

Subject:	Update on progress with the Independent Drugs Commission's Report		
Date of Meeting:	Tuesday 10th June 2014		
Report of:	Tom Scanlon		
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Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on the progress made with the Independent Drugs Commission's recommendations from 2013 and on the feedback from the Commission's review in April 2014.

2. RECOMMENDATIONS:

- 2.1 That the Health and Wellbeing Board notes the progress made with the recommendations and the response from the Independent Drugs Commission and agrees to the Safe in the City Partnership and Substance Misuse Programme Board monitoring future progress with the recommendations.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 In 2012 the Safe in the City Partnership established an Independent Drugs Commission to review the current state of drugs problems in the city and the approach being taken by local services to address these issues. The Drugs Commission addressed four key areas and in April 2013 published its final report and recommendations. The final report was received by the Safe in the City Partnership and the Health and Wellbeing Board and a plan for the Substance Misuse Programme Board to address the recommendations was developed. In April 2014 the Independent Drugs Commission reviewed the progress made and provided a written response in May 2014 (Appendix 1)
- 3.2 The Independent Drugs Commission organised its work and recommendations around four key challenges and has framed its response in this way. The Commission's response is complimentary about the work undertaken locally to address their recommendations. Their response highlights areas that have gone well and the areas of continuing concern.

The areas that have gone well include;

- The analysis of the factors leading to drug related deaths and the work related to the feasibility of establishing a drug consumption room.
- The work being done by the police and health services to reduce the diversion of prescription drugs including benzodiazepines.
- The first aid overdose training and the wide use of naloxone.
- The widened focus of the police's new control strategy to drug related supply with a focus on organised crime and identifying emerging trends in drug use
- The new intelligence and information sharing systems across the community safety partnership
- The strengthening of the delivery of the prevention education curriculum in schools and youth settings, the new Public Health Schools' programme and the Early Help pathway
- The new local services such as the evening access clinic and the novel psychoactive substances outreach worker.
- The ongoing work around Dual Diagnosis including integrated assessments – though it is important that the work done to date is translated into successful outcomes.
- The expanded recovery network of volunteers, buddies and champions.

The areas of continuing concern include;

- The future of the Injectable Opioid Treatment programme
- Ensuring continuity of engagement with substance misusing prisoners pre and post release.
- Although the Liaison and Diversion scheme is well established individuals need to be adequately tracked and responded to throughout mental health services.
- Maintaining investment in youth work and activities with future financial pressures
- The need to see the impact of the shift to a recovery focus on actual outcomes. This includes addressing the current decline in the number of users successfully leaving treatment services.
- Ensuring that the new services are welcoming and appropriate for 18-25 year olds.

3.3 The action plan (full action plan available at

<http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/health-wellbeing-board>

- key points summarised in Appendix 2) summarising the local progress made in response to the recommendations was presented to the Independent Drugs Commission in April 2014. The action plan describes both the actions taken in response to the recommendations and the ongoing work.

3.4 The Health and Wellbeing Board was specifically identified in two of the Independent Drug Commission's recommendations;

3.5 The first recommendation was that "The Health and Wellbeing Board and Safe in the City Partnership should convene a working group led by the local authority, NHS and Police, to explore and make recommendations about the feasibility of

establishing a form of consumption room as part of the range of drug treatment services in the city”.

- 3.6 Appendix 3 summarises the work of the group considering the feasibility of establishing a Drug Consumption Room (DCR) in Brighton and Hove. This was presented to the Independent Drugs Commission in April 2014. The evidence suggests that a DCR could meet the needs of some injecting drug users in Brighton and Hove. However, at the present time the overall need of the local community, not just injecting drug users, is not considered to be sufficient by local organisations to agree to support establishing a DCR. This includes the lack of support for a local accord (regarding the implementation of the law) which would be required to allow the DCR to operate. The conclusion is that it is not currently feasible to establish a DCR.
- 3.7 The second recommendation was that “The Health and Wellbeing Board should investigate the value of rolling out a programme of overdose response/first aid training for drug users, and the professionals who work with them.
- 3.8 The Drug Commission report acknowledged that there was already a programme of overdose response and first aid training in place. St John Ambulance provides first aid training for overdoses to service users and their carers or family, as well as for some staff groups. This training is provided in drug services, hostels and day centres. Currently St John Ambulance is planning to extend this programme to include other key people within an individual drug user’s recovery network.
- 3.9 Naloxone reverses the effects of opiates such as heroin and the consequences of an opiate overdose. Naloxone syringes are given to service users to keep with them. The service user receives training in recognising an opiate overdose, first aid training including putting someone into the recovery position, the use of Naloxone and the importance of calling an ambulance. Service users prescribed Naloxone sign a consent form for another individual to administer Naloxone in the case of an opiate overdose.
- 3.10 During 2013 a total of 321 Naloxone mini-jets were given to 262 individuals. Naloxone is also dispensed in the hospital Accident and Emergency Department. Hostel staff and other services such as the Rough Sleeper’s Team have received training in the use of Naloxone. Naloxone is also provided to prisoners leaving Lewes prison. During the past year a new multi-dose version of Naloxone has been introduced and is being distributed locally. There has also been a national consultation by the Medicines and Healthcare products Regulatory Agency (MHRA) on the possibility of making Naloxone more widely available. Local services responded positively to the consultation.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Appendix 3 details the work done as regards the feasibility of establishing a DCR

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Through the substance misuse service user involvement worker there is regular consultation, including with people in recovery and with service users. As part of

this ongoing work there was consultation regarding a DCR, which was considered by the feasibility working group.

6. CONCLUSION

- 6.1 The Health and Wellbeing Board is recommended to note the actions taken in response to the Independent Drug Commission's recommendations and the Commission's response.
- 6.2 It is proposed that the Safe in the City Partnership and Substance Misuse Programme Board monitor the future progress made with the recommendations.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The Director of Public Health's 2014/15 budget for prevention and support to drugs abuse in adults is approximately £5.3 million which is committed against a number of contracts. The costs associated with implementation of the recommendations from the Independent Drugs Commission are being met by partners, providers, and from the Public Health budget.

Finance Officer Consulted: Anne Silley

Date: 15/05/14

Legal Implications:

- 7.2 There are no legal implications arising from the recommendations in this report, which are for noting.

Lawyer Consulted:

Elizabeth Culbert

Date 12/05/14

Equalities Implications:

- 7.3 There are none to this report which is for information. Equalities issues will continue to be considered by the Substance Misuse Programme Board.

Sustainability Implications:

- 7.4 There are none to this report for information. These will continue to be considered by the Substance Misuse Programme Board.

SUPPORTING DOCUMENTATION

Appendices:

- 1. Response of the Independent Drugs Commission May 2014

2. 2014 Action Plan summary– In response to the Independent Drug Commission for Brighton & Hove. Full action plan available in members' rooms and at <http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/health-wellbeing-board>

3. Update on Drug Consumption Room Feasibility Working Group June 2014

Documents in Members' Rooms

1. 2013 Independent Drugs Commission for Brighton & Hove
2. 2014 Action plan in response to the Independent Drugs Commission