



Wirral DAAT
Drug & Alcohol Action Team

Tackling Drugs Changing Lives



A Public Summary of

**Wirral DAAT's Strategic Plan
2005 – 2008**

and

**Audit of the level and patterns of drug and
alcohol misuse in Wirral 2001 – 2004**

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I am pleased to commend to you two reports published by Wirral Drug and Alcohol Action Team (DAAT) in April 2005. This document is a summary of those two reports:

- *Audit of the level and patterns of drug and alcohol misuse in Wirral, 2001-2004*
- *Wirral DAAT Strategic Plan 2005 – 2008.*

The problems of drug and alcohol misuse are complex and cannot be tackled in isolation. There is no single problem or solution. Wirral DAAT aims to reduce the harm that drugs and alcohol cause to communities, individuals and their families. We seek to do this by co-ordinating the efforts of local agencies to balance firm enforcement with effective education, prevention and treatment programmes.

This work must be based on a firm understanding of the problems faced locally. The audit has helped us to build on existing knowledge and has played a key part in drawing up our three-year strategic plan.

A significant amount of excellent work has been undertaken in Wirral over the last 10 years. I am particularly grateful to the committed workers in this field – from statutory, independent and community based agencies.

As our strategy shows, now is the time to build on that work. We need to work ever more closely with the whole community to address the complex and growing demands that are being placed on our services and communities.

In implementing the three-year strategy, we shall embrace new opportunities to work with a range of organisations including the Crime and Disorder Reduction Partnership (CDRP), Local Strategic Partnership (LSP), and new children's services to integrate plans, actions and resources in the most effective manner.

In particular, we look forward to working ever more closely with local people, including service users, their families and carers to ensure that programmes of work match their aspirations and requirements.



Kevin Miller
Chairman

A handwritten signature in black ink, appearing to read 'Kevin Miller', written over a white background.

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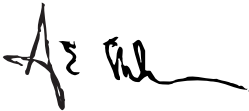
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I. Introduction

I.1 Wirral Drug and Alcohol Action Team (DAAT)

Wirral DAAT is a partnership, established in 1995 as part of the government's National Drug Strategy, to tackle locally the problems of drug use. We bring together all the key agencies involved with the issue, as well as voluntary and community groups and service users.

Key partners include Wirral Crime and Disorder Reduction Partnership (CDRP), Birkenhead and Wallasey and Bebington and West Wirral Primary Care Trusts, Merseyside Police, National Probation Service, Prison Service, Merseyside Fire Authority and the social services, youth and community, education and cultural services and housing departments of Wirral Metropolitan Borough Council.

Other partners include the Community and Voluntary Sector Network and a range of other agencies.

Our overarching aim is to reduce the harm that drugs cause to communities, individuals and their families. Work towards this aim is planned around the four target areas of the National Drug Strategy:

- *reducing drug use, related offending and harm through treatment, support and harm minimisation.*
- *preventing today's young people from becoming tomorrow's problematic drug users*
- *reducing drug related crime and its impact on communities*
- *reducing the supply of illegal drugs and actively disrupting local drug markets.*

Tackling alcohol misuse is a new area of responsibility for the DAAT and, although it is not yet a statutory requirement, we are working with partners to produce an alcohol strategy for Wirral during 2005.



IN PARTNERSHIP: The Wirral DAAT team, which drew up this strategy.

I. Introduction

Wirral DAAT'S key partners



Source: Wirral DAAT

Figure 1: Wirral DAAT's partnership structure

I. Introduction

I.2 Statutory framework

Under The Crime and Disorder Act 1998 (amended by the Police Reform Act 2002), DAATs and CDRPs are working together to address the problems of drug use and crime and disorder in their area.

We are required jointly to undertake a local audit of crime and drugs use and formulate and implement a local strategy based on the audit findings. For this first planning year, we and the Wirral CDRP have prepared our own, complementary, audits and strategies, which are intended to be cross-referenced.

This document is the public summary of Wirral DAAT's audit of the level and patterns of drug and alcohol misuse in Wirral 2001 – 2004 and Strategic Plan 2005 – 2008.

2. Understanding local issues

The Metropolitan Borough of Wirral was formed in 1974. Wirral contains a mix of city, town, rural and coastal areas with a balanced industrial, agricultural and residential structure. The borough forms part of Merseyside, along with Liverpool City Council and the Metropolitan Boroughs of St Helens, Knowsley and Sefton. The borough council is the largest employer in Wirral.

According to the 2001 census, Wirral has a total population of 312,293 of whom 60% are of working age and about 1.7% are from minority ethnic groups. Wirral has a low level of economic growth and a rate of unemployment of 4.3% (higher than the national average). Adult male unemployment stands at more than 22% in some Wirral wards and Wirral is ranked as the 44th most deprived district in the country, with 20% of its population receiving income support. Wirral is an Excellence in Cities area and is in receipt of Single Regeneration Budget (SRB) funding.

In 2001 within Wirral, 21% of unemployed people were aged 50 and over, 10% had never worked and 36% were long term unemployed.

Wirral has a long-standing history of prevalent, problematic drug use and relatively high levels of opiate use have been evident since the early 1980s. Current estimates show that problematic drug users account for 1.3% of Wirral's total resident population.

3. Looking back

Our audit of the levels and patterns of drug and alcohol misuse in Wirral 2001 – 2004 addressed the four key themes of the national and local drug strategy, as well as alcohol misuse. In each case, we asked a number of key questions to help us gain a comprehensive understanding of the nature and scale of the problem:

- *what targets are we working to*
- *what is the problem*
- *what are we doing about it*
- *what are the local views*
- *what are the gaps in provision*
- *what new things do we need to do*
- *what are the key findings?*

Building on earlier needs analysis work, we used a number of methods to gather data, including:

- *a literature review*
- *work commissioned through an external consultant*
- *analysis of service activity*
- *service provider and user focus groups*
- *review of stakeholder/community research.*

The audit draws conclusions about problematic drug and alcohol misuse in Wirral, including which substances are causing the most problems, where substance misuse is occurring and the impact upon local communities, health, crime and other related areas.

The following summarises the audit's findings surrounding treatment, young people, communities, supply and alcohol misuse.

3.1 Treatment

Ensuring drug users have access to effective treatment reduces the risk of harm to health, breaks the cycle of drug related crime and increases ability to lead fulfilling lives. Between 1990 and 1998 the number in treatment with Wirral Drug Service alone rose from 550 to 1,239 and this figure has continued to grow.

A wide range of quality drug treatment services has been established, which attract and retain a high proportion of the local drug using population in treatment. Wirral has achieved a significant reduction in waiting times for treatment; all services offer waiting times within national targets. Work is taking place to improve the ability of specialist services to meet the needs of black and minority ethnic (BME) population and specialist services aimed at meeting the needs of women users have successfully attracted more women into treatment.

Recognising the value of service user involvement, we have supported the development of a strong and consistently involved service user group. Its positive input into the planning and development of services has brought considerable benefits.

3. Looking back

Key findings

- *Wirral has more than 2,000 drug users accessing drug treatment services.*
- *Recorded levels of heroin and crack/cocaine use are lower among users of Wirral services than others in Cheshire and Merseyside, however use of methadone is more common.*
- *Of those people in drug treatment services in Wirral, heroin is the main illicit drug used (80%) followed by methadone (44%) and crack/cocaine (19%).*
- *Poly drug use (combination of drugs or drugs and alcohol) involving crack/cocaine is increasing; this is reflected in custody drug testing data for 2003/04, which shows a 10% increase in the numbers testing positive for both heroin and crack/cocaine.*
- *Between 2001/02 and 2003/04, Wirral saw a 15.8% increase in the number of individuals in contact with treatment services. In 2003/04, just under one third (28.9%) of clients in contact with treatment services were female (611), and 71.1% (1,506) were male.*
- *Between 2001/02 and 2003/04, there were increases in proportions of younger (under 18s) clients and older (over 35) clients but reductions in clients aged 18-34.*
- *Wirral drug treatment services retained 56% of clients in drug treatment for 12 weeks or more.*
- *In 2003/04, across services there were 1,147 syringe exchange clients and their primary drug of choice was heroin (43%); however, among new syringe exchange clients the most prevalent drug used was steroids (57.7%).*
- *Data suggests that black minority ethnic (BME) groups are not significantly under-represented (1.5%) in their presentation at drug treatment services, although feedback from consultation with BME communities suggests that obstacles remain regarding access to drug treatment services.*
- *Wirral has one of the most effective drug services in the North West.*
- *Waiting times are down.*
- *Between 2001 and 2004, Wirral's drug treatment workforce increased by 38%, surpassing the regional increase of 33% and the national increase of 13%. BME communities are not under-represented in the drug treatment workforce.*

3. Looking back

3.2 Young people

Significant progress has been made in work with young people. Prevention programmes are targeted at the most vulnerable young people and those who develop drug problems are identified and supported early before problems escalate.

All agencies, including schools, education and cultural services, Youth Offending Service and social services are working together in a co-ordinated way to address substance misuse issues. Parents and carers receive advice, support and assistance in dealing with drug issues. Targeted drug awareness courses, tailored specifically to the needs of community groups, foster carers, residential social workers and family support staff, have also been introduced.

Response, part of the local authority's Youth Service, provides significant substance misuse support services including an outreach service that addresses substance use and harm reduction. Support from the NRF has enabled us to commission services that will target areas of most need such as the Impact project working with young people affected by parental substance misuse.

Key findings

- *Nationally, class A drug use among young people has been stable since 1998 (approximately 8%) and there have been decreases in the use of ecstasy, amphetamines and LSD. Class A drug use amongst vulnerable young people is stable at about 13%.*
- *The Department for Health study in 2002, Smoking, Drinking and Drug Use Among Young People (aged 11-15), showed that the prevalence of reported drug taking had decreased in the last year from 20% of young people to 18%. It also showed that pupils who had ever played truant were considerably more likely to have drunk alcohol in the last week (53% compared to 18%) and have taken drugs in the last month (38% compared to 6%).*
- *The study above also showed that the main drug used among 11 to 15 year olds was cannabis (13% of the sample).*
- *In 2002 in Wirral, 1,228 offences were committed by youths, of which 6% were drug related offences. In 2001/02, 40,000 incidents were reported to Wirral community patrol team, of which only 28% related to young people and disorder. However, consultation shows there is high public perception of youth annoyance.*
- *NDTMS figures for Wirral showed that 2% of all people accessing drug treatment services in 2003 were under the age of 19. Data from Wirral service providers shows that in 2003/04, 320 young people accessed specialist substance misuse services, an increase from 2001/02,*

3. Looking back

- due to the expansion of the tier 3 and 4 services (see Appendix for a definition of service tiers).
- *The Wirral Health and Lifestyle Survey (2000) showed that 76% of its sample of young people (year 10, aged 15) said they had never used illegal street drugs, 16% used them occasionally, 2% monthly, 3% weekly and 1.5% more frequently than this.*
 - *In the survey above, cannabis was the most commonly used drug, 16% used occasionally, 3% monthly, 2.5% weekly and 1.6% more often.*
 - *Participants in the survey above were asked about their views on service provision; 74% believed there should be more information, help and support for young people about illegal street drugs.*
 - *The Youth Offending Service reported, from consultations for its needs assessment for young people's substance misuse in 2000, that 90% of violent crime had been committed while the offender was under the influence of alcohol. It also reported that drug use contributed to the deterioration in young people's social relationships, especially when parents discovered their substance use.*
 - *A focus group comprising service users and providers, in September 2004, reported that young people are less likely to see the differences between heroin, crack cocaine and cannabis as their costs are similar.*
 - *The Wirral Health and Lifestyle Study for Young People (2002) found that 22% of young people aged 14-15 drank weekly and 2% daily; in addition, 15% said they sometimes drink alone.*
 - *Information provided from the Wirral school nursing service in 2000 stated that 37% of young people aged 14-15 admitted to having drunk so much they were 'out of control'.*
 - *Data from Arrowe Park Hospital from January to July 2004 recorded alcohol related attendances for young people. Most attendances occurred on Friday (50 attendances), Saturday (55 attendances) and Sunday nights (35 attendances); data also showed that the number of attendances increased as age increased.*
 - *42% of Wirral primary schools and 32% of Wirral secondary schools have reached Level 3 of the National Healthy Schools Standard. 100% of all schools in Wirral in 2003/04 were receiving education on drugs, meeting national standards.*

3. Looking back

3.3 Communities

A comprehensive range of projects has been carried out in Wirral during the last three years, many of which were part of the Communities Against Drugs programme, 2001 – 2004. Since then the Drugs Intervention Programme (DIP) and, more recently the Pier Project, have had a significant effect on helping offenders break the cycle of drug use, crime and prison. National statistics show that for every £1 spent on treatment there is a direct saving to the criminal justice system of £3.

The DIP has many services including: arrest referral, drug testing in police stations, bail support, restrictions on bail, treatment related community sentences, targeting of prolific drug using offenders and CARAT (counselling, assessment, referral, advice and throughcare) in prisons.

The Pier Project established by the DAAT and CDRP in January 2004, targets prolific priority offenders, giving them immediate access to drug treatment which, without a prolonged waiting period, helps reduce the risk of re-offending. Significant success appears to have been achieved; comparison of reported offences between the period June – August in 2003 and 2004 reveal that robbery offences were down by 10%, burglary dwelling offences down by 30%, unauthorised taking of vehicles down by 16% and theft of motor vehicles down by 17%.

The corrosive effects of drug use on a community range from the nuisance and anti-social behaviour associated with drug dealing to the activities of those under the influence of drugs. Our aim is to strengthen communities by supporting them in a way that enables and empowers them to live their lives in peace and safety. We are doing this not only through action aimed at reducing drug related crime and supply but also through developing more effective links with partners in the areas of neighbourhood renewal and housing and those working to combat anti-social behaviour.

However, agencies can not by themselves resolve the issue of drugs within communities. We hope that by working together with local people, we can help individuals and communities become more resilient to the adverse effects of illicit drugs.

Key findings

- *Drugs were reported to be an influence in offending for four out of ten acquisitive crime offenders in Wirral. Nearly 65% of street crime offenders were judged to be influenced by drugs.*
- *More than 80% of Wirral prisoners assessed by CARAT had used drugs in the 30 days before custody, compared to 90.6% in England and Wales. Wirral prisoners reported lower levels of heroin use (29.2%) than for England (50%), however*

3. Looking back

- they did report higher levels of crack/cocaine use (15.3% compared to 13.7% for England). Alcohol use was also reported at higher levels (12.5% compared to 8.4% for England).
- A large proportion of people tested in Wirral custody suites in 2003/04, having committed a trigger offence (one that is commonly linked to drug use), tested positive for crack/cocaine and poly drug use.
 - The number of individuals seen by an arrest referral worker has almost doubled in the last three years. Nearly a third of those seen have been charged with shoplifting; their primary drug of choice was heroin (60%) followed by crack (50%), cocaine (9.2%) and methadone (8.2%).
 - Progress2Work aims to help people with drug problems access employment. During the first four months of operation (January - April 2004), 144 people were referred or self referred via drug services and, of these, 42 (29%) joined the programme.
 - During 2003/04 figures for the Drug Treatment and Testing Order scheme (DTTO) show increases in the number of people accessing and successfully completing the scheme.
 - Figures showing hospital episodes attributed to alcohol in Wirral were estimated to be 14.17 per 1,000 of the population for males and 9.30 per 1,000 of the population for females. The figures also show that deaths attributable to alcohol in Wirral for males are 0.86 per 1,000 of the population and for females 0.63 per 1,000 of the population.
 - Wirral Homelessness Strategy 2003 - 2008 highlighted that the number of housing applications made to the local authority by homeless people had declined in recent years (821 in 2002/03 compared to 1,088 in 2001/02 and 1,323 in 2000/01); however, the percentage of 'vulnerable people' applying had increased (young people are often the most vulnerable group in Wirral regarding homelessness).

3. Looking back

3.4 Reducing supply

Street level drug dealing usually takes place in areas associated with higher levels of crime and disorder. Wirral DAAT's response is mainly delivered through the police-led Operation Hawk. This initiative includes co-ordinated police operations, a media campaign, actively gathering information from the community, promoting drug awareness at community events and increasing awareness of the dangers of drugs to school aged children.

The government has recently increased the powers of the police and local authority to deal with premises from which drugs are dealt and the people who disrupt the community through anti social behaviour and their illicit drug use. The government has also introduced tougher sentences for people who use young children to deal on their behalf, sell to young people or deal drugs close to schools.

Merseyside Police, as part of a national campaign, recently carried out Operation Crackdown, which targeted people who use drugs and are suspected of being involved with firearms.

Key findings

- *In Merseyside in 2003/04, the Merseyside Police Middle Market Drugs Unit seized 12.3 kilos of heroin, 3 kilos of cocaine, 62 grams of crack and 30 kilos of cannabis.*
- *Operation Hawk results in 2004 show 116 people were arrested for drug related offences, seizures of drugs with the street value of 2.5 million were recovered and 82 people were arrested for offences relating to the supply of controlled drugs.*
- *A number of service user consultation events indicate that crack/cocaine and heroin have become more readily available, that markets are now closed (dealers choose who to sell to) and dealers who are arrested are quickly 'replaced'.*
- *In the period 2001-2004, the number of arrests under the Misuse of Drugs Act increased in Wirral, particularly in the three wards of Bidston and St James, Birkenhead and Tranmere and Rock Ferry.*
- *In 2003/04, heroin was the most frequent drug of arrest (under the Misuse of Drugs Act) both in Wirral and across Merseyside.*
- *A key drug supply route identified in research carried out by John Moore's University in 2003 was from Liverpool to Wirral, through the Mersey Tunnels.*
- *Local and national data shows the purity of heroin and crack/cocaine to be comparable with national levels.*

3. Looking back

- *Heroin is more expensive to buy in Wirral than other parts of England and Wales; however, crack/cocaine is cheaper. (Source: Liverpool John Moore's University).*

3.5 Alcohol misuse

We are working closely with a range of partners to tackle comprehensively the wide ranging effects of alcohol misuse in Wirral. One of our sub-groups, the Joint Investment Group for Alcohol (JIGA), is developing a co-ordinated programme of action around four key areas: information/education, supply/licensing, young people and alcohol treatment.

This builds on work with local agencies over the last 18 months to reduce alcohol consumption among children and reduce excessive alcohol consumption and its associated harms among adults.

Key findings

- *Released in March 2005, Office for National Statistics (ONS) figures highlight the extremely high levels of death related to alcohol consumption¹ in the north west of England. Regionally, the highest rates were found in the north west and north east. The rate for the north west was almost double that for the east of England (15.1 compared to 7.7 deaths per 100,000 population respectively).*
- *Figures for Wirral point to particularly high numbers of alcohol related deaths for male residents, with a rate of 21.5 per 100,000 population.*

¹ *The cause of death, defined using the International Classification of Diseases, Tenth Revision (ICD-10), was due to one of the following: mental and behavioural disorders due to use of alcohol, alcoholic cardiomyopathy, alcoholic liver disease, chronic hepatitis not elsewhere classified, fibrosis and cirrhosis of liver, accidental poisoning by and exposure to alcohol.*

4. Looking forward – a three-year strategy

4.1 Foundations

Our Strategic Plan 2005 – 2008 will govern our work for the next three years. This strategy is based on:

- *our audit into the levels and patterns of drug and alcohol misuse in Wirral*
- *consultation with Wirral residents*
- *the government agenda*

Audit

Section 3 outlines the current situation regarding drug and alcohol misuse in Wirral. Many of the issues raised within the audit have become priorities for our work with our partners over the next three years.

Consultation

Consultation with communities, service users and partner agencies forms the backbone for our service planning. We used the following consultation methods before producing the strategy:

- *specific consultation events such as the voluntary and community sector network event, February 2005*
- *attending themed groups such as the Young People's Commissioning Group, the Evening and Night Time Strategy Group, the Drugs and Crime Steering Group, Diversity Sub-Group, Treatment Strategy Group and DAAT Joint Commissioning Group*

- *consultation through the InnerAction service user group and a range of focus groups with drug users and drug-using offenders*
- *local area forums 2004/05*
- *'exception and progress' reports produced by DAAT programme managers and a formal business review event with the full DAAT team in January 2005*
- *a strategic planning questionnaire in November 2004.*

Government agenda

The 10-year National Drug Strategy 1998 (updated in 2002) provides the overarching strategic and policy framework for tackling illicit drug misuse in England. It set out to achieve a 100% increase in the percentage of drug users successfully sustaining or completing treatment programmes by 2008. To this end, in Wirral, our aim is to achieve an increase of 10% in those accessing treatment between 2003/04 and 2007/08 and a 13.9% increase in those sustaining treatment for the same period.

Today, the government's focus remains with the National Drug Strategy's four key themes: supporting young people, enhancing treatment, reducing crime and reducing supply. Diversity and service user involvement represent additional cross-cutting themes.

4. Looking forward – a three-year strategy

Drug strategy targets are expressed in the Home Office's Public Service Agreement (PSA) and Service Delivery Agreements and Plans, which in turn are reviewed within the Prime Minister's Delivery Unit. Wirral DAAT works to a number of public service agreement targets, one of them being:

'Reduce the harm caused by illegal drugs including substantially increasing the number of drug misusing offenders entering treatment through the criminal justice system.' PSA Target 4

In addition, the government and Wirral CDRP have set a target of reducing by 15% by March 2008 the number of victims of alcohol-related violence. We shall work closely with the CDRP towards achieving this target.

4.2 Plans for the next three years

Wirral has a history of innovative, effective and expansive drug prevention, control and treatment services. Currently, there are more than 150 active projects locally. We strive to co-ordinate a balanced work programme that reflects equally the four key themes of the National Drug Strategy.

In the years ahead we shall work ever more closely with the CDRP to help tackle, and reduce, drug and alcohol related crime and disorder, particularly addressing persistent and prolific drug

using offenders and balance this carefully with the Health and Social Care and Children's Services agenda.

We have taken great care to reflect both national and local priorities within our Strategic Plan 2005 - 2008. It contains broad areas for development over the next three years and, where possible, specific targets have been set. However, the Home Office has conducted a review of national key delivery indicators for measuring the success and impact of target setting. Over the next few months we shall be working closely with the Government Office North West (GONW) to produce a more specific and detailed performance agreement, setting out measurable targets with supporting indicators for the next three years. This performance agreement will be included as an addendum to our strategy at a later date.

Our three-year strategy has been split into seven priority areas, reflecting the areas of concern highlighted by our research. Under each heading, we outline the general purpose for that priority area, then list the targets, or performance indicators, by which our work will be measured. Finally, we highlight a selection of activities that will help us tackle the problems. This is not a comprehensive list; many more activities are planned as part of the ongoing development of the workplan. These are highlighted in programme operational plans which underpin this strategy.

4. Looking forward – a three-year strategy

4.2.1 Priority: treatment

To reduce drug use, related offending and harm through quality treatment and support and a harm minimisation approach.

National delivery indicator – indicators measured nationally and regionally but not locally

Increase the numbers of problematic drug users in treatment programmes by 100% by 2008, with year on year increases in the percentage of users successfully sustaining or completing treatment programmes.

Mandatory indicators - compulsory indicators, which are measured locally

The number of problematic drug users who access drug treatment programmes in Wirral will be increased by 10% by 2008 (2003/04 baseline).

The number of problematic drug users sustained in treatment will be increased by 13.9% by 2008 (2003/04 baseline).

Drug treatment waiting times will remain within NTA targets until 2008.

The number of drug treatment workers will be increased by 2008.

Local indicators - optional indicators measured locally

The number of new primary stimulant users accessing the stimulant service will be increased year on year (2003/04 baseline).

The number of opiate users in treatment will be increased by extending the capacity for non-methadone stabilisation, reduction and maintenance options year on year (2003/04 baseline).

The proportion of service users engaging with day programmes for 12 weeks or more will be increased year on year (2003/04 baseline).

The percentage of service users participating in the development of their individual care plan will be increased year on year, resulting in improved care planning and co-ordination with all service users.

Increase drug treatment workforce to decrease the caseload sizes and improve the quality of contact by 2008.

4. Looking forward – a three-year strategy

Planned activities for the next three years

- *Increase the number and methods of access into specialist treatment.*
- *Increase the alternatives to methadone prescription for heroin users so that more are attracted into treatment.*
- *Hold a cannabis summit to address the problems associated with non-opiate drug use.*
- *Work with Narcotics Anonymous to establish two regular groups in Wirral that support abstinence.*
- *Improve access to specialist drug services for all under-served groups.*
- *Work with the NTA and service users to evaluate potential prescribing options for stimulant users.*
- *Continue the development and involvement of the service user group, families and carers.*
- *Work with the new children's services to achieve effective links and cross-referral between services.*
- *Increase the capacity to provide non-methadone prescribing options to opiate users. Continue to work with Wirral Drug Service to this end.*
- *Increase the resources available for homeless drug users, including support to maintain their tenancies, making more units available and improving access to services.*

4. Looking forward – a three-year strategy

4.2.2 Priority: young people

To prevent today's young people from becoming tomorrow's problematic drug users.

National delivery indicator – indicators measured nationally and regionally but not locally
Class A drug use by 16-24 year olds (measured by British Crime Survey).
Mandatory indicators - compulsory indicators, which are measured locally
Education: an increase in the number of schools (primary/secondary/Pupil Referral Units/special schools) reaching level 3 national healthy schools standard by 2008.
Truants/excludees: implement by 2008 a reporting system to record the number of drug related exclusions from schools.
Young offenders: the number of young people screened for substance misuse on Youth Offending Team caseloads to be increased and maintained year on year; of those screened, ensure that those with identified needs receive appropriate assessment within five working days and, following the assessment, access the early intervention and treatment services they require within 10 working days.
Children looked after (CLA): increase by 2008 the number of children looked after by social services who are screened using an early identification tool; of those screened, ensure that those identified with needs receive appropriate assessment and, following assessment, access to the early intervention and treatment services they require.
Treatment: increase by 2008 the number of young people aged 18 and under, who enter, receive and complete treatment.
Local indicators - optional indicators measured locally
Achieve a yearly increase in the proportion of secondary and primary school children who say that drug education at school has increased their knowledge and understanding of drugs (based on a periodic sample).
Reduce the number of reported fixed term drug and alcohol related exclusions to 7% by 2008.
Increase year on year, the number of young people on Youth Offending Service caseloads attending structured substance misuse awareness raising sessions.
Increase by 2008 the number of treatment plans devised.
Increase by 2008 the number of cases closed due to successful completion of the treatment episode, expressed as a percentage of all cases closed.

4. Looking forward – a three-year strategy

Planned activities for the next three years

- *Introduce early identification and screening of the most vulnerable young people.*
- *Establish a young persons panel to engage them in decision making/feedback on services.*
- *Establish an arrest referral scheme for young people (under 18).*
- *Formulate a reporting and monitoring system of Children Looked After within social services. New reporting procedures are to be developed as well as an electronic database to capture specific substance misuse activity more efficiently.*
- *Launch new drug and alcohol prevention campaign to address related problems.*
- *Develop a network to support parents, carers and families of those affected by substance misuse.*

4. Looking forward – a three-year strategy

4.2.3 Priority: drug crime

To reduce drug related crime and its impact on communities in Wirral.

National delivery indicator – indicators measured nationally and regionally but not locally
Prolific and other priority offenders: the percentage of prolific and priority offenders requiring drug treatment who are retained in treatment for at least 12 weeks.
Drug testing: the percentage of offenders charged with (and subsequent to implementation of the Drugs Bill, arrested for) trigger offences who are tested for class A drugs.
Entering treatment: the percentage of DIP clients assessed by drugs workers who engage in tier 2, 3 or 4 treatment.
Mandatory indicators - compulsory indicators, which are measured locally
Prolific and priority offenders retained in treatment: increase by 2008 the percentage of prolific and priority offenders requiring drug treatment who are retained in treatment for at least 12 weeks.
Local indicators - optional indicators measured locally
Compact 1: adult drug tests as a proportion of adults charged for trigger offences.
Compact 2: proportion of those testing positive (and agree to see an arrest referral worker) who are subsequently screened by an arrest referral worker.
Compact 3: of those assessed by the DIP team, and who are not already in treatment, the proportion referred to a tier 2, 3 or 4 service provider (or are provided with a tier 2 service by the DIP).
Compact 4: of those referred to tier 2, 3 or 4 service providers, the proportion who engage in treatment service.
Compact 5: the proportion of DIP clients who are either retained in treatment or achieve a planned completion of their care plan.
Compact 6: the proportion of DIP clients requiring tier 2, 3 or 4 services on planned release from prison who access them.
The number of prisoners assessed by the CARAT team will be increased year on year (2003/04 baseline).

4. Looking forward – a three-year strategy

Planned activities for the next three years

- *Review and reduce rates of those not completing treatment programmes.*
- *Establish a mentor scheme to support service users who have been identified as being at risk of leaving treatment early.*
- *Create a new substance misuse worker post to make contact with drug using offenders once they are released from prison.*
- *Create two new posts of engagement workers to make contact with those drug using offenders who have failed to engage with treatment or who left treatment early.*
- *Increase the number of drug using offenders who enter treatment.*
- *Further develop links with employment, training and housing support agencies to support rehabilitation of DIP clients.*
- *Achieve a significant reduction in crime, particularly by prolific priority offenders.*

4. Looking forward – a three-year strategy

4.2.4 Priority: community empowerment

To work with communities to advise, support, assist and empower them to create change that will reduce the harm that drugs causes within communities.

Locally agreed indicators

The number of people responding to consultation or attending public meetings will be increased by 2008.

The number of people who believe that they have influence over the way drugs are tackled by the local partnership will be increased by 2008.

National indicators relating to community involvement are registered in the supply section. There are no mandatory indicators.

Planned activities for the next three years

- *Recruit community representatives to attend strategic meetings hosted by the DAAT.*
- *Recruit a full time and part time post to work with service users to enhance and develop a fully responsive service which meets the needs of problematic drug users in Wirral.*
- *Continue to provide drug awareness sessions for employees of local agencies, particularly neighbourhood wardens, community safety officers and special constables.*
- *Ensure cross-representation between the DAAT and community sector network at meetings to encourage better working relationships and collaboration on joint projects.*
- *Involve the community and voluntary groups in the development and delivery of drug education and prevention work.*
- *Develop further links with local businesses to raise awareness of drugs in the workplace issues.*
- *Continue to empower and support communities to address problems associated with drugs and alcohol within their neighbourhoods.*
- *Ensure drug prevention resources are made available to local people*
- *Work to endeavour to ensure drug prevention measures feature in local regeneration and social inclusion projects and plans.*

4. Looking forward – a three-year strategy

4.2.5 Priority: diversity

To identify and address the needs of minority and diverse groups and provide equal access to substance misuse prevention and treatment services.

Local indicator
The number of service users from BME communities entering and sustaining drug treatment services will be increased by 2008.
The number of women service users entering and sustaining drug treatment services will be increased by 2008.
The number of people from BME communities accessing prevention and education will be increased by 2008.
The percentage of BME workers employed in drug treatment services will be increased by 2008.

Currently, there are no national or mandatory indicators relating to diversity, however we have integrated them with other strategic priorities.

Planned activities for the next three years

- *Continue to work with local people and groups identifying their views and needs, and ensure drug and alcohol services take account of the diverse population.*
- *Increase access to prevention and education for minority, underserved groups.*
- *Increase access to culturally sensitive treatment services and ensure minority groups are not under-represented.*
- *Develop communication material regarding drug and alcohol prevention and treatment in different languages and in a culturally sensitive format.*
- *Increase access to prevention and treatment services for under-represented groups, and help more to remain in and complete treatment.*

4. Looking forward – a three-year strategy

4.2.6 Priority: reducing supply

To reduce the supply of illegal drugs on the streets.

National indicator
Community perceptions of drug use/dealing: percentage of British Crime Survey respondents who perceive that people using or dealing drugs are a problem in their local area.
Mandatory indicators
Community perceptions of drug use/dealing: percentage of local respondents who perceive that people using or dealing drugs are a problem in their local area.
Local indicators
Sustain the number of people arrested and charged with drug supply offences.
Increase intelligence by sustaining year on year the number of calls made to Crimestoppers relating to drug dealing on Wirral.
Increase year on year the number of public events to raise awareness of drug misuse issues.
Sustain the number of secondary schools visited to raise awareness of drug misuse issues, including among parents and carers.

Planned activities for the next three years

- *Continue support for Operation Hawk and Crimestoppers, which encourage members of the public to provide information on people dealing in illicit drugs.*
- *Work with the police and local authority to tackle those people and premises involved in drug supply.*
- *Agree further action to address drug dealing and enhance market disruption.*
- *Develop high profile media coverage of a range of operations.*

4. Looking forward – a three-year strategy

4.2.7 Priority: alcohol

To reduce alcohol associated crime and the fear of crime; tackle youth crime, violent and sexual crime, anti-social behaviour and disorder; increase safety in the home and public spaces.

Mandatory indicator
The number of victims of alcohol-related violence will be reduced by 15% by March 2008.
Local indicators
The number of publicity campaigns supporting safer drinking will be increased by 2008.
Further implementation of the Night Time Strategy by 2008.
Fully implement by 2008 a Wirral alcohol strategy, using a multi-agency approach.
Reduce by 15% the total annual number of people attending hospital following alcohol related assaults - from 1,485 in 2003/04 to 1,262 by 2008. CDRP target 2005-2008.

Planned activities for the next three years

- *Achieve a yearly 5% reduction of alcohol related admissions to A&E locally.*
- *Launch a Wirral alcohol strategy.*
- *Implement a new care pathway for alcohol treatment.*
- *Train primary care staff in assessment and brief treatment interventions.*
- *Work to address alcohol in the context of poly drug use.*

5. Performance and accountability

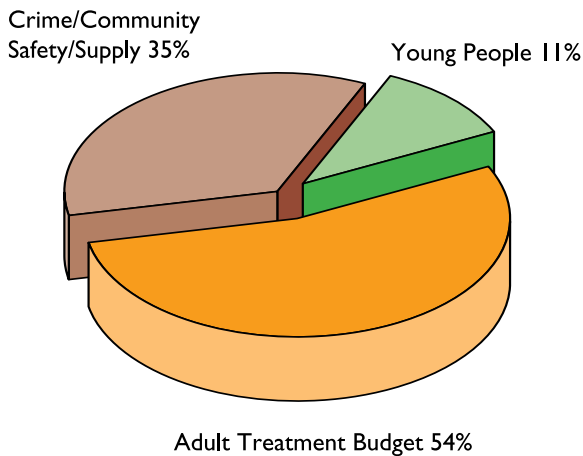
The Home Office drives the delivery of the National Drug Strategy at ministerial level in partnership with the Department of Health, the Department for Education and Skills, HM Customs and Excise, the Office of the Deputy Prime Minister and the Foreign and Commonwealth Office.

Our performance against the three-year strategy will be monitored by the DAAT and CDRP and the Government Office North West (GONW) Crime and Drugs Team on a quarterly basis. An annual report will be produced at the end of the first year.

We are responsible for the efficient and effective management of budgets allocated to support the delivery of the National Drug Strategy. A budget of £3 million (direct grants only) is available for the year 2005/06. Figure 2 indicates the way in which that budget is allocated according to the drug strategy themes.

Neighbourhood Renewal Funding has been secured to support further development of the DAAT's work programme. Additional funding from this and other sources will be sought over the next three years.

Figure 2: Allocation of funding according to thematic targets, 2005/06.



Source: Wirral DAAT 2005

6. Conclusion

In preparing the audit and three-year strategy we were provided with a valuable opportunity to review our activity and performance, engage with stakeholders - particularly local people - and begin to plan for change.

Wirral has a history of sound, productive partnerships, including good working relationships with the community, service users and carers. We believe the audit shows Wirral DAAT is an effective and well-established partnership offering a significant range of well-established, productive and accessible services for those who need them.

It shows solid performance and significant progress has been made towards meeting earlier targets aimed at addressing drug misuse, particularly in the area of treatment provision.

With our new strategy we are committing to a three-year plan of action to further reduce the harm caused to local communities, individuals and families by both illicit drug and alcohol misuse.

We have established new working partnerships, particularly with the CDRP, and look forward to embracing the freedom and flexibilities that new pooled resources will offer in supporting our work programme.

7. Appendix

Definition of service tiers

Service tiers, young people

- *Tier 1 - provides substance misuse education, information and referral to support services. (For all young people).*
- *Tier 2 - provides drug-related prevention and targeted education, advice and appropriate support for those identified as at risk of developing problems with substance misuse, in addition to Tier 1. (For young people who may be vulnerable).*
- *Tier 3 - provides specialist (mainly non-medical) drug services and other specialist services for complex cases requiring multi-disciplinary work, including GPs and other primary care workers. (For young people who are problem drug users).*
- *Tier 4 - provides very specialist (medical) forms of intervention for young drug users with complex care needs. Services may include specialist residential and mental health teams.*

Source: HAS Review 2001

Service tiers, adults

- *Tier 1 – Non-substance misuse specific service requiring interface with drug and alcohol treatment. The role of Tier 1 services includes the role of their own service plus as a minimum screening and referral to local drug and alcohol treatment services.*
- *Tier 2 – Open access drug and alcohol treatment services. This tier is defined by having a low threshold to access services and limited requirements on drug and alcohol misusers to receive services, for example drop in facilities.*
- *Tier 3 – Structured community based drug treatment services. This tier provides structured programmes of care via care planning, for example prescribing services and structured counselling.*
- *Tier 4a - Residential drug and alcohol misuse specific services.*
- *Tier 4b - Highly specialist non-substance misuse specific services.*

Source: Models of Care 2002

8. For more information

The audit of the level and patterns of drug and alcohol misuse in Wirral 2001 – 2004 and Strategic Plan 2005 – 2008 can be found on the website www.wirraldaat.org

If you would like more information, or would like to order a full copy of the audit or strategic plan, please contact:

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Wirral Drug and Alcohol Action Team
Clock Tower
St Catherine's Community Hospital
Church Road
Tranmere
Wirral CH42 0LQ

Tel: 0151 651 3884

Fax: 0151 651 1485

www.wirraldaat.org

This booklet summarises a review of level and patterns of drug and alcohol misuse in Wirral 2001-2004 and sets out Wirral Drug and Alcohol Action Team's aims for the next three years. To obtain a copy in an alternative language please contact the Research and Information Officer, Wirral DAAT, telephone 0151 651 3854.

Arabic

يوضح هذا الكتيب موجعاً ملخصاً لأنواع ومستويات إساءة استخدام الكحول والمخدرات في ويرال من العام 2001 وحتى العام 2004 كما يبين أهداف فرق ويرال للعمل ضد مواجهة آثار المخدرات والكحول للأعوام الثلاث القادمة. للحصول على نسخة من هذا الكتيب بلغة أخرى، من فضلك إتصل بموظف الأبحاث والمعلومات التابع لفرق ويرال للعمل ضد مواجهة آثار المخدرات والكحول، على رقم الهاتف: 0151 651 3854

Bengali

এই পুস্তিকা উইরালের দ্রুগ এক অ্যানাকোহল অপব্যবহার সম্বন্ধে ২০০১ থেকে ২০০৪ পর্যন্ত বিভিন্ন পর্যায়ের সংশ্লিষ্টকারে উৎকৃষ্ট তথ্য প্রদান করে, তা ছাড়াও আগামী ৩ বছরের জন্য উইরাল দ্রুগ এক অ্যানাকোহল অকশন টীমের উদ্দেশ্য নির্ধারণ করা। অন্য ভাষায় এই পুস্তিকার সংযোজন হলে ০১৫১ ৬৫১ ৩৮৫৪ নম্বরে Research and information officer, Wirral DAATএ যোগাযোগ করুন।

Chinese

這本小冊子總結藥物和酒精誤用的水平和樣式回顧在偉盧區2001-2004和開始了偉盧區藥物和酒精行動小組以後3年的合作目標。獲得一個拷貝在一種供選擇的語言請與研究和資訊員聯繫，偉盧區藥物和酒精行動小組，電話: 0151 651 3854。

Gujratee

આ માહિતીપત્રીકા વિશે ૨૦૦૧-૨૦૦૪ માં (*Wirral 2001-2004*), નશિલા પદાર્થો અને દારૂના દુરુપયોગના સ્તર અને રીતભાન વિષે ફેરતપાસણી કરી તેનો સારાંશ આપે છે અને વિશેષ ડ્રગ અને આલ્કોહોલ એક્શન ટીમના આવના ૩ વર્ષના ધ્યેયો ગોઠવી બતાવે છે. આ પત્રીકાની નકલ બીજા કોઈપણ ભાષામાં મેળવવા, મહેરબાની કરી સંશોધન વિષે અને માહિતી આપના ઓફીસરનો *Wirral DAAT* માં ટેલી.નંબર ૦૧૫૧ ૬૫૧ ૩૮૫૪ ઉપર સંપર્ક કરો.

Hindi

यह पुस्तिका विरल में 2001-2004 के दौरान ड्रग और शराब के दुरुपयोग के स्तर और ढांचों के पुनर्विचार का संक्षेप पेश करती है और अगले 3 वर्षों के लिए विरल ड्रग एंड एल्कोहोल ऐक्शन टीम के लक्ष्यों को स्थापित करती है। किसी भी वैकल्पिक भाषा को एक प्रति को प्राप्त करने के लिए कृपया विरल एंड इन्फॉर्मेशन ऑफिसर, विरल DAAT को नम्बर 0151-651 3854 पर सम्पर्क करें।

Urdu

اس کتابچے میں ورل کے علاقے میں 2001-2004 کے عرصے میں منشیات اور الکحل کے کثرت استعمال کی حدود کا جائزہ لیا گیا ہے اور اگلے تین سالوں کیلئے ورل ڈرگ اینڈ ایکشن ٹیم کے مقاصد بیان کئے گئے ہیں۔ اسکی کاپی کسی دوسری زبان میں حاصل کرنے کیلئے رسرچ اینڈ انفارمیشن Wirral DAAT آفیسر سے فون نمبر 0151 651 3854 پر رابطہ قائم کریں۔