Milton Keynes Drug and Alcohol Strategy
2014-17
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The Milton Keynes Drug and Alcohol Strategy 2014-2017 has been developed by a wide range of stakeholders, adopting a partnership approach to tackling drug and alcohol misuse in Milton Keynes. The strategy highlights the main priorities for the next three years and sets out the actions needed to address them. These range from universal prevention activities through to targeted early interventions and specialist treatment.

Milton Keynes Council and its partners have made a collective commitment to improve the lives of children and adults to enjoy a healthy, safe and fulfilling life, by enabling them to make informed choices and ensuring support is available for anyone who requires it.

Foreword
Introduction

Drugs* and alcohol present a wide range of social and health issues. Their misuse can have serious consequences for individuals, their family members and whole communities such as crime, domestic abuse, child abuse and neglect, family breakdown, physical and mental health problems and homelessness.

Young people’s drug and alcohol misuse is a distinct problem. The majority of young people do not use drugs or drink alcohol at harmful levels and of those that do, most are not dependent. However, drug and alcohol misuse by young people can have a major impact on their education, their health, their families and their long-term life chances.

Given the cross cutting nature of drugs and alcohol, a strategy cannot be developed in isolation and so the Milton Keynes Drug and Alcohol Strategy has been co-produced with individuals who are at various stages of their recovery journey, parent representatives, young people and professionals.

The commitment of a range of local partners across health, education, social care, youth services, the Police, Probation, Youth Offending Team and the voluntary and community sectors is key to the successful delivery of the strategy. Whilst the Council has a role in leading and coordinating this work to ensure we all meet our collective responsibilities, the strategy emphasises the importance of partnership working and joint investment.

The strategy aims to support the Health and Wellbeing Board in achieving its strategic priorities to improve wellbeing and to reduce early deaths and tackle major disease. It will also support Milton Keynes Council in achieving the outcomes set out in the Corporate Plan 2012-16 under the Living in MK theme.

*The word ‘drug’ refers to illicit and other harmful substances such as solvents.
2. National Context

The Government’s Alcohol Strategy 2012 aims to radically reshape the approach to alcohol and reduce the number of people drinking to excess. It sets out proposals to clamp down on the ‘binge drinking’ culture, reduce alcohol fuelled violence and disorder and reduce the number of people drinking to damaging levels.

In October 2012, a local government public health briefing paper was published which summarises NICE (National Institute for Health and Clinical Excellence) recommendations for local authorities and their partner organisations on how to reduce the harm caused by alcohol. It states that local authorities:

• Have responsibility for commissioning alcohol prevention and specialist treatment
• Have a role in promoting and advising people about sensible drinking
• Have an important role in ensuring licenced premises operate responsibly and collaboratively to reduce alcohol related harm

The National Drug Strategy 2010 sets out the Government’s approach to tackling drugs and addressing alcohol dependence. The new approach goes further than previous strategies which focused on harm reduction and aims to offer every support for people to choose recovery as a way out of dependency. It recognises that the causes and drivers of drug and alcohol misuse are complex and personal and that the solutions need to be holistic and centred around each individual, with the expectation that full recovery is possible. It sets out a shift in power to local areas to design and commission services which meet the needs of all in the community. The strategy sets out the clear ambition to reduce demand, restrict supply and support recovery.

New Psychoactive Substances

The use and availability of new psychoactive substances (NPS) is changing the nature of the UK drugs market. NPS are largely designed to mimic the effects of illegal drugs such as ecstasy. Although sometimes referred to as ‘legal highs’ they often contain substances which are not legal and cannot assumed to be safe. Some NPS such as mephedrone have been banned, but it is unlikely that legal sanctions will be able to effectively control the NPS market as new compounds are introduced as soon others are made illegal.

The effects of NPS are not fully known but are thought to be significant. As with other non-opiate drugs such as cannabis, the use of NPS is likely to warrant a psychosocial response rather than a medical one. It is likely that, due to NPS being strong stimulants or hallucinogenics, users will present to mental health services, rather than drug services, supporting the need for strong dual diagnosis support pathways between services. The means by which people are buying NPS and receiving ‘harm reduction’ information is increasingly through the internet. All of this brings about a challenge to local partnerships as to how to respond to an ever-evolving market of NPS.
3. Local Context

Alcohol
Alcohol continues to be detrimental to people in Milton Keynes due to the significant health and social harms caused by drinking alcohol excessively. It is estimated that more than 25% of the population aged 16 and over drink above the recommended guidelines. Recent modelling work based on the Adult Psychiatric Morbidity Survey (2007) estimates that there are 3,298 dependent drinkers in Milton Keynes who would benefit from alcohol treatment.

During 2012/13, 268 adults received structured treatment for primary alcohol use in Milton Keynes. Two thirds of those were male and one third female. 57% were over the age of 40 and 95% were from a White British or White Other background.

Milton Keynes has a lower rate of alcohol related hospital admissions compared with the national average. However, many of those being admitted to hospital for alcohol related conditions are elderly and experiencing increasingly chronic health conditions.

The rate of alcohol related crime in Milton Keynes and in particular violent crime is greater than the national average. This is likely to be influenced by the large night time economy.

Drugs
In 2012/13, 512 adults received structured treatment for a drug problem in Milton Keynes. 72% were male, 28% female. 27% were over the age of 40. 92% were from a White British or White Other background.

Opiate and/or crack cocaine users (OCUs) are associated with the highest levels of harm. Recent prevalence estimates suggest that the number of OCUs in Milton Keynes is around 932. Of these it is estimated that 24% inject. In 2012/13, 425 OCUs received structured treatment in Milton Keynes, making up 83% of the drug treatment population. The remaining 17% were using predominantly cannabis or cocaine.

Children and Young People
In 2012/13 124 young people under 18 accessed specialist interventions for drugs and/or alcohol. A further 74 accessed lower level, targeted one to one support. The majority of young people required support for cannabis and/or alcohol use and were aged between 14 and 17 years old.

However, there has been a marked increase in the number of young people accessing targeted and specialist support for new psychoactive substance (NPS) use:

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<tr>
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<th>April 2012 – March 2013</th>
<th>April 2013 – March 2014</th>
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<tbody>
<tr>
<td>NPS as primary drug</td>
<td>3</td>
<td>18</td>
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<td>NPS as secondary /tertiary drug</td>
<td>6</td>
<td>40</td>
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In Milton Keynes, parental drug and alcohol misuse along with domestic abuse and parental mental ill-health make up the ‘toxic trio’ of issues most likely to place children and young people at risk of abuse and/or neglect. In relation to the impact of parental drug and alcohol use on children, it is difficult to know the extent of the problem as it is often hidden. We do know that in 2012/13, 21% (107) of adults in drug treatment had children living with them and 19% (51) of those in alcohol treatment had children living with them. In 2012/13, of the 70 children made subject to a Child Protection Plan in Milton Keynes, parental alcohol misuse was recorded as a contributory or primary factor in 27% of cases (an increase of 3% from 2011/12) and parental drug misuse was recorded as a contributory or primary factor in 31.5% of cases (an increase of 8.5% from 2011/12).

Further information about the local context can be found in the alcohol misuse and drugs misuse sections of the Milton Keynes Joint Strategic Needs Assessment.
Current services in relation to need

Milton Keynes Council re-commissioned its community based drug and alcohol services in 2011. For adults, a fully integrated recovery focussed drug and alcohol service was developed, to offer advice and information, needle exchange and a range of treatment options including one-to-one support, counselling, community detoxification, peer support and group work. The children and young people’s service was designed to offer a range of targeted and specialist interventions for young people under 18, along with advice and information for parents, carers and professionals.

Milton Keynes Council also commissions drug and alcohol services in HMP Woodhill and Oakhill Secure Training Centre, on behalf of the NHS England area team. By bringing together the commissioning for community and prison based services we are better able to ensure service user’s recovery journeys are uninterrupted and that the risks of relapse and treatment drop out are reduced.

In October 2012, Milton Keynes Council developed a pilot hospital alcohol liaison service at Milton Keynes Hospital. It aims to identify the most frequently presenting patients, offer and promote the use of alcohol identification and Brief Advice and support patients onto the most appropriate treatment pathway. The pilot is funded until March 2015.
4. Values and principles

We will:

- Keep service users, their families and the wider community at the heart of our work to tackle drug and alcohol misuse
- Actively build on the strengths of communities and work in partnership with people within those communities to tackle drug and alcohol misuse
- Shift the budget allocation towards primary and secondary prevention and away from reactive, acute services
- Ensure a joined up approach to drug and alcohol misuse and related issues by linking up with relevant strategies, including those that address Domestic Violence, Mental Health and Housing
5. Priorities

Priority One: Reducing Demand
Together we will develop and deliver high quality primary and secondary prevention initiatives and targeted early interventions for children, young people and adults.

What we will do for everyone living in Milton Keynes

- Develop a communications plan to include:
  - alcohol focussed health promotion and social marketing initiatives to promote sensible drinking and help create an environment where lower risk drinking is the norm
  - drugs focussed health promotion and social marketing initiatives with a focus on cannabis and New Psychoactive Substances, in order to inform people about the risks involved
  - the promotion of local support services
- Ensure robust pathways are in place between Stop Smoking services and drug and alcohol services, so that cannabis smokers are offered appropriate support
- Explore the extent of shisha use in Milton Keynes (shisha is flavoured tobacco which is smoked through a pipe and is becoming increasingly common in the UK) and ensure appropriate plans are in place to address the local issues

What we will do for children and young people

- Consider ways in which we can develop a competent and able workforce, ensuring that staff working in front line children and young people’s services are able to identify drug and alcohol related needs early on; provide screening and brief interventions at the earliest opportunity; make appropriate referrals for further support; and share information appropriately
- Explore options for commissioning a ‘risky behaviours’ early intervention programme pilot, to systematically identify children who may be at risk of drug or alcohol misuse, poor sexual health, teenage pregnancy or abusive relationships and deliver targeted programmes of education and support
- Ensure that children affected by parental drug or alcohol misuse are identified early and high quality support is available to meet their needs
- Support schools and other education settings to: deliver good quality universal drugs and alcohol education through the Personal, Social and Health Education (PSHE) curriculum; take a whole school approach involving staff, pupils and parents/carers; develop their drugs policies; and promote the benefits of developing pathways with local support services
- Work with local colleges, further and higher education providers to ensure pathways into drug and alcohol support services are in place for students in post 16 education

What we will do for adults and older people

- Consider ways in which we can develop a competent and able workforce, ensuring that staff working in front line adult services are able to deliver drugs and alcohol information, brief advice and support to Milton Keynes residents
- Further develop the alcohol Identification and Brief Advice (IBA) programme across Milton Keynes to ensure adults of all ages can access one-to-one advice on the harmful effects of alcohol, how to reduce the risks and where to find support
- Ensure parents, carers and family members of someone who is misusing drugs or alcohol, have access to appropriate, high quality information, advice and support
Priority Two: Restricting Supply and Improving Community Safety

Together we will reduce levels of drug and alcohol related crime and tackle the supply of drugs.

What we will do for everyone living in Milton Keynes:
- Support neighbourhood policing to gather intelligence on local dealers and provide reassurance and visibility to the public
- Ensure anti-social behaviour involving drugs and alcohol is challenged and dealt with robustly through local mechanisms such as Safer MK's Antisocial Behaviour Delivery Group
- Carefully monitor the evolving new psychoactive substances (NPS) market in order to produce an evidence base that allows us to respond appropriately
- Work with statutory partners and licensed premises across Milton Keynes to ensure license regulations are adhered to and prevent the irresponsible selling of alcohol within our communities
- Work with the licensing authorities to map the extent of local alcohol related problems and review and re-develop licensing policy in line with local need
- Work with the Domestic and Sexual Abuse Delivery Group to ensure a joined up response to the overlapping issues of drugs & alcohol and domestic & sexual abuse

What we will do for offenders:
- Respond appropriately to the Transforming Rehabilitation programme which aims to transform the way we manage offenders in the community
- Engage with the developing Court Liaison and Diversion Scheme which addresses the wider needs of offenders coming into the criminal justice system
- Ensure drug and alcohol users entering the criminal justice system receive timely assessment, referral and access to appropriate interventions and treatment
- Reduce the risks of relapse and reoffending of offenders in the community by ensuring that those subject to a Drug Rehabilitation Requirement or Alcohol Treatment Requirement receive a high quality, enhanced level of treatment
- Work with the NHS England area team to ensure the delivery of high quality drug and alcohol services to offenders in HMP Woodhill and Oakhill Secure Training Centre
- Promote greater links between prison and community treatment services with the aim of increasing the number of prisoners referred to community treatment commencing treatment within 3 weeks
Priority 3: Building Recovery

Together we aspire to deliver high quality drug and alcohol treatment and support which will enable children, young people and adults to achieve meaningful and sustained recovery.

What we will do for everyone living in Milton Keynes:

- Ensure effective strategic partnership arrangements are in place to support and steer the planning and delivery of drugs and alcohol services and the wider drugs and alcohol agenda. This will include reviewing the function, membership and governance of the Drug and Alcohol Joint Commissioning Group.
- Re-commission the adult and young people’s drug and alcohol services for April 2015, ensuring that new service specifications are developed in line with the most recent assessments of need and national best practice. The services will be outcomes focussed and support adults and young people to be more ambitious in their aspirations to become drug and alcohol free.
- Improve our understanding of the needs of different groups within our community including, for example, the young, black and minority ethnic (BME) groups, those with a learning disability, those with mental ill health and older people, and ensure appropriate responses to their specific needs.
- Ensure the specific needs of women and girls are identified and appropriate support and pathways between relevant services are in place.
- Develop clear and robust pathways between drug and alcohol and mental health services so that drug and alcohol users with a mild to moderate mental health need and those with a ‘dual diagnosis’ receive the support they need (dual diagnosis is the term used to describe patients with both severe mental illness, mainly psychotic disorders, and problematic drug and/or alcohol use).
- Improve access to inpatient detoxification and residential rehabilitation for service users assessed as requiring this level of treatment.
- Ensure adequate, integrated recovery support is available for people re-entering the community from hospital, residential detoxification/rehabilitation and prison settings.
- Work with GP practices and the Urgent Care Centre to ensure that GP’s and other staff are able to screen patients for alcohol and drug problems, deliver alcohol Identification and Brief Advice and support patients to access treatment services.
- Extend the GP shared care programme across Milton Keynes so that more patients can have their drug or alcohol related prescribing needs met through their own GP.
- Build Hospital Alcohol Liaison services into the main treatment service delivery from April 2015.
- Support the development of the Family Drug and Alcohol Court (FDAC)4 pilot. This is an alternative to the normal care proceedings court process for families where parental drug or alcohol misuse is placing the child or children at significant risk of harm and aims to deliver better outcomes for children and families.
What we will do for children and young people:

• Ensure that all relevant health, education, social care, criminal justice and voluntary sector services working with children and young people, maintain a commitment to work in partnership to support young people holistically, particularly during periods of transition

What we will do for adults and older people:

• Ensure that all relevant health, social care, criminal justice, education, training and employment, and voluntary sector services, work together to support drug and alcohol users holistically to enhance their chances of achieving meaningful and sustained recovery

• Further develop the range and geographical spread of mutual aid and peer support across Milton Keynes

• Improve our understanding of the drug and alcohol problems amongst our older population and ensure services are able meet the specific needs of this group
6. How will we know we are making a difference?

A detailed strategy implementation plan will be developed and used to measure the progress and effectiveness of the strategy. This will be reviewed on an annual basis by the Health and Wellbeing Board and more regularly by the Drug and Alcohol Joint Commissioning Group.

The Drug and Alcohol Strategy Group will agree a set of indicators by which to measure the overall success of the strategy. These will be reviewed on an annual basis and at the end of the three years.

Our commissioned services have a robust performance framework in place with outcomes focussed key performance indicators. When we re-commission services in 2015, this performance framework will be reviewed to ensure we can evidence that we are making a difference to people’s lives. We will consider setting joint targets across partner agencies to maximise integrated service delivery.

The Public Health Outcomes Framework (PHOF) sets out the desired outcomes for public health and supporting indicators to measure progress. The following high level indicators will be used:

- Successful completion of drug treatment (2.15)
- People entering prison with substance dependence issues who are previously not known to community treatment services (2.16)
- Alcohol related admissions to hospital (2.18)

There are additional local public health indicators in place which will also be used to measure progress.
7. References

   www.natcen.ac.uk/study/adult-psychiatric-morbidity-in-england-2007


3. The Centre for Public Health, Liverpool John Moores University; Glasgow Prevalence Estimation Limited; The National Drug Evidence Centre, University of Manchester (2010/11)
   www.nta.nhs.uk/facts-prevalence.aspx

4. Family Drug and Alcohol Court (FDAC) - Evaluation Research Study, 2011
   www.brunel.ac.uk/shssc/research/ccyr/research-projects/fdac