.

Over 200 specialist and non-alcohol specialist staff, including emergency service staff, social workers, housing officers and police, attended a series of one-day workshops to learn how to identify Blue Light clients and how to provide brief advice.

A multi-agency group was also established to review the clients' cases and organise extra support if necessary. This involves the input of social care, housing, mental health and the wider NHS as well as the alcohol treatment service.

It meets monthly with the idea of “unlocking the barriers” that these clients face.

Mary Bailey, Sandwell's Substance Misuse Programme Manager, said: “The training really resonated with staff and the issues they face. By getting them together from numerous organisations it was apparent they were working with the same individuals.”

Following the training the different agencies have started working together more closely, supported by an information sharing protocol.

“It is allowing different organisations to really join up efforts and work better together,” said Ms Bailey.

“For example, we are seeing alcohol workers going out with housing officers and police officers. It is helping get these clients engaged with alcohol treatment rather than just contacting them cold.”

The impact

To date more than 30 drinkers have been supported in Sandwell through the scheme.

An evaluation of nine individuals who were helped in the first year showed a significant reduction in costs.

It found these people were responsible for costs to the public purse of £244,000 in the 12 months prior to Blue Light, but by the end of 12 months that had been reduced to below £93,000.

The project costs were £25,000, giving an estimated return on investment of 471 per cent.

Seven of the individuals completed or have remained engaged with alcohol treatment services. One died, while another was imprisoned.

Lessons learned

The project was not without its difficulties. One of the key challenges was having to work with no additional resources.

Ms Bailey said the local hospital was initially struggling to find the staff to fully engage with the project. The hospital and council worked together to secure charitable funding to get an alcohol care team established at the trust.

“You have to support each other and work through resourcing issues,” she said. Mr Ward said this sort of problem is common with partnership work. “You have to work hard to get good relationships going.

“I know one of the issues that gets brought up is that there is too much multi-agency work out there – and having another group is too much. I can understand that. What we are looking to do in some areas is incorporate into wider multi-agency work. But to do that you have to make sure the right people are there and they have the skills to review these cases.”

How the approach is being sustained

The Blue Light Project continues to be run in Sandwell – and work is now under way to look at how to build on the success of the scheme.

One idea that is being considered is the creation of assertive outreach workers to engage with these clients in the community, in their homes and on the streets.

Ms Bailey said: “It is something that has been used in other Blue Light areas. Having spoken to our frontline staff, they feel having an outreach worker who could go and see people, check they are okay and what help they may need could make a huge difference.”

Meanwhile, February saw the launch of Sandwell’s new integrated drug and alcohol treatment service delivered by Cranston. They had been run separately before that.

The move should allow a more joined-up approach to substance misuse in the borough.

Contact details

Mary Bailey

Substance Misuse Programme Manager
Sandwell Metropolitan Borough Council
mary_bailey@sandwell.gov.uk

Surrey County Council: the benefits of outreach work

Surrey County Council has set up a specialist outreach team to work with the most hard-to-reach drinkers. It was tested in a one-year pilot and has now been extended after achieving impressive results with £4 saved for every £1 invested.

The challenge

Surrey County Council runs a successful alcohol treatment service, but three years ago it decided it wanted to do something different to reach out to those with multiple disadvantage and who were not engaged with services.

So in 2015 the council carried out a review with the Royal Surrey County Hospital to look at the case for change.

It identified that there were 22 adults who had attended A&E four times or more in the preceding 12 months with alcohol as a contributory factor.

The average number of attendances was more than 12, with one person having been to A&E nearly 50 times.

A similar review of admissions data found there were 25 people with four or more admissions where alcohol was coded as a factor.

Laura Saunders, the council's Public Health Lead for Substance Misuse, said: "It was clear there was a cohort of drinkers who were frequently presenting in crisis, resulting in high costs and little long-term improvement. These individuals were not getting the help they needed."

The solution

In spring 2015 the council's public health team funded two community outreach workers.

They were employed at the Surrey and Borders Partnership NHS Foundation Trust, which runs the substance misuse service.

In order to develop an approach which would meet the needs of these challenging and vulnerable people, they focused primarily on motivational interviewing and harm reduction with the aim of engaging the clients and working through some of their challenges to be in a better position to engage with structured treatment.

The community outreach workers were given the time to engage in the community in different settings rather than requiring individuals to present at clinics.

The Royal Surrey County Hospital alcohol liaison team provided the referrals with the outreach workers taking it from there.

"The first step was making contact," Ms Saunders said. "That can involve phone calls, knocking on doors or visiting hostels depending on where the individuals are."

"It is about building trust and then looking at the issues that may sit alongside the drinking – housing, criminal justice or mental health issues. It is a highly skilled form of assertive outreach which needs to be robust, flexible and sensitive."

The impact

The one-year trial ended in April 2016 and showed a good level of success among those it engaged.

A total of 13 clients were supported by the outreach workers for periods of between three weeks and a year.

Nine were successfully transferred into treatment with drinking rates halving among this group. Improvements were recorded in both psychological and physical health, while attendances and admissions recorded by Royal Surrey Hospital fell.

A cost-benefit analysis found a £4 saving for every £1 invested, which is in line with similar work undertaken nationally

The results convinced the council to expand the size of the outreach team to 4.5 staff – as part of phase two – which was done with the help of funding from the Office of the Police and Crime Commissioner for Surrey.

Catalyst, a local not-for-profit organisation, now provides the service.

Referrals now come from both the hospital and community harm and risk management groups, which consists of police, community safety and housing officers.

Surrey Police and Crime Commissioner David Munro said he was “proud” to be part of the project.

“With the current strains on the police, health and social care services, it doesn’t come as a shock to learn that these people can be in great despair, having often been turned away from other services. Having this support available is invaluable in ensuring client recovery and a safer community.”

Marilyn Davis, the Team Leader at Catalyst, is also impressed. “The approach means that we can work with people to make meaningful change – it can take a few weeks, sometimes even months but the reward is getting someone to where they can engage with support, and to see the positive change. These are very complex and vulnerable people.”

Lessons learned

Changes in the thresholds for referral have been a major development.

When the project began, the criteria were narrow as there was only limited capacity.

Only those individuals who were attending A&E regularly, had not been engaged with treatment and drinking a certain amount could be referred to the outreach workers.

But this proved to be too inflexible. Partners struggled to find people that met every criteria.

The focus is now on a wider range of multi-agency groups to identify clients they think will benefit from additional support.

The result has been a rise in the rate of referrals and increased focus on the multi-agency partners providing a joined-up support and care package.

Last year more than 50 people were supported by the outreach team.

How the approach is being sustained

The outreach work has funding in place until April 2019. In order to ensure that impact and outcomes can be properly evidenced, there are two evaluations currently taking place.

One is by Alcohol Concern, which is looking at the best way to provide the support.

Meanwhile, a broader evaluation is measuring the economic impact by analysing multi-agency data across health, social care and criminal justice. The review will also undertake qualitative research to understand operational and cultural barriers and shifts throughout the two-year period.

Once the results of these are known a decision will be taken about the long term future of the programme.

Contact details

Laura Saunders
Substance Misuse Public Health Lead
Surrey County Council
l.saunders@surreycc.gov.uk

Telford and Wrekin Council: developing and helping to build recovery

Telford and Wrekin Council has been re-vamping its approach to substance misuse in recent years. It has worked with a variety of partners from schools and the police to social enterprises to develop initiatives focussed on preventing problems developing and helping to build recovery.

The challenge

Telford and Wrekin Council published its drug and alcohol strategy in 2014.

It set out a new vision for services and support that was based on not just treating patients, but building recovery as well as preventing substance misuse by reducing demand, changing behavior and restricting supply.

It said there was a “clear” need to transform services to tackle the problems locally. Evidence suggests there are 1,000 opiate users and 4,000 dependent drinkers.

But there are also worrying signs that there are many more at risk of developing serious problems.

It noted high rates of cannabis use among young people, while an estimated 24,000 people were classed as binge drinkers and 34,000 as higher or increasing risk drinkers.

The solution

With the help of partners and service users, the public health team has commissioned a series of initiatives based on prevention, early intervention, reducing supply and supporting recovery post-treatment.

This includes:

- Local theatre groups being invited into secondary schools to organise substance misuse-themed plays.
- Roadshows known as Crucial Crew delivered to pupils in year six to prepare them for secondary school featuring warnings and advice about cannabis, drinking and legal highs.
- Public awareness campaigns, including information stalls, being run in the town centre.
- Brief interventions on alcohol becoming a core part of the work of the Healthy Lifestyle Hub, which provides advice to people on everything from stopping smoking to improving diet.
- Front-line staff, including GPs, social workers, Job Centre workers and housing officers, getting training on how to broach the subject, what advice to give and where to signpost and refer people to.
- Local hotels and licensed premises being engaged to adopt safer practices when it comes to selling drinks and preventing anti-social and aggressive behaviour.
- Peer-led recovery programmes being funded to provide help to people from others who have been through the same journey.

Telford and Wrekin Director of Public Health Liz Noakes said: “It is much better for both the individual personally and the council financially to try to prevent alcohol and drug problems and support people through their recovery by those who truly understand to make sure they don’t relapse, than it is to keep people treatment.”

Impact

The reach of the initiatives has been impressive across a range of settings.

In schools, more than 1,500 secondary school pupils saw the substance misuse productions, while a record 51 primary schools and over 2,000 students took part in Crucial Crew.

The Healthy Lifestyles Hub delivered 4,000 brief interventions last year.

Training-wise, around 250 front-line staff have completed the basic drug and alcohol awareness training in the past two years and a similar number done more specialist motivational interviewing and cognitive behavioural therapy sessions.

Meanwhile, Telford After Care Team (TACT), a community social enterprise, which offers adults who have been through treatment on-going support through peer-to-peer help, access to training and activities, such as gardening, arts and walking groups, has been going from strength-to-strength.

Last year nearly 600 people were supported. The majority were people with alcohol problems, but one in five were people fighting drug addictions.

One client who was helped described the support as “priceless”.

They said: “With their help and encouragement I’ve been able to learn many new skills and coping strategies that have enabled me to turn my life around and find a positive new meaning within it.”

Indeed, the success of TACT has convinced Telford and Wrekin Council to fund Recharge, a community interest company which is aimed at the under 21s. It gives young people peer-led recovery support through one-to-one sessions and various groups and activities.

What is more, progress is beginning to be seen in terms of treatment outcomes, mortality rates and hospital admissions. The number of admissions are falling for alcohol-specific

conditions, drug-related mental health and behavioural disorders and poisoning by illicit drugs, while years of life lost from alcohol-related conditions have fallen and alcohol-specific mortality rates are no longer significantly worse than the national average.

Lessons learned

Joint work with partners, such as the police, probation and local voluntary organisations has been crucial.

As the work on preventing substance misuse and aiding recovery has developed, it became clear there was a difference in the numbers completing alcohol treatment and the numbers completing drug treatment.

Nearly half finished their treatment for alcohol misuse last year, up from a third three years previously. By comparison, just 5 per cent completed treatment for opiate addiction.

Performance for drug problems tends to be worse than alcohol, but nonetheless Telford and Wrekin Council decided change was needed.

Senior Public Health Commissioner Stacey Norwood said: “The services were being run separately – there was one for drugs, one for alcohol and one for clinical treatment.

“It was too complex, we needed one single seamless system which could support people in need holistically.”

How the approach is being sustained

After extensive engagement with service users, professionals and stakeholders, Telford and Wrekin Council decided to alter its approach to treatment and recovery.

In April 2018 it launched a new single-provider model service known as STARS (Substance Misuse Treatment Recovery Service).

STARS has been tasked with working closely with the local recovery organisations.

The coming year will also see a refreshed drug and alcohol strategy.

Telford and Wrekin Council believes both will put the tackling substance misuse agenda on a strong footing for the future.

Councillor Arnold England, the Cabinet Member for Communities, Health and Wellbeing, said: “Never before have we had such a strong partnership of professional organisations and volunteer groups working together to tackle substance misuse in our borough. We’re very proud.”

Contact details

Stacey Norwood

Senior Public Health Commissioner

Telford and Wrekin Council

stacey.norwood@telford.gov.uk

West Sussex Council: looking out for children

West Sussex Council's substance misuse service has set up a dedicated family team to help ensure the needs of children whose parents are under the care of the team are properly catered for. The service has also developed a close relationship with local NHS services working with pregnant women and new parents.

The challenge

Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases with research suggesting it is linked to up to 70 per cent of care proceedings.

Overall an estimated third of all adults in drug treatment have childcare responsibilities. For some, this encourages them to seek treatment – and means that treatment is more likely to be successful. However, substance misuse services need to make sure children in these situations are not at risk of neglect or are not taking on inappropriate caring roles.

The solution

Like many areas, West Sussex Council's substance misuse service follows safeguarding children policy, which requires home visits when there are children living in a service user's home.

Priority is given to households with under five-year-olds, where the service user is pregnant or where there are children with disability or other vulnerabilities.

The policy also covers safe storage of medication and where very young children are present the team aims to prescribe buprenorphine rather than methadone.

But the West Sussex Council service – run by Change Grow Live – has gone further than this. Last year it signed a joint working protocol with the two hospital trusts and three CCGs in the areas, covering the perinatal period – pregnancy and the first year of the baby's life.

It means there are clear criteria regarding referrals and information sharing and joint strategy and operational meetings.

The dedicated family team is core to much of the work that West Sussex does on safeguarding.

There are three family workers, each with responsibility for a third of West Sussex. They are there to offer advice and support to the rest of the substance misuse service and can carry out home visits and help with the needs assessment.

For the most complex clients, they also take responsibility for co-ordinating their care.

Impact

The family team hold approximately 40 complex cases between them. This number allows them to be able to have more time to liaise with other professionals – and ensure the right support is given.

Kelly Pierce, the Consultant Midwife in Public Health for West Sussex, said the work that had been done meant maternity and drug and alcohol services were “closely aligned” and as a result the pathway between the two was “robust and smooth” and did not leave pregnant women feeling stigmatised if the needed help.

“That is essential as thresholds for using substances are considerably different in pregnancy due to the risk to the unborn baby,” she added.

There are other examples of the benefit this expertise and close working relationship brings.

For example, children are welcomed to attend treatment services, with careful consideration taken of other potentially volatile service users.

The family team is also in a position where it can train older children in how to administer the anti-overdose drug Naloxone under certain agreed procedures.

In one recent case a young person was given training, at their request, as they had previously needed to call an ambulance for their mother following her experiencing an overdose.

Lessons learned

The family team was set up two years ago, but the way it works has changed over time.

Initially it did not do the case holding. Instead, the team was solely there to support the rest of the service.

Katherine Wadbrook, who manages the family team, said: “The case-holding came later. We developed that side of it.

“Two of the three members of the family team are social worker trained so it seemed the right use of skills and experience to get them doing the most complex cases.

“They might take on clients who are pregnant or where there are lots of children. They tend to have smaller caseloads and can spend more time on these cases where appropriate.”

How the approach is being sustained

As a result of having experienced staff working on child protection issues - as the family team does - the substance misuse team has been invited on to the local Multi-Agency Safeguarding Hub (MASH).

Just one member of the team has been trained to sit on the MASH, but in the future Ms Wadbrook wants to get the other two members trained to share the workload and responsibility.

Rachel Tandy, the council’s Early Help MASH Manager, said there was a number of positives to having the substance misuse team represented. “It enables vital information to be requested and supplied in a timely manner.

“The information is part of wider picture so all factors can be considered and help to form part of the decision making.

“In addition, it enables case consultation about the support that can be offered not only to adult but to children and young people if this would be appropriate.”

Contact details

Katherine Wadbrook
Service manager
West Sussex Young Persons and Families Services
katherine.wadbrook@cgl.org.uk

Want to know more?

Guidance for commissioners

www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance

Official alcohol statistics (Public Health England / ONS)

<http://webarchive.nationalarchives.gov.uk/20180328130416/http://digital.nhs.uk/catalogue/PUB23940>

2017 Drug Strategy

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

2012 Alcohol Strategy

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

The case for investing in alcohol and drug services (Public Health England)

www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest

Alcohol Concern statistics

www.alcoholconcern.org.uk/alcohol-statistics



Local Government Association

18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

© Local Government Association, August 2018

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

REF 22.29