



**Meeting:** Safer Communities Executive Board  
**Date:** 28 March 2008  
**Subject:** Drugs: Protecting Families & Communities.  
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## **1. Purpose**

- 1.1.** To inform the Board of the key changes in the new National Drug Strategy and the implications for us locally.

## **2. Background**

- 2.1.** The strategy replaces and builds on the previous ten year drug strategy 'Tackling Drugs to Build a Better Britain'. It sets out an overarching framework of objectives which extend the approach taken in previous years and contains a series of three year action plans which run alongside the Governments comprehensive spending review cycles and associated PSA targets.

- 2.2.** The strategy covers four themes:

- **Protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour**
- **Preventing harm to children, young people and families affected by drug misuse**
- **Delivering new approaches to drug treatment and social re-integration**
- **Public information campaigns, communications and community engagement**

- 2.3.** There have been many different responses to the new strategy – with many people saying that there will not be a huge amount of change. However the direction of travel for local partnerships and the work they're going to need to undertake is one of the areas of the strategy that's probably shifted the most, as is the greater focus on early intervention and re-integration.

## **3. Key differences/challenges**

- 3.1. Localism and Reintegration**

- 3.2. The strategy is clear about two key things for local partnerships.
- 3.3. Firstly the focus for drug treatment is reintegration and the delivery mechanism for most of that reintegration is going to need to be personalised commissioning and the LAA.
- 3.4. Secondly, it's going to be a time of some change with reviews and pilots looking at the role of local partnerships, the shape of local commissioning and the way we performance manage and fund local drug strategy. Haringey DAAT has been working with the RSA on a proposal to trial personalised budgets with this client group.
- 3.5. Although there is still a big clinical treatment component, it's no longer the main focus of the strategy. Reintegration, housing, training, employment and education are reprioritised.
- 3.6. PSAs work differently now to the way they used to. The direct link-up between the PSA and the work of the LSP, PCT and local authority is much more explicit and stronger than before. This fits in with Haringey's new Performance Management structure.
- 3.7. The new PSAs for drugs and alcohol are 14 and 25.
- 3.8. **PSA 14**  
Increase the Number of Young People on the Path to Success. The drug measure that sits under this PSA relates to the number of young people who use drugs as measured by the Ofsted "Tellus" survey.
- 3.9. **PSA 25**
- 3.10 Reduce the Harm Caused by Alcohol and Drugs
- 3.11 **The measures that sit under this PSA are:**
- **The number of problematic drug users recorded as being in effective treatment.\***
  - The rate of drug related offending (largely measured by performance of Drug Intervention Programme).
  - The percentage of people who perceive drug use or dealing to be a problem in their area (Place survey).
- 3.12 However, arguably it is the PSAs that are not directly related to drugs measures which reflect issues that are at the heart of the new strategy - like reintegration, housing, employment, training, community involvement, neighbourhood policing and regeneration.
- 3.13 It is therefore key that we foster an understanding of the relationship between substance misuse and the range of indicators chosen in our Local Area Agreement and how substance misuse interventions contribute to the success of LAA targets as a whole. **Related indicators are:**

**PSA 8** Maximise employment opportunity for all

- PSA 13** Improve children and young people's strategy
- PSA 24** Deliver a more effective, transparent and responsive CJS for victims and the public (contains measures relating to DIP)
- PSA 21** Build more cohesive, empowered and active communities
- PSA 16** Increase the proportion of socially excluded adults in settled accommodation and employment, education and training (at the moment only defines ex offenders, people with learning disabilities, care leavers and adults in contact with secondary mental health services as the vulnerable people for whom reintegration should be measured)
- PSA 18** Promote better health and well being for all

(See appendix A for fuller description of related indicators).

#### **4. Other key concepts:**

##### **4.1. Drug System Change Pilots**

**4.2.** Being led by the Cabinet Office, these could throw up many new challenges. This is a big issue to look at that will include taking forward the RSA's suggestions around personalisation and individual budgets. It will also need to explore cluster commissioning, the role of multi area agreements, a tariff for drug treatment, plurality and choice.

##### **4.3. National Audit Office review**

**4.4.** Exploring issues around the cost effectiveness and delivery models of Drug Action Teams this work will directly complement that of the commissioning pilots and will be helpful in informing our own internal review of the DAAT team scheduled for Autumn 08.

##### **4.5. Young People**

**4.6.** Clear signals about the necessity of better use of the Common Assessment Framework in drug related areas, the extension of the OFSTED role to include drug education and the role of the Director of Children's Service as the lead for the young people's substance misuse.

##### **4.7. Prisons**

**4.8.** Commitments to make sure clinical interventions meet minimum standards across the secure estate by 2011. To ensure link-up on outcome and offender management by getting prisons to report via NDTMS (through pilots first) and have those reports included with local reporting to the PCT. The expansion of Integrated Drug treatment Services signals a major new focus on work in prisons. This is the only area of the strategy showing new investment.

## **5. Summary**

**5.1.** In summary, in order to make any lasting inroads into the drugs 'problem' we will need to:

- To give local people a say in coming up with solutions for tackling drug problems in their communities
- Have a greater focus on families and early intervention
- Have a greater focus on embedding action on drugs in mainstream business of relevant agencies
- A greater focus on moving people through treatment to re-integrate with families and communities
- Using neighbourhood police approach to engage and empower communities to tackle drug related crime, ASB and supply
- Develop community based communication to build community confidence and engagement in the ability to tackle drug misuse

**5.2.** This is not exhaustive but could be seen a useful basis for discussion in the SCEB LAA workshop later today.

## **6. Recommendations:**

**6.1** To note key differences in the new national strategy and issues which need to be tackled in order to better address the local drugs problem.

## **APPENDIX A**

### **Related Indicators**

- NI 16** Serious acquisitive crime rate
- NI 17** Perceptions of anti-social behaviour
- NI 18** Adult re-offending rates for those under probation supervision
- NI 21** Dealing with local concerns about anti-social behaviour and crime by the local council and police
- NI 28** Knife crime rate
- NI 29** Gun crime rate
- NI 30** Re-offending rate of prolific and priority offenders; and
- NI 32** Repeat incidents of domestic violence
- NI 38** Drug related (Class A) offending rate
- NI 50** Emotional health of children
- NI 58** Emotional and behavioural health of children in care
- NI 65** Children becoming the subject of a Child Protection Plan for a second or subsequent time
- NI 68** Referrals to children's social care going on to initial Assessment
- NI 88** Number of extended schools
- NI 110** Young people's participation in positive activities
- NI 111** First time entrants to the Youth Justice System aged 10-17
- NI 114** Rate of permanent exclusions from school
- NI 115** Substance misuse by young people; and
- NI 117** 16-18 year olds who are not in education training or employment
- NI 118** Take up of formal childcare by low income working families
- NI 119** Self-reported measure of people's overall health and wellbeing
- NI 40** Drug users in effective treatment
- NI 120** All-age all-cause mortality rate
- NI 128** User reported measure of respect and dignity in their treatment
- NI 140** Fair treatment by local services
- NI 143, 145, 147, 149** Socially excluded adults living in settled and suitable accommodation
- NI 144, 146, 148, 150** Socially excluded adults in employment, education or training; and
- NI 152** Working-age people on out-of-work benefits
- NI 156** Number of households living in Temporary Accommodation

## **PSA Targets**

The proportion of young people frequently using illicit drugs, alcohol or volatile substances (PSA 14); and

The percentage of the public who perceive drug use or dealing to be a problem in their area (PSA 25).