

## **LOCAL GOVERNMENT & HOUSING COMMITTEE 5 MARCH 2003**

### **ITEM 7- SUBSTANCE MISUSE – PRESENTATIONS**

The following organisations gave presentations to the Committee

Cardiff Additions Unit – Option 2

DARE (Drug Abuse Resistance Education)

GP Shared Care Scheme

Swansea Drugs Project

CAIS (on the DAWN project)

West Glamorgan Council on Alcohol and Drug Abuse

**Presentation 1 - Cardiff Additions Unit – Option 2**

**Presentation 2 - DARE (Drug Abuse Resistance Education)**

### **NATIONAL ASSEMBLY FOR WALES**

### **LOCAL GOVERNMENT AND HOUSING COMMITTEE**

### **PRESENTATION BY D.A.R.E (UK)**

Emlyn Jenkins.

Chair, DARE Support Group, the Rhondda

Alistair Lang

Chief Executive, D.A.R.E (UK) Ltd

Registered Charity No: 1051418

Company Limited by Guarantee No: 306382

## **WHAT IS D.A.R.E.?**

- A community partnership between police, children and parents, statutory authorities, education bodies, health promotion units, businesses, charities and agencies. D.A.R.E. provides children with tools to make healthy, informed choices about drugs, solvents, alcohol, and tobacco
- Part of a Global operation, but adapted specifically to meet British curricula needs and best teaching practice
- Established in UK in 1993. In USA since 1983. Now in 80% of Schools Districts. 55 Countries world wide
- Benefits 35 Million children world wide annually
- 100,000 British Children have completed the Course (16,000 per annum)
- A registered UK Charity and Company Limited by guarantee

## **WHAT DOES THE D.A.R.E. SYLLABUS COMPRISE?**

- 14-lesson course delivered by Police Officers in conjunction with Class teachers
- Aimed at Primary Schools. Years 5 &6 (+ Two secondary Schools)
- **D.A.R.E.** Police Officers are volunteers specially trained in D.A.R.E. (UK) s training centre.
- UK Syllabus recently revised in a two-year study involving educationalists, health experts, teachers, Police Officers and D.A.R.E. Staff.
- Flexible syllabus taking account of DfES, and Home office Guidance and of lessons learnt in the delivery of D.A.R.E. world wide over 20 years. Integrated with PSHE syllabus
- Each lesson starts with an intended learning outcome, and involves interactive learning with maximum participation by the children
- Each child provided with a workbook

- Course completes with a Graduation Ceremony attended by Parents, teachers, police, community leaders and media

## **WHERE IS D.A.R.E.?**

- 23 Schools in Rhondda Valley –658 Children
- 330 Schools in Nottinghamshire 13928 Children
- 7 Schools in City of London 172Children
- 23 Other Schools around Country 1000 Children
- Shortly to extend to Cheltenham, Peterborough and Surrey?
- Opportunity in North Wales and other parts of South Wales

## **WHAT ARE D.A.R.E.'s STRENGTHS?**

- Firmly rooted in its communities. Significant popular support and demand
- Parental Involvement: Graduation ceremony, membership Club, Parenting courses
- Guidance Handbook
- Structured course delivered to highest standards by trained experts working with classroom teachers
- Based on 20 years experience. Readiness to learn
- In Notts integrated with schemes addressing needs of early primary children and secondary education
- Significant spin offs for Police and community policing efforts
- Strong Political Support: MPs, (across all political Parties)
- Active support by DAATs, education authorities, health authorities

## **WHAT ARE D.A.R.E.'s DEVELOPMENT NEEDS IN WALES?**

- Evaluation. ( Bid for funding by Welsh Assembly.)
- Welsh Assembly support
- Engagement by Welsh Crime Disorder Steering Groups/DATs, Health authorities, schools etc
- Resourcing by Welsh police forces
- Funding for on going costs and development plans e.g Welsh co-ordinator
- Parenting Scheme
- Family Membership Scheme
- To integrate with early primary and secondary schemes

## **WHAT THEY SAY ABOUT US.**

"The Government welcomes projects such as DARE and the important role they play in supporting the delivery of the drug strategy.....I would like to thank you personally for your organisation's contribution "

David Blunkett

Home Secretary

"Would I want my own child, for whom I expect the very best education possible to be taking part in this project? My answer to DARE would be an emphatic yes"

Mother and Teacher

Rhondda

" DARE has made a tremendous impact on our pupils"

Head Teacher

Rhondda

"All children, given the resources, should have access to this programme"

Head Teacher

Rhondda

"We would say with one voice that D.A.R.E has already brought considerable benefits to our children, their families and the community and we are convinced that it will continue to do so"

Head Teacher

The Rhondda

**Drug Abuse Resistance Education**

**Upper Rhondda/Mid Rhondda Fawr – Participating Schools**

**2000 – 2001**

Penpych Primary

Parc Primary

Penrenglyn Juniors

Pentre Primary

Ysgol Ganradd Gymraeg Treorci

Ton-Pentre Juniors

Treorci Primary (2 classes)

Ysgol Ganradd Gymraeg Bronllwyn

**2002 – 2002 as above plus**

Gelli Primary

Tonypandy Primary

Bodringallt Primary

Penygraig Juniors

Ysgol Ganradd Gymraeg Bodringallt

S S Gabriel and Raphael

Pontrhondda Primary

Alaw Primary

Llwynypia Primary

Trealaw Primary

Cwmclydach Primary

**2002 – 2003 as above plus**

Dinas Juniors

Williamstown Primary

Trealaw Special School

Total of 22 Schools

**Rhondda Fach – Potential Schools**

Darran Park Primary

Maerdy Juniors

Penrhys Juniors

Tylorstown primary

Ysgol Ganradd Gymraeg Llwyn-y-Forwyn

Aberllechau Juniors

Cymmer Juniors

Hafod Primary

Pontygwaith Primary

Porth Juniors

## **Presentation 3 - GP Shared Care Scheme**

### **GP shared care scheme for opiate substitute prescribing**

Bro Taf Local Development Scheme, which commenced on April 1<sup>st</sup> 2002. This involves the shared care of patients between the Community Addictions Unit [CAU] and local GP's.

The scheme is for maintenance prescribing of methadone and buprenorphine to patients addicted to opiates [usually heroin].

There is a large amount of medical evidence to show the benefits of prescribing substitute opiates to this patient group. This leads to a decrease in:-

- Criminal activity
- Illicit drug use
- Injecting behaviour
- Morbidity
- Mortality from drug use

### **Outline of the scheme**

#### **Training**

Gp's are trained prior to applying to be part of the scheme.

-Teaching programme [2 half days]

-Practice visit

## **Assessment and stabilisation**

The CAU assesses the patients and stabilises them on substitute medication. They are only considered suitable for transfer back to the GP once they have been stable for a period of time [normally 3 months].

Only transferred back to GP with GP's agreement.

Only patients of that practice.

## **Continuing care**

**GP:** - Take over day-to-day care and monitoring of substance misuse problem.

Review patient regularly [4-6 weeks]

Provide replacement medication [methadone or buprenorphine]

Audit

GP's are paid for providing this service.

**CAU:** -Biannual review of patient.

Review patient at any time if a problem arises [fast track system back].

Yearly practice visits to offer support and training.

Continue training programme with GP's.

## **Advantages of the scheme**

- Increased GP's confidence and enthusiasm in dealing with substance misusers.
- Freeing up treatment places in the CAU, [help to reduce waiting list].
- More patient choice.
- Cheaper.

## **Presentation 4 – Swansea Drugs Project**

### **SWANSEA DRUGS PROJECT**

**a.k.a. SAND**

**founded 1983**

**Roger Duncan, Director**

## **History**

**Swansea - urban, mixed, population approx ¼ million – M4, valleys, deprivation and regeneration**

**No different to any other city in UK.**

- **growing use of substances generally. (recreational and experimental users)**
- **growing number of users with serious problems. (compulsive users)**

## **Early Days**

- **Local probation staff, social workers, doctors etc.**
- **Concerned parents.**
- **Ex users of substances.**
- **Very few other services- and those mainly in Cardiff.**

## **First Services**

- **Recruiting and training volunteers.**
- **Telephone helpline.**
- **Prescribed Tranquilliser Support Group.**
- **Parents Support Group.**

## **Money!**

- **Swansea City Council / Welsh Office Urban Aid Grant 1986.**
- **Grange Hill Trust "Just say No" – award for Wales.**
- **First Welsh Award from National AIDS Trust.**
- **Meant premises and full time staff.**

## **Growth**

- **Referrals from Probation and Solicitors**
- **Referrals from doctors, including Cardiff CDT.**

- **Word of Mouth**
- **Impact of HIV/AIDS**

## **Impact of HIV**

### **ACMD Report 1990.**

- **HIV/AIDS greater threat to society and individual than drug use and prevention of HIV should be priority.**
- **Need to prioritise continuing users**

**(92% of addicts will not be able/willing to stop in next 12 months).**

- **Change needed in professional attitudes.**
- **The issue was crucial for the UK.**

## **Project Priorities**

**Clients most at risk to themselves and to society,**

**- chaotic and continuing compulsive users**

**- those at most immediate risk of**

- **Death**
- **Disease**
- **Incarceration (prison, mental hospital, child care system)**

## **In Practice**

- **We see people when they decide – drop in, not appointment system**
- **See them quickly - immediately or as soon as possible.**
- **Goals set by client – not service.**
- **Give immediate practical help (housing, finance, withdrawal, arrest, etc).**
- **Build up respectful/caring relationships**
- **Help people achieve many small steps, rather than fail at big steps.**

## **SAND SERVICES 1.**

**(NTA– Level 2 unstructured service – A community based service.)**

- Drop in Centre.
- Phonenumber.
- Needle exchange service.
- Principal is to give as many people as possible basic services which may save their lives,

## **SAND Services 2**

- Information, Advice, Practical help, support
- Crisis Intervention.
- Assessment
- Prescribing interventions with GPs, PSALT and CDAT.
- One to One
- Group Work
- Activity and Diversion

## **Other SAND Services 3**

- Special Service for Young People
- Service for Pregnancy and Parents
- Hep C Service
- Tenant Support Service
- Volunteer Support Service

## **Working Together**

- All Swansea services are members of working LAT
- PSALT medical service run weekly clinics at SAND for which we provide assessment and monitoring.
- Have agreed pathways and hope to revive common assessment protocol with local CDAT.
- Pregnancy and early parenting work includes joint assessments and care with antenatal health, and socials services staff.
- Young People – joint care involves social services, YOT and Consultant in Substance Misuse.
- Steroid development work with hospital urology dept.
- Project SOL homeopathy clinic once a week.

## **How Many?**

- About 1000 people each year
- 600 assessed through Drop In Centre (approx 10 new referrals each week)
- 400 registered through Needle Exchange.
- Also undertake training of public, professionals, voluntary groups etc.

## Last 3 months

- 129 new assessments.
- (93 men, 36 women)
- 88 (68%) self referral - others from GPs, SS, probation, YOT etc,
- 46% new referrals heroin (60).
- Cocaine and crack cocaine creeping up as adjunct to heroin use (17 cases).
- 21% benzodiazepines,
- 21% amphetamine.

## Ages

- 18 and under = 33 (25%) range 13 -18
- 19-25 = 30(23%)
- 26 – 35 = 49 (37%)
- Presenting problems include – domestic violence, arrest, addiction(including withdrawal illness), self help detoxification support, drug related homelessness, mental ill health, problems with prescriptions, benefits, and utilities, relapse prevention, pregnancy testing, ante natal, Hep C testing , parenting support group, overdose help.

## Injecting

- About 150 people a month visit the needle exchange on about 200 occasions.
- About 4000 syringes are dispensed
- 44% steroid users, 40% heroin users
- Returns 40 –70% . Could do better!
- We know of about 75 individuals who have already been tested positive for hep C. we know of none who have been offered the effective treatment.

## Money

- Presently employ 17 paid staff and 15 volunteers.

- 5 workers are funded by Joint Commissioning.
- One year contract – no automatic cost of living, no increments and no pensions.
- Other post all funded between 1 and 3 years on special projects like Surestart, Section 64, Children In Need YOT.

## What Ideal

- Services should be local
- Should be diverse
- Should concentrate on what they do best and not pretend they can do it all.
- Should deal with medical, social, emotional and practical issues in holistic way.
- Should collaborate with other services in delivering care

## Voluntary Sector

- Is trusted by hard to reach client groups
- Is flexible
- Is answerable to local communities

## BUT

- Is still poorly understood by health colleagues.
- Is pulled between its strategic role, its campaigning role and its service delivery role
- Needs cash

## The Future – For Everyone

- Every area should have a dedicated street level service. (including needle exchange, low threshold basic prescribing, practical help, and emotional support).
- Every area needs secondary level service offering therapeutic interventions for complex needs.
- Every area needs access to detox beds and an increase in help for various community based detoxifications.
- Every area needs core funding ( not rely on special project funding).
- The Assembly needs better links with the expert advice available from people who work in the field.

## The Future for Swansea Drugs Project

- Better contracts for staff for more than 1 year at a time.
- Staff for Needle Exchange and for Women's Services work.

- **Drop in/shop fronts throughout Swansea**
- **Hep C testing and treatment in drugs services..**
- **Users and carers involved in development.**
- **More experimental research in Swansea. Heroin prescribing and injecting room pilots. Stimulant treatments.**

## **Presentation 5 – CAIS**

## **Presentation 6 – West Glamorgan Council on Alcohol and Drugs Misuse**

**WEST GLAMORGAN COUNCIL ON ALCOHOL & DRUG ABUSE**

**40 St James Crescent Uplands Swansea**

**Telephone 01792 - 472519**

**PRESENTATION TO NATIONAL ASSEMBLY 5 MARCH 2003.**

## **WHO ARE WE\_**

- **Established 1979**
- **10 yrs ago – 7 employees - £110,000 – now cover wide geographical area and employ 60 staff in various capacities with turnover of around 1.5 million**

## **ETHOS**

- **We believe that those who have dependency problems a move onto drug, alcohol free lifestyle is a viable option**

- **We plan, provide and arrange suitable treatment for service users and their families who reside in the areas we operate from**
- **All our treatment is provided or based on the requirements of National and local research and in line with statutory legislation**
- **We are striving to provide services that achieve best value within the resources available and in consultation with the Community, Service Users, Local Advisory Teams and other local and national organisations.**
- **Partnership is a key element of our success and we work closely with others on a joint commissioning basis or otherwise**

## **PRINCIPLES**

- **We believe that drug/alcohol dependent people can be helped and are worth helping**
- **That substance misuse is a community problem and therefore has community responsibilities**
- **Substance Misusers have rights to a comprehensive range of appropriate and accessible services, information, choices and the right to be consulted about their needs and wishes in both service provision and development.**

## **RESPONSIBILITIES**

**Our responsibilities include:**

- **To communicate to the public by every available means, accurate information and the seriousness of the problems associated with this.**
- **Encourage the provision of appropriate treatment facilities where these are not available**

- **Act as a link in assisting the various agencies and individuals already working on the problem caused by substance misuse**
- **Use appropriate methods for presenting facts of substance misuse to all sections of the community**
  
- **Recognise and act accordingly with our partners on public/child protection issues**

## **OBJECTIVES**

- **To develop services that are appropriate sensitive and respectful to people's needs**
- **To the highest possible quality**
- **That promotes best possible practice in service provision**
  
- **To develop knowledge and understanding of care for those who misuse alcohol and or drugs**
  
  
- **To provide safe and effective care**
  
- **Resources need to be planned at levels that provide best value for money-allowing for relevant responses to different needs and circumstances**
  
  
- **To ensure that assessment and referral processes identify appropriate levels of need and produce a timely and effective service response**

## **SERVICES PROVIDED**

- **Assessment – use various assessment tools absolutely crucial as it determines the most appropriate service needed**

- **Treatment – Incorporates various theories in order to address all aspects of the condition eg Crisis intervention, motivational interviewing, minnessotta method and encourages attendance at self help groups like AA and NA**
- **Referral - appropriate referrals either to internal or external programmes**

## **SPECIALIST PROGRAMMES**

- **CARAT SCHEME**
  - **REHAB HMP SWANSEA**
  - **PROBATION PROGRAMMES**
  - **DOMINO**
  - **YOUNG PERSONS PROGRAMME**
  - **DOMESTIC VIOLENCE**
  - **ELDERLY AND DISABILITY**
  - **ABSTINENCE**
  - **CREATIVE THERAPY**
  - **VALLEYS OUTREACH SERVICE**
  - **RECOVERED ASSET FUND PROGRAMME**
  - **PRE-TREATMENT**
- 
- **DELIVERY OF PROGRAMMES TO SCHOOLS AND OTHER RELEVANT SOURCES**

## **MONITORING/EVALUATION**

- **Provide quality indicators and outcome recording systems as required by our commissioners. Includes accounts of service provision and outcome measures**

## COMMUNICATION

- like to continue strengthening our relationship with others and encourage communities to get in touch and be involved with our service

## STATS\_

- 13,000 telephone calls last year

## SWANSEA OFFICE

—

3234. counselling sessions

872 assessments ...new clients 390 male / 239 female

724. crisis intervention session

168. home visits

51. visits to general hospitals

179. psychiatric hospital calls

## PORT TALBOT

—

238. new assessments

115. heroin drug of choice

43. alcohol

29. cannabis

16. benzos

11 amphetamines

## BRIDGEND\_

326. assessments

182. new assessments

75. alcohol main drug

62. heroin

20. cannabis

16. amphetamine

4. ecstasy

## GAPS

**ALCOHOL: 1:13 dependent on alcohol in Britain-twice as many as are hooked on drugs including prescription drugs.**

1 million is spent on alcohol prevention and treatment compared to 91.45 million on drugs

80% of public agree that government does not do enough to highlight problems associated to alcohol

40% of violent crime is alcohol related

50% of rough sleeping population are alcohol reliant

Among sentenced prisoners 63% males and 38% females were involved in hazardous drinking in the year before imprisonment

Young Offenders 50% female and 66% male prisoners aged between 16-20 have a hazardous drinking habit prior to entering prison

More emphasis on alcohol abuse needed in Wales

## FUNDING

**Short- term grant basis obtained through a competitive bidding process**

Needs to be more core funding 60/40% split WGCADA - Strategic planning difficult

Capital monies difficult to obtain

## RECRUITMENT & RETENTION

-

## DETOXIFICATION FACILITIES

