

Drugs and alcohol have many negative impacts upon Birmingham's residents. For example, around a third





	The Cabinet Member for Local Services and Community Safety requests that Birmingham Drug and Alcohol Action Team (BDAAT) determines how data can be shared with Constituency community safety teams to enable it to form part of Constituencies' needs analysis.	Cabinet Member for Local Services and Community Safety	September 2010
	The Deputy Leader to investigate whether it would be possible to collect better data through according cases a special interest marker (as the West Midlands Police do and accident and emergency departments have started to do) to inform needs analysis and improve interventions.	Deputy Leader	September 2010
	The Cabinet Member for Local Services and Community Safety asks the lead commissioners for drugs, alcohol and young people's substance misuse services to consider the model set out and report back their views on how this could implemented or improved upon	Cabinet Member for Local Services and Community Safety	September 2010

The Cabinet Member for Local Services and Community Safety asks BDAAT to consult on and give further consideration as to how it best ensures access to and delivers treatment to a wide range of potential service users

	That the Chair of Licensing Committee asks Regulatory Services to investigate what further could be done to curb excessive drinking through the use of alcohol pricing, licensing conditions, restrictions on advertising outside licensed premises and off-licences and clear labelling of alcohol units in each drink in licensed premises.	Chair of Licensing Committee	September 2010
	That the Cabinet Member for Local Services and Community Safety asks the Safer Birmingham Partnership and Regulatory Services to include the Local Services and Community Safety Overview and Scrutiny Committee in the consultation process when developing the 2010-2013 alcohol strategy.	Cabinet Member for Local Services and Community Safety	September 2010
	That Constituencies work with relevant Directorates and partner agencies (including BDAAT, the Police, Safer Birmingham Partnership and service providers) to provide feedback to residents on how issues relating to drugs and alcohol are being tackled locally and to provide information about sources of support for example through use of existing newsletters.	Cabinet Member for Local Services and Community Safety	September 2010

That the Cabinet Member for Children, Young



That the Cabinet Member for Children, Young People & Families contributes to assessing whether following the three year BDAAT service design, there is enough in place to support families, including children of substance misusers.

Cabinet Member Children, Young People & Families

September 2011

That the Cabinet Member for Local Services & Community Safety requests that BDAAT have in place quality control and robust contract management to demonstrate understanding of services provided, impact and value for money.

Cabinet Member for Local Services and Community Safety

September 2010

Progress towards achievement of these recommendations should be reported to the Local Services and Community Safety Overview and Scrutiny Committee in September 2010. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.

Cabinet Member for Local Services and Community Safety

September 2010

AA

Alcoholics Anonymous


ARA

Alcohol Restricted Area

BASBU

Birmingham Anti-Social Behaviour Unit





1.1.1 In support of the City Council's key priority to help Birmingham residents to 'stay safe', the Local Services and Community Safety Overview and Scrutiny Committee has considered a number of community safety issues in depth over the past five years, including anti-social behaviour and domestic violence.

1.1.2





- Work in the Constituencies;
- Working with young people;
- Providing 'after care', including employment support and support in housing;
- The experience of ex-drug users.

1.2.2 In addition we visited young people at a Youth Offending Team to find out the impact of substance misuse on their lives. We asked for written evidence from other key stakeholders including the NHS Primary Care Trusts and Job Centre Plus. Scrutiny officers undertook follow up





- 3,856 PDUs using opiates only or as the main drug (36%) are not known by treatment or DIP services as compared to 3,468 PDUs using crack only or as the main drug (55%);
- 1,277 PDUs aged 16-24 (54%)³ are not known by treatment or DIP services, as compared to 1,694 PDUs aged 25-34 (32%) and 1,140 PDUs aged 35-64 (32%).⁴

2.2.3 The Glasgow Study also indicates a decrease in heroin / crack cocaine users aged 15-24 years and an increase in those aged 35-64 years.

2.2.4 With regards to alcohol there are likely to be 31,142 harmful drinkers and 25,726 dependant drinkers in Birmingham by 2010.⁵

2.2.5 What evidence is there about who drinks heavily? In one West Midlands study, people in the upper socio-economic categories are over-represented (6% being professional and 30% being employers and managers compared to 5% and 16% in the general population).⁶ Studies also indicate that men generally drink more heavily than women.⁷

2.2.6 Although the data shown in the map in Figure 1 is some four years old it indicates that alcohol use varies around the city. The map indicates that the percentage of those consuming alcohol at rates higher than the recommended limits are highest in Moseley and Kings Heath, Nechells, Washwood Heath, Soho, Erdington and Kingstanding (Figure 1).

2.2.7 Comparisons with other core cities are undertaken via a series of indicators which are combined to yield a single measure of harm which includes alcohol related ill-health, death, crime and poor drinking behaviours.⁸ Birmingham ranks favourable, with only Sheffield performing better (Table 1).

2.2.8 There is a link between drinking and substance misuse. In the study of heavy drinkers in the Midlands 33% of the sample had used cannabis in the previous year (compared to 9% of the general population) and 10% cocaine (compared to 1.7% nationally).

³ BDAAT inform us that the number of PDUs aged 16-24 is disputed as national and local evidence suggests much lower prevalence rates of heroin and/or crack use by this age group with the main drugs of misuse being alcohol and cannabis



Source: West Midlands Regional Lifestyle Survey

⁹ Data from the Regional Lifestyle Survey 2005 At:
www.birmingham.gov.uk/Media/Alcohol.ppt?MEDIA_ID...Alcohol.ppt



	342
	333
	297
	294
	289
	271
	254
	184

Source: Safer Birmingham Partnership

2.3.1 We also explored the links between drugs and alcohol misuse and crime. Drugs and alcohol and crime are certainly connected in people's minds. Nationally, the British Crime Survey (2008/09) asked respondents what single factor they thought was the main cause of crime. A quarter thought it was drugs. Alcohol was also perceived by over half as being one of the major causes of crime. From a victim perspective nationally, victims believe that nearly half (47%) of offenders in violent incidents were under the influence of alcohol. Furthermore, 17% of victims believed the offender(s) to be under the influence of drugs.¹⁰ In the West Midlands 46% of people stated that they believed alcohol is a major cause of crime.¹¹

2.3.2 We found some evidence to support the link: the National Treatment Agency (NTA) has conducted research which highlights the clear relationship between heroin and crack dependency and acquisitive crime. However, there is little evidence of a link between substance misuse and acquisitive crime for young people.¹²

2.3.3 The Birmingham Adult Drug Treatment Plan states that:

¹⁰ A. Walker, J. Flatley, C. Kershaw and D. Moon (2009) *Crime in England and Wales 2008/09. Vol 1. Findings from British Crime Survey and Police Recorded Crime*. At: www.homeoffice.gov.uk/rds/pdfs09/hosb1109vol1.pdf

¹¹ Association of Public Health Observatories, *Indications of Public Health in the Regions; 8: Alcohol*

¹² NTA, *Getting to Grips with Substance Misuse Among Young People: The data for 2007/08*

¹³ *Birmingham Adult Drug Treatment Plan 2009/10*

- 2.3.4 Almost all Prolific and other Priority Offenders (95%) use class A drugs.¹⁴ A targeted response to restrict their offending is therefore expected to have a significant impact on overall crime rates.
- 2.3.5 In terms of alcohol, Birmingham records an average of 546 alcohol related crimes per month, 72% of which are violence related crimes.¹⁵ 9% involve criminal damage and 9% involve domestic violence.
- 2.3.6 Crimes committed can be tagged with special interest markers for drugs or alcohol. In Birmingham City Centre, for example, offences which frequently have an alcohol indicator are:
- Violent offences (generally physical injury to a person);
 - Sexual offences;
 - Criminal damage.¹⁶
- 2.3.7 The heavy drinking study (referred to in 2.2.5) indicated some links between use and crime through descriptions of risky behaviour, and both with possibilities of being victim and perpetrator. In the previous year for example, 17% of men who drink heavily and 6% of women who drink heavily have gone off with strangers. At least 30% of each have walked in areas they consider to be less safe. 17% of men and 14% of women have argued with registered door staff or people bigger than themselves. 29% of men and 33% of women have been inappropriately aggressive and 14% and 10% respectively have been in a violent argument or fight.
- 2.3.8 Another risky – and criminal – behaviour is drink driving. The study of heavy drinkers¹⁷ indicated that over a quarter of the sample do drink and drive. A small minority were persistent offenders with almost 4% of this sample indicating that they had driven whilst over the limit on over 100 occasions in the previous year. In 2008, there were 381 fatal or serious collisions in Birmingham. There was evidence that driver impairment by drink or drugs was a contributory factor in 21 of these incidents (whilst this does represent a decrease from the previous year when 31 out of 427 incidents were due at least in part to impairment by drink or drugs, it does show an increase in the proportion of accidents related to drugs and alcohol misuse).
- 2.3.9 Domestic violence is another crime linked to both drugs and alcohol. Over 25% of all violence against the person offences in Birmingham were domestic violence incidents in the last few years. Of the 5,582 violent domestic violence cases reported 15% had the alcohol involved marker and

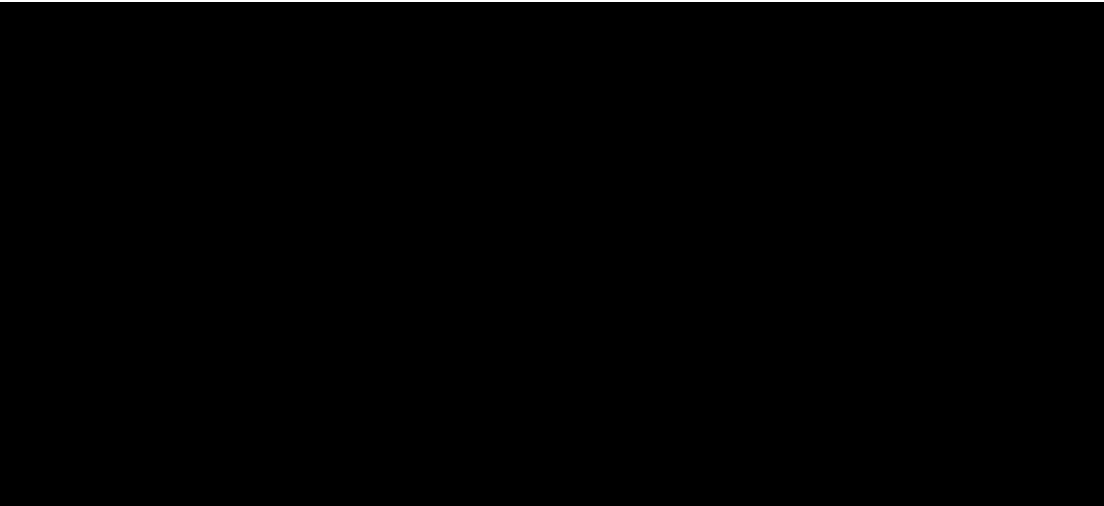
¹⁴ Safer Birmingham Partnership, 'DIP in' Issue 15, April 2007. Prolific Offenders are identified on the nature and volume of crime being committed; Priority Offenders are selected according to the nature and harm they are causing the community

¹⁵ Helen Hodges (2009)



17% the under the influence of drugs marker. Alcohol and drugs are also indicated in fires, being involved in 37% accidental dwelling fires resulting in injury.¹⁸

2.3.10 It is likely that some of the statistics provided to us, and used within this report, under-report the role of alcohol and drugs. Research relating



Source: West Midlands Police's Feel the Difference Survey

2.3.15 Birmingham's Annual Opinion Survey²³ also shows how much Birmingham residents felt drugs and alcohol had an impact on their neighbourhoods. People using or dealing drugs is viewed by 29% residents as being a problem in their area, with drunken behaviour being a problem for 22% (see Table 2). Both of these have gone up from 2007 – perceptions of drugs use by 10% and perceptions of drunkenness by 8%. It will come as no surprise that in the 10% of the city which has the highest crime rates as measured by the index of multiple deprivation, the perception of drug dealing and use is at the highest with 44% residents perceiving it was a problem.


	11%	18%	25%	39%	8%	29%	63%
	8%	14%	28%	46%	4%	22%	74%

Source: Annual Opinion Survey 2008

2.3.16 Appendix 1 (Tables 1a and 1b) show the breakdown of Table 2 at a constituency level. Drunkenness was seen as a particular problem in Edgbaston, Ladywood and Erdington

²³ *Annual Opinion Survey 2008*, BMG, prepared for Be Birmingham, October 2009





admitted to hospital for an alcohol related diagnosis in the 12 months to 31/03/09. There were 127 patients admitted during this period, on average over four times with one bring admitted 26 times. The total cost of hospital- related admissions in Birmingham is estimated at £736,000 per annum.³⁰

2.5.1



3.1.1 The diverse nature of the problem and its consequences inevitably means there are a number of agencies involved in prevention and response – the City Council, Health Service, Police and Probation Service. These organisations are brought together as the Birmingham Drugs and Alcohol Action Team (BDAAT), a partnership body ‘responsible for reducing the harm caused by drugs and alcohol and improving wellbeing’.³²


3.1.2 The next chapter explores the role of these agencies individually, then the partnerships they are engaged in and the key strategies that shape their involvement.

3.2.1 Whilst the City Council is not a direct provider of treatment services in relation to drugs and alcohol misuse, the Council recognises its duty to promote the well-being of the city and is therefore involved in a range of work to reduce harm from misuse of drugs and alcohol.

3.2.2 Firstly, the Council does have some statutory powers and responsibilities in relation to alcohol as the Licensing Authority. The **Licensing Committee** (which exercises these powers and responsibilities) has the power to license people and premises that sell alcohol in line under the Licensing Act 2003. They also undertake enforcement action where breaches of those licenses occur.

3.2.3 Recognising the major problem that alcohol misuse can cause, the **Public Protection Committee** undertakes work with regard to:

- Tackling illegal sales of alcohol to underage children (Trading Standards);
- Tackling anti-social behaviour by working with the Police to set up alcohol restricted areas where drinking on the street is prohibited (Regulatory Services);
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provision for service users going through treatment. In addition, they deal at a neighbourhood level with the impact of drug and alcohol misuse within and affecting their own properties, and have a role to play in licensing of some houses in multiple occupation. The **Adults and Communities Directorate** have worked closely on implementing Supporting People with Housing and Constituencies and the Cabinet Member is on the Joint Commissioning Group which oversees drug and alcohol services across the city. The **Planning and Regeneration** division also have a role to play in addressing worklessness with service users who are recovering.

3.2.5 The **Children, Young People and Families Directorate** also have a big role to play: the National Drug Strategy states there should be a separation of drugs and alcohol services between adults and children. The Directorate have therefore worked with BDAAT to develop the Children and Young People's Substance Misuse Strategy 2009-2012, which is discussed in more detail below (Chapter 8).

3.2.6 Abuse of drugs and alcohol causes problems for residents, and reducing and preventing these problems is a priority within many Constituencies in the city. Locally, work in many areas of the city is often co-ordinated through City Council-led structures. For example, each Constituency Strategic Partnership has a community safety arm, which includes action to tackle drug and alcohol misuse. Some Constituencies have their own drugs and alcohol strategies, deploying the city-wide



- 3.2.12 Primary Care Trusts (PCTs) are responsible for buying and providing health services for the people who live and work in its area. They have a duty to improve the health of local people, working with other partners to do this.
- 3.2.13 There are three PCTs in Birmingham: Heart of Birmingham teaching PCT, Birmingham East and North PCT and Birmingham South PCT. These commission services for drugs and alcohol through BDAAT (see section 3.3).
- 3.2.14 Birmingham and Solihull Mental Health Foundation Trust operates as a commissioned provider of services, with services funded through BDAAT pooled treatment service, Drug Interventions

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- 3.3.1 Whilst the preceding section outlined the role of the key organisations, in reality much of the strategic planning and delivery necessarily takes place within partnerships formed by these organisations and others.
- 3.3.2 The Safer Birmingham Partnership (SBP) is the city's Crime and Disorder Reduction Partnership established under the Crime and Disorder Act 1998. The Partnership aims to ensure a coordinated approach to crime reduction and community safety. It covers a broad range of responsibilities relating to crime and anti-social behaviour, encompassed within 26 work streams, one of which relates to drugs and one to alcohol.
- 3.3.3 The Birmingham Anti-Social Behaviour Unit (BASBU) is part of the SBP. BASBU carries a caseload of over 250 cases, most of which are serious in nature and difficult to resolve. BASBU officers work across all housing tenures in close partnership with several agencies across the city tackling incidents of anti-social behaviour (ASB).
- 3.3.4
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3.4.4 In 2004, the Government published the Alcohol Harm Reduction Strategy for England. A follow up– Safe Sensible Social – was published in June 2007, setting out clear goals and actions to promote sensible drinking and reduce the harm that alcohol can cause.

3.4.5 There are eight key steps:


- Sharpened criminal justice for drunken behaviour;
- A review of NHS alcohol spending;
- More help for people who want to drink less;
- Toughened enforcement of underage sales;
- Trusted guidance for parents and young people;
- Public information campaigns to promote a new 'sensible drinking' culture;
- Public consultation on alcohol pricing and promotion;
- Local alcohol strategies.³⁴

3.4.6 3.4.6 In response to the last point, 0 T D (e) 3 7 8 h 8 (n) 3 3 6 (e) 3 3 4 . n ; ,

- Preventing and reducing drugs litter in local communities.³⁵




4.1.1 Having set out the roles of the various agencies involved we will now look at the work they undertake, or commission, with individuals and in communities. As stated at the beginning of this





4.2.5 Advice and treatment of substance misuse is provided at different tiers. Table 4 below summarises this and we discuss each in more detail in the following sections.³⁸

General services		Services working with a wide range of clients including substance misusers but the primary


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- 4.2.7 There is a requirement for a contact point for Drug Intervention Programme (DIP) referrals (i.e. those referred on arrest – see Appendix 2 for more details). However in Birmingham BDAAT have widened this to include alcohol and non-DIP referrals – we were told that we are one of the few places in the country to have done so. This single point of contact is a single phone number for individuals and referral agencies and substance misusers. This is run by BDAAT itself and funded by BDAAT in part through the DIP funding. In Birmingham 95% of clients get a response within 5 working days and their first treatment within 3 weeks. The number of new referrals overall fell from 2,523 in 2006/07 to 2,437 in 2007/08. About 9% of these were Black drug users and 15% Asian.³⁹
- 4.2.8 One of the main sources of referral into drug treatment is the criminal justice system – 38% in 2007/08 (down from 42% in 2006/07).⁴⁰those ref(of th)-co(als os tc(a respopro a)ne numeals os , k o)-4ntrp6(e)1 oals os c




	17%
	50%
	73%
	9%








4.2.25 BDAAT has just completed a needs assessment of carer services and are currently working with the City Council to develop a budget which will be assessable to carers and administered as part of








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- 4.5.6 Support for the families and carers of drug misusers is also important. NICE guidance is that they should be offered a single session of advice with written guidance and given information about self help support groups and this should also be considered as part of BDAAT's redesign.⁵⁹

⁵⁹ NICE, 2008, *Drug Misuse: Psychological Interventions. National Clinical Practice Guideline Number 51*. At www.nice.org.uk/nicemedia/pdf/CG51FullGuideline.pdf




- Competition' – What are the competing forces against behavioural change in terms of existing behaviour? ⁶²

5.2.4 There was a social marketing campaign run by BCC on alcohol and the national Go Easy campaign was developed in Birmingham. In addition, as part of year 2 of the DAAT service re-design, social



- 7% of benefit claimants are problem drug users;⁶⁶
- Three quarters of class A drug users are on welfare benefits;⁶⁷
- 80% of homeless adults have alcohol or drug problems, although only a fifth feel that this played a part in their homelessness.⁶⁸

5.3.3 We have noted elsewhere a lack of data at a local level (Chapter 2). We note that more detailed
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employment support. The Enhanced Employment Education and Training Support Pathway project when approved will support substance misusers into employment, training and voluntary work and also aims to build capacity in employment support providers to better support such clients in the future;


- Enhanced Employment Education and Training Support Pathway Drug and Alcohol Misuse;
- Birmingham Reducing Gang Violence Exiting Gang Members Employment Project;
- Domestic Violence Victims into Employment South West Birmingham.⁷⁰


5.3.5 We have been pleased to see close partnership working developed on these projects between






claimant agrees to it being there. Refusal to 'engage' in for example, educational sessions, or self-






service users accessing this treatment pathway to reintegration back into the community is far more successful than for those who do not.'⁸⁰ To address this gap £2m has been secured from the NTA and Home Office, on condition it is fully committed by the end of 2009/10. It is proposed to develop a specialist facility at Summerhill House, in Ladywood. The proposals are to refurbish an existing council-owned building to provide accommodation for 25 residents. In addition the ground floor is intended to be an information hub and cafe run as a social enterprise and will include office accommodation, HIV information hub, communal space, training accommodation, medical consulting rooms, and a laundry. The cafe will provide opportunities for volunteering and mentoring. The revenue to run the residential element of the project will come through housing benefit and NTA pooled treatment funding.

5.4.1 Embedding aftercare including housing, training and employe6(n)0006 Tc4ce0.004euj4(truraini76il

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- Supportive relationships from substance misuse worker, families and community;
 - Empowerment and inclusion;
 - The development of coping strategies;
 - A sense of meaning.

5.4.3 Treatment is and will remain central to the national ten year national strategy.⁸⁴ However, there will be an increased emphasis on improving effectiveness, matching quantity of service with quality and a 'radical new focus for treatment services on helping drug misusers to re-establish their lives through education, training and employment':

5.4.4 Equally BDAAT are moving in this direction:





and signposting and a focus on the client. In terms of reaching substance misusers, outreach work with a range of different client groups, such as street drinkers, is carried out. Once users are in treatment every service provider should be able to identify clients needs and signpost to appropriate services, including in relation to reintegration issues such as employment and housing. Services are client focused with service users being required to meet clear criteria with robust contract management and monitoring. Families, carers and children are also seen as clients needing support. Care is also wide and can, for example, ensure a substance misuser gets the dental treatment they require or support with benefits, training, employment or housing.

5.4.7 A focus on diversity issues through a diversity treatment sub-group which improves understanding of and focuses attention on specific user groups such as faith groups, black and minority ethnic minorities and lesbian, gay and bisexual groups. Information is translated into existing and emerging community languages and understanding is being developed of specific groups, such as the deaf community. Involving communities is also integral in terms of promoting harm reduction and prevention and supporting communities to deal with substance misuse issues effectively, such as providing a community group with leaflets in an appropriate language.

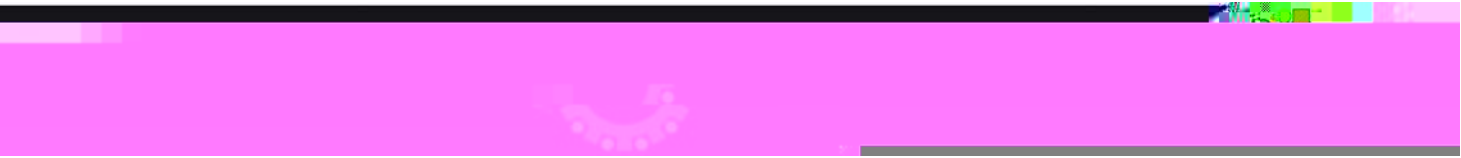
5.4.8 The Liverpool DAAT's approach is: 'no-one is hard to reach. You're just not looking hard enough.'⁸⁸

5.5.1






- 5.5.10 The Council and Police also work to ensure responsible retailing and industry practices. One example of this is the Best Bar None: a national “best practice” initiative, supported by the Home Office, which aims to provide an incentive for licensees to improve their standards of operation to the level of an agreed national benchmark.⁸⁹
- 5.5.11 A bottle watch scheme has been trialled in Northfield and West Heath in 2007 and since been used elsewhere in the city. This is where a number of retailers work together with the Police to tackle underage drinking and anti-social behaviour, including littering. A number of tamper proof labels are purchased and put on certain bottles/cans of alcohol, which come in either different colours or



and off-licenses must also promote sensible drinking. We will return to this issue in our final










6.2.2 Implementation of NI 38 – Class A drug user re-offending rate – commo2082/9 Tsoono





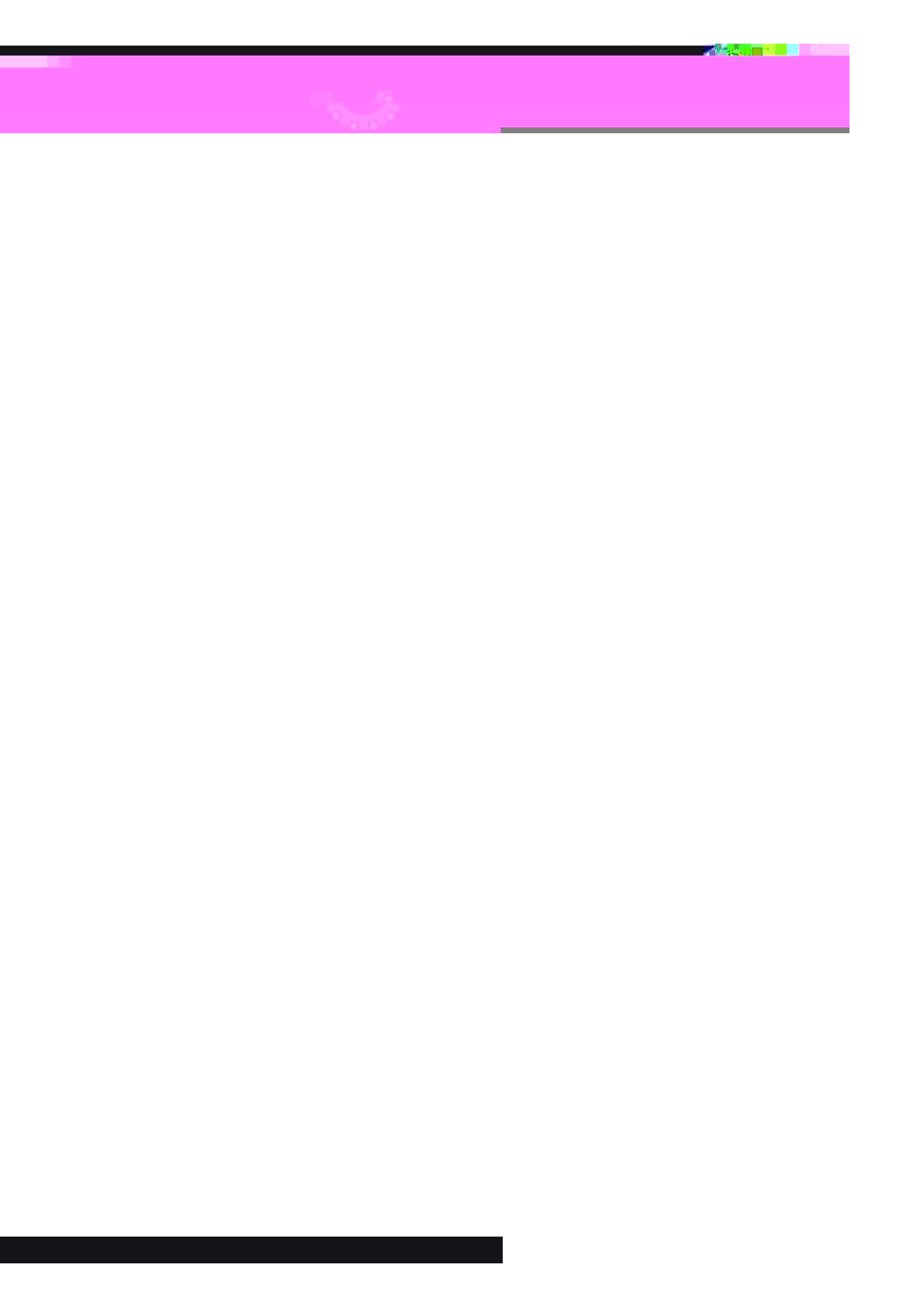
6.4.3 A report to the Council's Co-ordinating (Finance and Performance Sub) Overview and Scrutiny Committee noted that NI15 was at risk (i.e. first year target missed) and the commentary noted that alcohol related instances make up a significant proportion of violent crime. However, it is not possible to draw a direct causal link between any increases/decreases in crime to activity described in this report.

6.5.1 Overall, it is too early to judge the recently set targets for drugs treatment, however numbers in effective treatment are increasing although there was some concern about meeting targets for alcohol. Proving cause and effect between drugs and alcohol interventions and changes in crime rates is not possible, but the drop in acquisitive crime rates is welcome and targeted drug treatment and aftercare can only support this. The rise in violent crime is an issue however, and given the clear links between that and alcohol abuse, makes this a critical issue for the city to address.

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- 7.1.1 The report thus far has focused on the range of services provided at a pan-Birmingham level. This is the level at which BDAAT are mandated to act and is often the appropriate level for intervention.
- 7.1.2 However, drugs and alcohol is also a local issue. It is a key issue of concern for residents, as noted in Chapter 2, and this fact is reflected in all Constituency Community Plans: eight out of ten have actions relating to drugs and five out of ten actions relating to alcohol.
- 7.1.3 It is clear that there are different emphases between Constituencies and therefore different approaches are being taken across the city in relation to drugs and alcohol. We therefore invited representatives from three Constituencies – Erdington, Hodge Hill and Sutton Coldfield – and heard evidence on their views of drugs and alcohol services across the city. In addition, we received written evidence from a fourth Constituency – Perry Barr.
- 7.2.1 The Erdington Constituency Community Plan 2006 to 2010 was produced following extensive consultation with the community. The resulting priorities and actions identified as being most important for the future of Erdington include the need to develop a drugs and alcohol strategy to reduce criminal and anti-social behaviour and improve health.
- 7.2.2 Erdington have secured funding (£64,000) and contracted Aquarius to employ two Detached Workers primarily to serve the Kingstanding and Stockland Green wards. Their task was to work within the community, identifying hard to reach substance misusers and their families and deliver alcohol and drug interventions.⁹⁷
- 7.2.3 Activities undertaken as part of this project have included:
- Partnership work with, and referrals from, the NHS (Hospitals, Primary Care, and Community Mental Health Teams);
 - Specialist alcohol and drug training and co-ordinated work delivered to all front line statutory services (including Police and Magistrates) and local community groups;
 - Workshops in secondary schools
- 



- A Self Management and Recovery





- Produced and distributed the Hodge Hill Constituency Drugs and Alcohol Needs Analysis and Action Plan 2008-2010;
- Established a local commissioning panel;
- Established a partnership referral process;
- Increased numbers into treatment;
- Achieved a co-ordinated partnership response to drugs enforcement;
- Set up a programme of education and awareness at primary and secondary schools, mosques and madrassas;
- Increased the number of Closure Orders (crack houses and other premises where anti-social


testing were given by health professionals in a private consultation. However, no details were kept of the proportion of residents who were informed that they had liver problems due to over consumption of alcohol. Other activity includes:

- Test Purchasing Operations in partnership with Trading Standards;
- Continuation of Alcohol;
- Arrest Referral Scheme (ARS);
- Extension of Alcohol Restricted Zone;
- Continuation of Taxi Marshall scheme;
- Joint Licensing Taskforce;
- Review of Pubwatch.

7.5.1 Addressing drugs and alcohol problems is a key priority in the Perry Barr Constituency Community Plan. In Perry Barr the Constituency Community Safety Manager has established a multi-agency Class A Drugs and Alcohol Group. The aims are to locally:

- Satisfy the statutory requirements regarding substance misuse and alcohol misuse;
- Promote a wider understanding of the contributions and responsibilities of individual agencies and develop a shared commitment to the aim of the partnership;
- Consider a variety of options to prevent and reduce crime, disorder and the fear of crime, following an evidenced-based approach;
- Promote the sharing of good practice and to divert people away from substance misuse and crime;
- Promote monitoring, evaluation and research into the effectiveness of local initiatives;
- Develop and maintain links with community groups and to value the views expressed by voluntary, community and businesses;
- Encourage and monitor collaborative partnerships between local communities, statutory and non-statutory organisations, including outreach, detached and peripatetic work.

7.5.2 The group was asked for their views on services for drug and alcohol misusers and they raised a number of concerns. A key one is about the delay between phoning the sing0.000evesey raisal4gihed f1.1 getting an ineitial ap00entment. They felt that some people never entered treatment because they would not ring the number or would ring but by the time thee referral came througsal4gh they could have changed their minds. They also questioned the degreeeoice clients had when it camv to referral to service providers.



7.5.3 A key concern was the void that they perceive between BDAAT and the stakeholders at a local level. Over the previous 12 months they feel frustrated at the difficulties they have encountered in achieving effective dialogue with BDAAT and understanding how it can support their local work. In future they wanted to:


- Know how to find out what BDAAT do and what they commission;
- Local data such as tactical assessment and temporal data;
- To know who is accessing the services and the evidence that they are providing services for women, people from black and minority ethnic groups, and that that these services are being used;
- Know if BDAAT commission locally and, if so, what do they commission;
- Know how can BDAAT support constituencies with interventions that run alongside enforcement activity;
- Receive more information about services that there are for those who have not been referred through the criminal justice system and for recreational users especially young people;
- Receive further information about what is happening locally about rehabilitation and what services there are locally.

7.5.4 Some of these issues we have answered in this Scrutiny Review: for example BDAAT have confirmed that they commission at a pan-Birmingham level as they are mandated to do, and the single point of contact is open to all users, not just offenders. However, this reflects some of the concerns we raised in the last chapter – particularly around availability of comprehensive data on who is accessing services and what happens to them post-treatment.

7.5.5 Finally, they felt that front line City Council staff were not taking up valuable opportunities for training on drug awareness. Although this is offered, the fact that it was not made integral to the new personal development review (PDR) process has made it difficult to get manager or staff buy-in for training which they view as crucial to improve the services they provide to customers.

7.6.1 It is clear from the evidence in this chapter that local solutions available locally are seen to be key factors of success.

7.6.2 After reviewing the evidence we were concerned about the relationship between neighbourhoods and BDAAT. We heard from Erdington that there is a need to ensure that at a local level there was clarity on what needed to be delivered. However, we also heard from Hodge Hill that insufficient data is available for Constituencies to help them construct a needs analysis and decided on necessary interventions. The witnesses from the Constituencies expressed their concern that BDAAT was more focused on pan-Birmingham issues than on local interventions. One proposal




from witnesses was that resources available to BDAAT should be accessible for local delivery or that use of those resources should be able to be influenced at a local level.

7.6.3 We were told that the focus of the targets was on numbers into treatment and targets could be achieved by targeting those individuals who were arrested or who were in prison. To ensure better access for all targets need to be set more challengingly to ensure that those 'harder to reach' users are also engaged.


7.6.4








previous four weeks, 1% had sniffed solvents, glue or gas and 1% had used other drugs including cocaine and 'magic mushrooms'.






8.3.3 Drug education is not a statutory part of the curriculum in schools. To date issues of drug education have focused predominately on the scientific aspect. There are however opportunities for schools to include drug education as part of the PSHEE (Personal, Social, Health and Economic Education) curriculum that informs students' personal and social development by demonstrating the impact of misuse of drugs and alcohol on their behaviour and health. Statutory requirements include that pupils should be taught:

- At Key Stage 1 (ages 5-7): the role of drugs as medicine;
- At Key Stage 2 (ages 7-11): the effects on the body of tobacco, alcohol and other drugs, and how they relate to health;
- At Key Stage 3 (ages 11-14): the role of lung structure in gas exchange; abuse of alcohol, solvents and how other drugs affect health;
- At Key Stage 4 (ages 14-16): effects of solvents, alcohol, tobacco and other drugs on body functions

8.3.4 Citizenship education in secondary schools at Key Stages 3 and 4 is statutory and aims to ensure that students understand the role of society and their rights and responsibilities within it. As part



Class A drug use with the largest percentages focusing on alcohol (50%) and Cannabis (49%). As a consequence of this In-volve HIAH has developed a package for YOS clients to receive support to reduce alcohol and/or cannabis use. (Further details about In-volve HIAH are contained in Appendix 3).


- 8.3.14 The Youth Justice Board Integrated Resettlement Support Grant enables the YOS to provide up to 25 hours per week of voluntary contact with young people who have resettlement issues from custody and in particular 'significant' substance misuse or substance misuse and mental health issues.
- 8.3.15 Substance Misuse Panels (SMPs) operate in each of the five Youth Offending Teams across the city. The SMPs plan and review services for young people in order to reduce substance misuse. Where appropriate referrals are made to mental health services.

- 8.4.1 We met six clients of the North Youth Offending Team and an In-volve HIAH drugs worker who works with them. Discussion covered their own use, their perception of social norms, their views on current approaches to prevention, education and treatment.
- 8.4.2 The majority of young people we spoke to talked of starting drinking or using drugs at an early age, between 9 and 11 years old. One of the reasons given for substance misuse was that a 'lack of activities for young people ... leads to use of drugs and alcohol'. Other reasons cited by the young people for starting and continuing substance misuse included boredom, trying for fun with friends, 'hanging around with the wrong people', family breakdown, arguments at home, having no money, feeling let down, not going to school and availability of cannabis in school. The indication was that 'getting lagged' (drunk) or smoking cannabis were social activities. They talked about the importance of making sure they shared with their friends and knew that when they did not have any substances this would be reciprocated. Whilst we did not hear much about how young people get hold of drugs it was clear that some adults were persuaded (or possibly intimidated) into buying alcohol for young people.
- 8.4.3 Whilst most of the young years old.epl (bisus4(ofk)Jf161284 0 TD0.0004 T[g canug)-4.nabido6(e5(noinug)



young people did not think that they themselves had a problem and it was others who did so. When asked “when does drug use become a problem?” they agreed that “it’s when you got to have it” and “you have it on you everyday”.

- 8.4.5 Role models are important as we were told that young children who hang around with older kids can be influenced. On the other side of this, one of the clients said that having a young sister and needing to be a positive role model had meant she had addressed her addictions.
- 8.4.6 Turning to education and treatment, there was knowledge of the FRANK helpline and web resources, but only one person had used this (which may well be linked to the issue that most felt it was not themselves who had the problem). The young people pointed out that much anti-drug




8.4.10 Over 10% of young offenders in Birmingham had been in contact during the previous 6 months with family members or carers who are involved in heavy alcohol use. Of these young offenders, 46.2% had substance misuse problems of their own.¹⁰⁹ 10% also had had contact during the previous 6 months with family members / carers who were involved in problematic drug use. Amongst this group, the prevalence of the young people's substance misuse was higher at over 50%. For young offenders in Birmingham exposure to family substance misuse increased the likelihood of developing a substance misuse problem threefold and exposure to problematic alcohol increases the likelihood of the young offender having a substance misuse problem twofold.


8.4.11 We support the recommendations to BDAAT within the needs assessment:

- Cross-referencing of referral and treatment data to identify where there are both parents and dependents with substance misuse problems;
- Guidance should be issued to all agencies involved in child protection cases and those completing Common Assessment Frameworks¹¹⁰ to ensure that details of parental drug/alcohol misuse problems are routinely captured. This will aid the BDAAT to get a more complete picture of the extent of the hidden harm problem.

8.4.12 Aquarius is funded by Heart of Birmingham Teaching (HOBt) PCT to provide a family alcohol service specifically where there are child protection concerns.

8.4.13 The recent City Council scrutiny report





carers and professionals. Young people are also badly affected by drinking by their parents. A Turning Point study Bottling it Up indicates that parental misuse of alcohol is a factor in over 50% of child protection cases nationally.¹¹³

8.4.16 Young people's levels of alcohol use related to their ability to access alcohol, and drinking patterns also depend on the location in which alcohol is consumed. In a home or other supervised environment, parents can monitor the amounts of alcohol consumed, discuss the dangers associated with drinking and set boundaries for consumption. Drinking in parks, streets and other unsupervised settings is related to greater alcohol-related harms.¹¹⁴

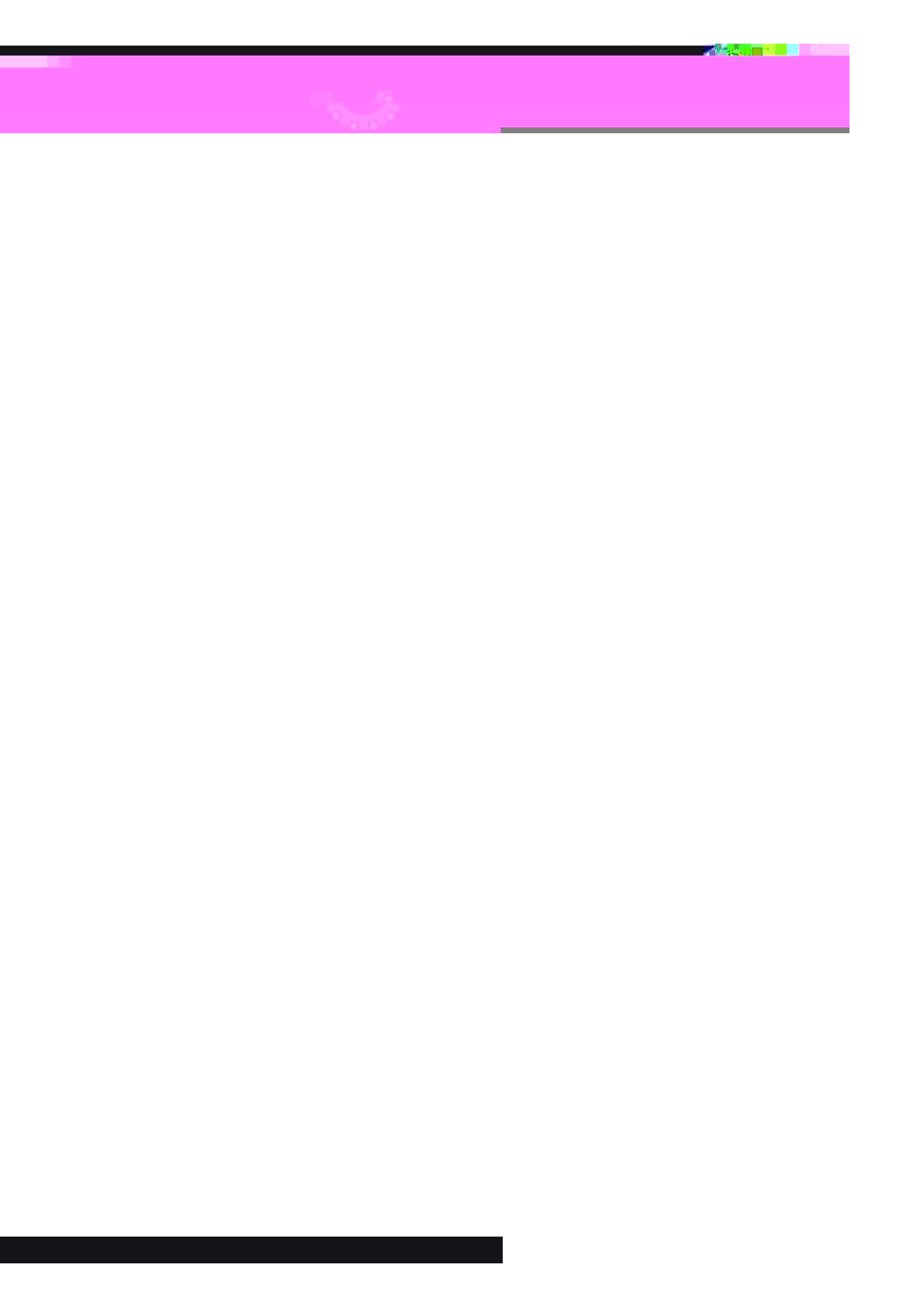
8.4.17 The 2004 Offending, Crime and Justice survey¹¹⁵ identified that among 10-17 years olds, 22% had obtained alcohol from pubs and bars. Those who had drunk alcohol at least once a month in the past year and who reported feeling very drunk at least once a month, tended to obtain alcohol from either friends (50%), pubs/nightclubs (47%) or shops (40%). Only 23% of this group reported that they obtained it from their parents.

8.4.18 The City Council's licensing policy considers that fromained4295.2(at)dividucoha-1.459 TD-0.tem0.3(ink






9.1.1





contribute to service development, delivery and evaluation are part of the reintegration journey. Peer support groups, DATUS and the drugs forum all contribute to building social capital. The role of peers in moving forward was emphasised, particularly in providing a moral compass and offering positive social norms, such as honesty and being non-judgemental. And peers can also help many substance misusers open up when they may not do so for professionals.

- 9.2.4 The contributors welcomed the fact that service users are now regarded as key stakeholders and are involved in BDAAT service redesign and welcomed the post of service user involvement officer. We were reassured that BDAAT are trying to reach all types of hard to reach groups. Overall treatment services were felt to be reasonable, and had certainly improved compared to ten years ago, although it was felt that the quality overall could still improve. Linked to this is the contract management which is felt to lack some robustness as contract managers are somewhat distant from the front line and it was felt that it is possible for treatment services to be economical with the truth when reporting success.
- 9.2.5 A recommendation for moving forward was to follow approaches in the North-West where a recovery oriented system integrates peer support, such as narcotics anonymous, with wrap around services such as housing, training and employment. It was also suggested that the Health and Social Care Act should be properly implemented across health and social care issues and ensure that users are involved in the planning, delivery and quality monitoring of services.
- 9.2.6 They noted that Job Centre Plus were intending stopping benefits for job seeker who are using class A drugs, and questioned the wisdom of this, fearing that it could increase criminal activity, rather than address drug use. It was unfortunate that Job Centre Plus were unable to attend an evidence gathering session they were invited to and respond to these concerns. However, there is felt to be a real need for interventions to provide employment opportunities and access to employment to help with recovery.
- 9.2.7 Finally, it was noted that BDAAT has made real progress, but with the current or imminent gaps in the team of a strategic lead and commissioner there were concerns raised about the ability of the redesign to achieve its potential.
- 9.3.1 We were reassured that a robust approach to user engagement is being developed and embedded within the commissioning process. We understand that service users are being involved in BDAAT's service redesign and hope that their views are considered alongside other considerations and that full feedback is given to those getting involved



10.1.1 This chapter seeks to place the issues we have found in Birmingham into a wider context by: outlining the Total Place pilot scheme; and briefly considering the wider changing policy arena. The field of drugs and alcohol is constantly changing, as policy decisions such as the reclassification of cannabis in 2002 and again in 2009 indicate.

10.2.1 BDAAT are expecting a reduction in real terms in their funding over the next three years. Equally all public sector organisations are looking at how to deliver services with potentially lower budgets. In this context Total Place is a Government initiative to see how working across organisational boundaries public services can be improved at less cost. It aims to identify and avoid duplication across organisations and offers up a carrot of Whitehall regulations being relaxed.¹²² Birmingham is one of 13 national pilots and six themes are being looked at including drugs and alcohol.


10.2.2





10.3.1 We heard a representative of Swanswell (an alcohol treatment provider) make the point that alcohol has no need to be sold 24 hours a day, and certainly that advertising of this should be discouraged, and that a minimum price per unit would reduce consumption. Evidence on alcohol pricing suggests that this does help reduce consumption.

10.3.2 The review specifically looked for evidence on groups identified as a priority by the GoiorCmc2 0 98nsur

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- Housing must be recognized as critically important in sustaining the gains made through treatment.
 - Services need to be better tailored to local needs. They require joined-up working at the local level.



10.4.4 One set of proposals were around reconfiguring drug (and alcohol) action teams to ensure they take the lead on the wider recovery journey, not just treatment, and to reflect this wider role, that they are decoupled them from crime and disorder reduction partnerships and are represented on local strategic partnerships. Whilst BDAAT does play a role in aftercare and reintegration, it certainly does not lead on all alcohol and drug issues for Birmingham.

10.5.1 Changes such as these in external policy, public perception and funding, coupled with building on good practice within Birmingham and elsewhere ensures that drugs and alcohol approaches in the City cannot remain static, but have to change and adopt. Future approaches are likely to have a focus on ensuring departments and organisations collaborate effectively in order to meet substance misusers' and their families' needs.



- 11.1.1 In Chapter 2 of our report, we explored the impact drug and alcohol misuse has on our communities in terms of crime and anti-social behaviour. Our main objective in undertaking this Scrutiny Review was to look at how we can reduce this.
- 11.1.2 We therefore aimed to capture a range of views and supporting information to understand whether the actions being taken or funded by the City Council and our partners could be seen to be reducing harm.
- 11.1.3 On the whole, the Birmingham Drug and Alcohol Action Team (BDAAT) and other agencies are shown to have been performing well, although some indicators are at risk. There is also evidence that instances of some types of crime are decreasing: acquisitive crime for example, which is linked to heroin and crack dependency. However, violent crime is increasing and alcohol abuse is a known key factor.
- 11.1.4 Our inquiry has thrown up a number of issues which we feel need urgent attention, and we have focused our recommendations accordingly.
- 11.2.1 A key issue is of data availability – both in terms of timeliness and comprehensiveness. We are concerned that there is inadequate information about individual treatment journeys and how many times an individual will get into treatment before he or she successfully completes. We are concerned at the lack of any firm evidence as to who does not access treatment (although we note the work carried out by Glasgow University) as this means we cannot be clear that treatment services can be accessed by all members of the community.
- 11.2.2 We are also concerned about the lack of ownership of the data by treatment agencies. BDAAT receives detailed information from a range of organisations which is sent off to the National Drug



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- Data to be analysed (and mapped if possible) for constituency (and ward or PCT areas basis);
 - Area needs analysis to be developed by DAAT with key local stakeholders such as constituencies and elected members;
 - Commissioning process by BDAAT and other agencies involved in the recovery process to eeddnwhiuchmr
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11.7.3 Respondents to the consultation recognise the importance of clear messages to parents over these matters, although there was debate about the message that should be given of the age drinking should be permitted. As with adults the concept of units was also seen to be confusing and is an area that needs further work.

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That the Cabinet Member for Children, Young People and Families does more to promote



11.9.1 In addition, there are a number of issues which we had concerns about. In some cases this was because we had not received evidence about an issue. We would like these issues to be considered by Birmingham DAAT over the service review period and for a report as to how these are being addressed to be presented to committee annually. These issues included:

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11.9.3 Finally, one of the issues we have

Table 1a: Extent to which the issue is a problem in the local area: 'People being drunk or rowdy in public spaces' by Constituency

	Total	Edgbas-ton	Erding-ton	Hall Green	Hodge Hill	Lady-wood	North-field	Perry Barr	Selly Oak	Sutton C-field	Yardley
1 - A very big problem	7%	16%	13%	3%	4%	10%	1%	5%	7%	2%	13%
2 - A fairly big problem	14%	14%	19%	17%	20%	21%	9%	13%	8%	13%	10%
3 - Not a very big problem	28%	32%	23%	33%	28%	29%	6%	41%	23%	28%	32%
4 - Not a problem at all	46%	35%	36%	45%	44%	33%	83%	35%	55%	55%	42%
SUMMARY											
Problem	22%	30%	32%	20%	23%	31%	10%	18%	16%	15%	23%
Not a problem	74%	67%	59%	79%	71%	62%	89%	76%	79%	83%	74%
Don't know	4%	3%	10%	2%	5%	7%	1%	6%	6%	2%	3%








The Drug Interventions Programme (DIP) is a key part of the Government's Drug Strategy to address the misuse of Class A drugs (heroin, crack and cocaine). It aims to:

- Reduce criminal behaviour by breaking the cycle of drug misuse and offending;
- Motivate offenders who misuse drugs to receive treatment at an early stage and to remain in treatment;
- Track individuals through the criminal justice system, to offer the maximum number of opportunities to receive treatment;
- Re-engage people who drop out of treatment;
- Ensure that those completing treatment or leaving prison receive continued care.

Key Components of DIP are:

- Drug testing on arrest in custody suites;
- Arrest Referral Workers or OCU based drug workers;
- Treatment is delivered in multi-disciplinary Criminal Justice Interventions Teams;
- DIP workers at court track offenders through the system;
- Restriction on Bail: those who test positive are assessed and bail is granted on condition that the offender attends for an assessment and undertakes the follow-up treatment. Failure to cooperate is a breach of bail conditions.

DIP has a crucial role in co-ordinating



Aquarius, established in 1977, work with people to reduce their drinking to recommended safe levels, or to help them to achieve and maintain abstinence.

Aquarius employs 180 staff and has an annual turnover of £5.6 million. There is an Executive Committee (with service user representation) with skills in research, addictions, management development, human resources, diversity and finance.

The Aquarius approach, Personal Skills Training (PST), is cognitive behavioural based, based on the idea that people use substances to cope with a variety of problems, that people are responsible for thoughts, feelings and actions and are capable of change, that people can change given the right support and alternatives to drinking.

They provide services across the Tiers 1-3:

Tier 1: The interventions are wide ranging including: training (including a rehabilitation course for those convicted of drink driving); Outreach Work (Kings Norton (3 Estates), Kingstanding and Stockland Green); Arrest Referral pilot in North Birmingham.

Tier 2: Contract to develop and deliver alcohol interventions in Good Hope, Heartlands, Selly Oak and City hospitals. Tier 3: Community Alcohol Service advice and structured alcohol interventions and home detoxification. Aquarius is the referral base. The Family Alcohol Service provides structured interventions for families where alcohol is a significant risk factor and there are child protection issues.

Aquarius were the lead agency for the Route 50 project which focused on Moseley and along bus route 50. Its twin aims were to reduce alcohol related harm in communities and to develop partnership working with the police, Trading Standards, Licensing, the drinks industry and community groups. It provided responsible server training and the partnership developed a strategy for reducing alcohol related nuisance looking at under-age sales, sales to intoxicated customers, and alcohol related violence. The evidence indicates that this approach made a difference to crime in the area. Public Place Wounding decreased by -29.5% in the immediate area, which was a greater reduction than in the neighbouring Operational Command Area (OCU) (-17.2%) and Government targeted crime decreased by -37.6% in the immediate area which was greater than in the neighbouring OCU, -8.6%.¹³²

Aquarius also play a role in services for young people. They are commissioned by BDAAT to run Tier 2



alcohol services have been integrated






people were referred and 162 completed their treatment. In 2008/9 the main drugs being used were alcohol, cannabis, cocaine and ecstasy.¹³³

Cannabis and alcohol are the main drugs and only 1-2% clients inject, with those that do tending to inject crack rather than heroin. Only 1-2% of the client group are considered to be dependent drinkers. However, binge drinking is an issue. There is a wide range of different ethnic groups accessing treatment, although 48% were identified as being White British reflecting roughly the same proportion as in the general population under the age of 18. Clients of a Mixed or Black ethnicity are over-represented whilst Asian clients are under-represented. Analysis of the home postcode of those accessing treatment shows that the residences of clients in treatment are not evenly distributed throughout Birmingham but instead cluster around areas such as Erdington, Yardley, Hall Green and Selly Oak

¹³³ Evidence to Local Services and Community Safety Overview and Scrutiny Committee 29 September 2009



The National Drugs Strategy is underpinned by specific national indicators, making explicit links to other indicators across government departments in order to 'maximise the impact' of effective drugs treatment.

- Working age people claiming out of work benefit (NI 152)
- Working age people claiming out of work benefits in the worst performing neighbourhoods (NI 153)

- Overall health and wellbeing (NI 119)
- All-age all cause mortality rate (NI 120)

- Proportion of ex-offenders in settled accommodation (NI 143)
- Proportion of adults in contact with secondary mental health services in settled accommodation (NI 149)
- Proportion of ex-offenders in employment, education or training (NI 144)
- Proportion of adults in contact with secondary mental health services in employment, education or training (NI 150)

- Overall satisfaction with local area (NI15)
- Serious violent crime rate (NI 15)
- Serious acquisitive crime rate (NI 16)
- Perceptions of anti-social behaviour (NI 17)
- Adult re-offending rates for those under probation supervision (NI 18)
-