



Bedfordshire Drug & Alcohol Action Team

BEDFORDSHIRE DRUGS STRATEGY 2005-08

Welcome to the B:DAT Drugs Strategy 2005-08

What is B:DAT?

We are the partnership that oversees and co-ordinate everything that anyone is doing to address the misuse of drugs in Bedfordshire. The Partnership includes a range of stakeholders. These include county and district councils, Police, Primary Care Trusts, Probation, Youth Service, Education, Social Services, Community Safety Partnerships, Prison Service, Youth Offending Service and the voluntary sector.

B:DAT exists to achieve the aims of the national drugs strategy in Bedfordshire, and provide a range of quality drugs services and support across the county that respond to our local needs. B:DAT also has an overview of alcohol issues. Our vision is:

“To use a strategic, sustained approach to reduce the harm that drugs cause to individuals, young people, families and communities in Bedfordshire.”

What is the purpose of this strategy?

This strategy sets out our vision for addressing drugs issues in Bedfordshire over the next 3 years.

Why have a strategy?

The main reason to have a strategy is to make sure we identify and tackle Bedfordshire's needs and wants relating to drugs, as well as addressing national targets. The national drugs agenda is set out in

- the “Updated Drugs Strategy” (December 2002)
- the national drug strategy progress report “Tackling Drugs, Changing Lives” (November 2004).

The national strategy has five key strands of:

- Availability;
- Young People;
- Treatment;
- Communities; and
- Criminal Justice.

The drugs strategy fits within the overall framework of cross cutting Public Service Agreements (PSA).

The B:DAT Strategy is a three-year plan to bind together the national and local agendas for addressing drugs in a long-term vision for drug services and support in Bedfordshire. It also aligns our vision with strategies that organisations like CDRPs (Crime and Disorder Reduction Partnerships) and PCTs (Primary Care Trusts) have produced.

In preparing this document, we have listened to, and worked with, communities, young people, services and service users. The document sets out:

- **where** we are going;
- **what** we aim to achieve; and
- **how** we are going to get there; as well as
- how we will **measure** our progress.

There will be an annual action plan linked to our three-year strategy and a budget that demonstrates how we are spending **public money** in response to need. Through these we will continue to be **accountable to you** for how we achieve against national and local priorities.

How have we written this strategy?

The B:DAT Strategy is based on research we have done to establish how the people of Bedfordshire want and need to address drugs and alcohol issues. B:DAT strategies also respond to and reflect local issues & priorities. To establish these, we have used surveys, focus groups and consultation. A ‘golden thread’ of underserved groups underpins all our priorities. An ‘underserved’ group can be any group which is difficult to access for any reason, such as physical inaccessibility, language, cultural perceptions & traditions, and social expectations.¹ Based on local consultation, this strategy focuses on (but is not limited to) Black & Minority Ethnic (BME) groups, rural communities, asylum seekers, travellers, and deprived areas.

¹ Crime Reduction Directorate (2003), *Defining Underserved Groups Toolkit*, Home Office
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How will the strategy be delivered?

The strategy will be delivered through the work of commissioning and stakeholder groups. These groups report to the B:DAT Partnership Board. The Board is made up of Chief Officers from many authorities and elected members who scrutinise the work of the partnership and ensure we are providing quality and best value. B:DAT is also accountable to Bedfordshire's communities and local businesses, young people, individuals in the criminal justice system and individuals accessing treatment, and we will regularly seek feedback from you.

This strategy sets out the priorities, aims and targets against which success and achievement will be judged. It includes the national Key Performance Indicators (KPI's) that B:DAT is required to achieve, and the local aims that are important for Bedfordshire.

Where Can I Get More Information?

To find out more about B:DAT's strategies and services, please contact us on:

- B:DAT Communities Helpline - 01234 276051 or 408051
- B:DAT e mail - info@bdat.org.uk
- B:DAT Websites - www.bdat.org.uk or www.bedfordshire.gov.uk/dat

For information, advice and support about drugs 24/7 (round the clock), talk to FRANK on 0800 77 66 00 or www.talktofrank.com .

Acknowledgements:

B:DAT would like to thank the following people for their contribution to this strategy:

All young people who participated in our 2004 survey, all Bedfordshire statutory and voluntary sector drug services, North Beds Community Safety Partnership, Mid Beds CDRP, South Beds Community Safety Partnership, Bedford PCT, Heartlands PCT, Bedfordshire Police, Bedfordshire County Council Youth Service, Bedfordshire Youth Offending Service, Bedfordshire Local Education Authority, Bedfordshire Childrens Fund, Bedfordshire County Council Social Services (Adults and Childrens), Bedfordshire Connexions, Bedfordshire Supporting People, Bedfordshire Pilgrims Housing Association, NACRO, Spurgeons Childcare and NCH Childrens Charity, Chiltern FM, Government Office Drugs Team (Eastern Region), PRCI Research Consultancy, BUST, HMP Bedford (Short Duration Programme and CARATs teams)

Above all B:DAT would like to thank the individuals, families and communities of Bedfordshire for their continued support for, and involvement in, addressing local drug and alcohol issues.

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1. Young People

**National Agenda
Local Picture
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1. Young People

1.1 Evidence

1.2 National Agenda

The national drugs agenda is set within the overall framework of cross government Public Service Agreements (PSA) for 2005-2008 as defined by the HM treasury spending review in July 2004. The PSA for the drugs agenda is focused upon reducing the harm caused to individuals, families and communities by illegal drugs. In relation to young people, the PSA target centres on illicit use of Class A drugs among vulnerable young people under the age of 25. DFES now carries primary responsibility for the young peoples strand of the national drugs strategy.

The national drugs agenda for young people is set out in the "Updated Drugs Strategy" (December 2002) and "Tackling Drugs, Changing Lives" (November 2004). The key themes & priorities from the national agenda can be summarised in the following:

- Supporting all schools in the most disadvantaged areas to become a healthy school by 2006 and all schools by 2009/10.
- Through schools and using FRANK, do more to provide young people and parents with information about drugs.
- Improving identification and assessment of children and young peoples substance misuse related needs, especially for young people in known risk groups.
- Improving support for families of vulnerable young people with identified substance misuse related needs.
- Increasing services to vulnerable young people at risk of getting involved in drugs misuse.
- Supporting vulnerable young people by providing extra support in the areas of highest need.

The national drugs agenda for young people is aimed at preventing young people, especially vulnerable young people, from using drugs and consequently reaching the five outcomes for well-being as outlined in "**Every Child Matters**" (September 2003). Additional research, legislation and documents can be found on the links to useful documents section in the appendices.

1.3 Local Picture

Young People in Bedfordshire

There are approximately 100,000 young people aged 0-19 living in Bedfordshire. Of these, 48% are female and 52% are male. 38% of all young people in Bedfordshire live in North Beds, 32% in Mid Beds, and 30% in South Beds. Approximately 12% of young people in Bedfordshire are from BME groups, with the percentage of young people from BME groups significantly higher around the urban centres of Bedford & Dunstable. There are 222 schools in Bedfordshire including Nurseries & Pupil referral units. There were 468 young people in contact with the youth offending service in 2003/04. Of these 468, 73 had a substance misuse intervention as part of their supervision plan. The local authority looked after approximately 400 children & young people in 2003/2004. There are also 7,934 lone parent households in Bedfordshire with dependent children.

Local Research and Consultation

The research that forms the foundation of this strategy is the Young Peoples Survey. This research was primarily conducted in 2004 and early 2005, with the previous young peoples needs assessment undertaken in 2001. The research done for this survey has provided an evidence base of current needs and issues for young people in Bedfordshire and to highlight gaps in our service provision.

In total, 515 young people completed questionnaires and 81 young people; primarily from 'at risk' groups, took part in focus groups. 52% of the young people who participated were female and 48% were male. 14% described themselves as from a BME group. In addition, 32 professional young people's workers took part in the survey. The main findings & key themes from the survey highlighted:

- 50% of 16-18 year olds, 30% of 13-15 year olds, and 9% of 9-12 year olds had tried illicit drugs.
- 25% of young people had tried cannabis, with 7% using daily or weekly.
- The average age of initiation to cannabis was 13 years of age.

- 60% of young people aged 9-12 had tried an alcoholic drink, increasing to 100% for young people aged 16-18.
- The average age of initiation to alcohol was 10 years of age.
- 10% of 16-18 year olds & 5% of 13-15 year olds had tried class A and B drugs but less than 1% of the sample used any drug daily or weekly.
- Vulnerable and/or 'at risk' groups reporting higher levels of use.
- More boys than girls had tried drugs.
- More young people in South Bedfordshire had tried drugs than young people in North & Mid Bedfordshire.
- Young people said that drug misuse might be reduced if there were more
 - organised activities to prevent boredom;
 - education for parents; and
 - drug clinics in smaller towns.

You can find more information about the young peoples survey in the appendices document that accompanies this strategy.

The **Balding Survey** is a health related behaviour survey co-ordinated by Bedfordshire & Luton Healthy Schools team. The research was conducted throughout Bedfordshire with school pupils in year 8 & year 10 aged 12 to 15 in the summer term 2004. The data and information gathered from the survey has assisted the local health and education partnership compile detailed information about young peoples lifestyles.

In total, 1577 pupils took part in the survey from 16 middle and upper schools from around Bedfordshire. 806 of these pupils attended schools in North Bedfordshire and 771 from schools in Mid & South Bedfordshire. The key theme from the survey highlighted that across the sample, pupils from Mid & South Bedfordshire used alcohol more frequently & in larger volumes compared to pupils in North Bedfordshire. The survey also suggested that year 8 pupils from Bedfordshire tended to believe cannabis was more dangerous compared to year 10 pupils, and pupils from Mid & South Bedfordshire showed greater levels of awareness regarding issues associated with solvents use compared to pupils from North Bedfordshire.

A total of 28 professionals who work with young people attended a Priority Setting Workshop in February 2005 to discuss local issues and recommend priority areas for development. The key areas for development that emerged from this workshop centred on the themes of cannabis and alcohol use/misuse, peer education as a way to deliver effective drugs education, development of services in South Bedfordshire, and ongoing training and support for professionals working with young people.

Key Themes

National guidance and local evidence from professionals and young people tells us that:

What's Going Well

- There is a good range of drug services available for young people in Bedfordshire
- Young people are broadly aware of services and how to access them
- Levels of drug use overall have decreased since the last young peoples needs assessment in 2001
- There are low levels of reported Class A drug use by young people in Bedfordshire
- Less than 1% of the young people surveyed used any drug daily or weekly – most use was less than monthly or young people had only ever tried it once.

What We Need to Work On

- Service coverage - improving access for specific groups, including BME groups, young people in rural areas and young people in South Bedfordshire
- Supporting vulnerable young people - improving targeted services for vulnerable young people and those who may be more vulnerable to experiencing drug issues, including young people looked after and in need, young people in contact with the criminal justice system and young people excluded from school;
- Supporting families, parents and carers
- How young people engage with and influence the drugs agenda in Bedfordshire
- Training and support for people working with young people
- Addressing cannabis and alcohol use across all young people, particularly the age when young people begin to use them

1.4 Priorities 2005-08

The B: DAT Young Peoples Stakeholder group and the Young Peoples Joint Commissioning group have used the evidence and themes from this research to form the **seven young peoples priorities for achievement for 2005 - 2008**. These priorities are:

1. To improve the number of schools achieving National Healthy Schools standard. (KPI)
2. To improve access and support for vulnerable young people, particularly for:
 - (i) Looked after children (KPI)
 - (ii) Young people who have offended (KPI)
 - (iii) Young people who are non-attendees (including truants) or excluded from school (focus from 2006/07 in line with proposed national KPI)
3. To improve the number of young people accessing drug treatment (KPI)
4. To increase the numbers of professionals trained in drug & alcohol awareness who work with young people
5. To improve access to drug services and support, particularly for:
 - (i) Black and Minority Ethnic groups;
 - (ii) Rural areas; and
 - (iii) South Bedfordshire
6. To make sure that young people engage in the B:DAT agenda
7. To improve support for Families, Parents and carers

B: DAT will work in partnership with the statutory and voluntary sector, local communities and young people to deliver on our priorities as set in our 3-year strategies and annual action plans.

Over the life of the strategy, B:DAT will work to ensure the needs of all vulnerable groups of young people in relation to drugs are considered and met. We will achieve this by engaging with service providers and young people. B:DAT will aim to improve services for a wide range of potentially vulnerable young people including traveller communities, those with learning disabilities, children and young people seeking asylum, and those from disadvantaged areas across Bedfordshire

1.5 How We Will Measure Success

Each of our young peoples priorities for achievement will be measured against these performance criteria:

Priority Aim 1: To improve the number of schools achieving National Healthy Schools status	
Target:	<ul style="list-style-type: none"> ▪ To increase the number of schools with 20% free school meal eligibility (FSME) achieving National Healthy Schools status to 100% by March 2006. ▪ To increase the number of all schools achieving National Healthy Schools status to 50% by December 2006 and 100% by March 2009* <i>*in line with National Healthy Schools target</i>
Performance measure:	<ul style="list-style-type: none"> ▪ No. of schools achieving National Healthy Schools status, as a % of all schools. ▪ No. of schools with 20% or more free school meals eligibility achieving National Healthy Schools status, as a % of all schools
Baseline:	<ul style="list-style-type: none"> ▪ 2002 National Healthy Schools baseline.

Priority Aim 2(i): To improve access and support for vulnerable young people, particularly looked after children.	
Target:	<ul style="list-style-type: none"> ▪ To increase the number of looked after children identified, assessed and receiving treatment each year in relation to the baseline figure, with a view of responding to 100% of looked after children identified as needing support by 2008.
Performance measure:	<ul style="list-style-type: none"> ▪ Number of all children looked after for at least 12 months who were identified as having a substance misuse problem during the year ending 30 September ▪ Number of these children who received an intervention for their substance misuse problem during the year ▪ Number of these children who were offered an intervention but who refused it
Baseline:	<ul style="list-style-type: none"> ▪ Baseline data to be collected in 05/06

Priority Aim 2(ii): To improve access and support for vulnerable young people, particularly young people who have offended	
Target:	<ul style="list-style-type: none"> ▪ To increase the number of young people who have offended accessing services and receiving support on the baseline figure, with a view to responding to 100% of young people identified as needing support by 2008.
Performance measure:	<ul style="list-style-type: none"> ▪ No. of young people screened for substance misuse through the Youth Offending Service ▪ No. of young people with identified substance misuse needs receiving assessment within 5 working days. ▪ No of young people with identified substance misuse needs accessing early intervention and treatment services within 10 working days. ▪ Percentage of young offenders scoring 2,3 or 4 on the ASSET tool who received a substance misuse intervention
Baseline:	<ul style="list-style-type: none"> ▪ 2004/05 data.

Priority Aim 3: To increase the number of young people accessing treatment.	
Target:	<ul style="list-style-type: none"> ▪ To increase the numbers of young people accessing and completing treatment by 8.3% on the baseline figure in 05/06, 6% in 2006/07 and 6% in 2007/08
Performance measure:	<ul style="list-style-type: none"> ▪ No. of young people presenting treatment ▪ No. of young people completing Treatment ▪ Class A drug use by 16-24 year olds (<i>national KPI – measured through BCS</i>)
Baseline:	<ul style="list-style-type: none"> ▪ Baseline data to be established by NTA/NDTMS.

Priority Aim 4: To increase the numbers of professionals who work with young people trained in drug & alcohol awareness	
Target:	<ul style="list-style-type: none"> ▪ To ensure a minimum of 150 professionals who work with young people are trained in drug & alcohol awareness year on year till 2008.
Performance measure:	<ul style="list-style-type: none"> ▪ No. of training sessions delivered. ▪ No. of people attending these sessions. ▪ Survey every 3 months to measure impact of training.
Baseline:	<ul style="list-style-type: none"> ▪ 2004-05 data.

Priority Aim 5(i): To improve access to drug services and support, particularly for BME groups.	
Target:	<ul style="list-style-type: none"> • To increase the number of young people from BME groups accessing drug services and support year on year
Performance measure:	<ul style="list-style-type: none"> • No. of young people from BME groups involved in ongoing consultation on drugs services. • No. of young people from BME groups accessing Tier 2 & Tier 3 Services.
Baseline:	<ul style="list-style-type: none"> • Baseline to be gathered in 05/06 through needs assessment.

Priority Aim 5(ii): To improve access to drug services and support, particularly in rural areas.	
Target:	<ul style="list-style-type: none"> • To increase the number of peripatetic/outreach services for young people in rural areas year on year
Performance measure:	<ul style="list-style-type: none"> • No. of peripatetic/outreach sessions in rural areas/hotspots identified in the young peoples survey • No. of young people attending these sessions
Baseline:	<ul style="list-style-type: none"> • Baseline to be gathered in 05/06 through needs assessment.

Priority Aim 5(iii): To improve access to drug services and support, particularly in South Bedfordshire	
Target:	<ul style="list-style-type: none"> ▪ To increase the number of young people from South Bedfordshire accessing drug services and support year on year
Performance measure:	<ul style="list-style-type: none"> ▪ No. of young people participating in Positive Futures on a 'regular basis' (80% of programme) ▪ No. of young people from South Beds accessing Tier 2 & Tier 3 services.
Baseline:	<ul style="list-style-type: none"> ▪ Baseline to be gathered in 05/06

Priority Aim 6: To ensure the engagement of young people in the B:DAT agenda	
Target:	<ul style="list-style-type: none"> ▪ To increase the number of young people engaged in the drugs agenda by 10% year on year on the baseline figure.
Performance measure:	<ul style="list-style-type: none"> ▪ No. of young people involved in ongoing consultation on drugs services. ▪ No. of Peer led initiatives including the development of B:DAT plans and strategies ▪ No. of young people worked with in peer led initiatives
Baseline:	<ul style="list-style-type: none"> ▪ Baseline to be gathered in 05/06

Priority Aim 7: To improve support for Families, Parents and Carers	
Target:	<ul style="list-style-type: none"> ▪ To increase support for families, parents & carers of children in need, with a view to supporting 100% of parents & carers by 2008
Performance measure:	<ul style="list-style-type: none"> ▪ No. of 'children in need' with parents/carers with identified substance misuse issues ▪ No. of parents & carers of 'children in need' receiving information on substance misuse ▪ No. of parents and carers of 'children in need' who have presented for Tier 3/Tier 4 treatment
Baseline:	<ul style="list-style-type: none"> ▪ Baseline to be gathered in 05/06

These seven priorities will be recognised in the Young Peoples annual action plans and will be monitored in the following ways:

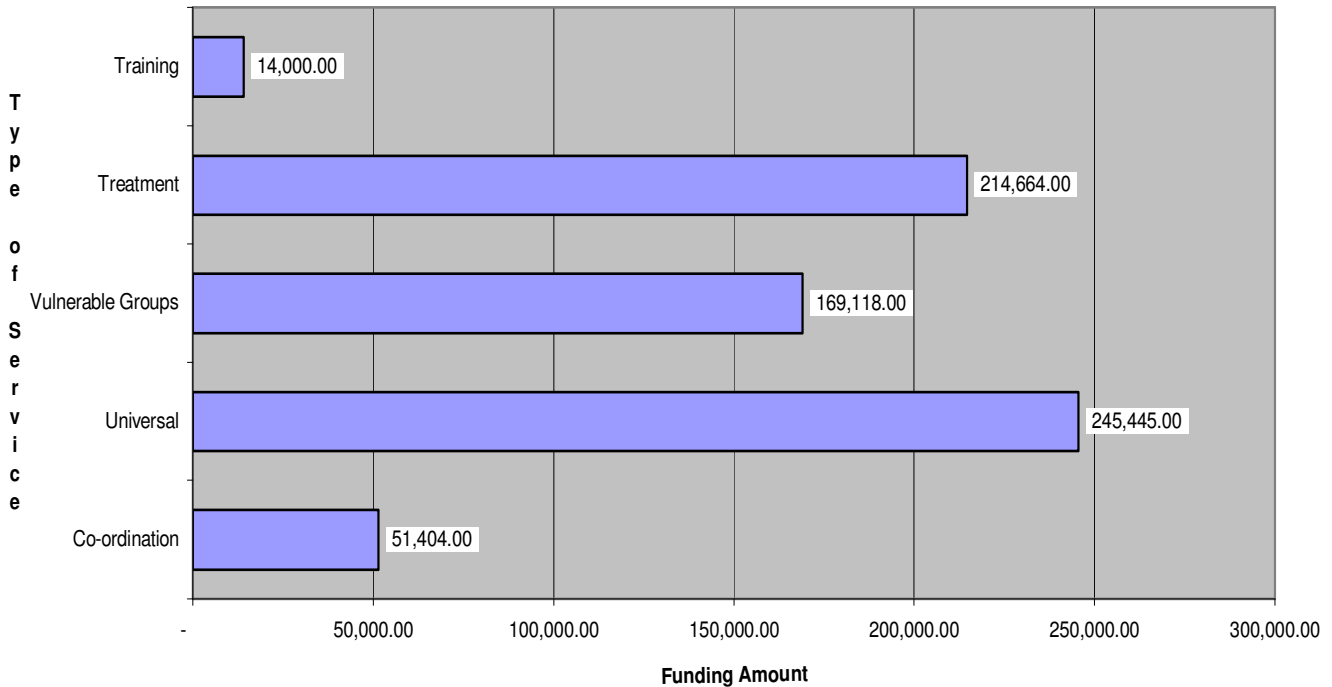
- Quarterly data reporting to the B:DAT Young Peoples group
- Quarterly data and performance reporting to the B:DAT Young Peoples Joint Commissioning Group.
- Quarterly monitoring and scrutiny by the DAT Partnership Board
- Monthly or quarterly data reporting at national level (e.g. NDTMS, DFES, SCSi and Government Office where applicable)
- Over-arching target and performance agreement with Government Office Drugs Team (Eastern Region)

1.6 Funding

Achieving our priorities requires careful budget planning, service design and delivery and performance monitoring. In the last 3 years, B:DAT has used available funding to develop a comprehensive range of young peoples drug and alcohol services. We now need to ensure these are delivered in the right locations and in the right way to engage young people most in need – identified in our priorities. We must also balance this with the need to maintain services that are performing well, so that gaps are not created in other areas.

B:DAT receives funding from central government (£344,822) and from mainstream sources (£349,810). This money pays for 9 services and initiatives across Bedfordshire plus a young peoples officer to co-ordinate the young peoples agenda. B:DAT currently spends the following amounts on young peoples services²:

Funding Spent On Young Peoples Drug Services



To ensure we deliver our priorities over the next 3 years we will:

Year 1: Continue funding at existing levels. Re-focus all 9 service agreements to ensure delivery is directly aligned to priorities; to include quarterly reporting and stretch targets. Service audits/evaluation to ensure best value and evidence of impact

Year 2: Using evidence from service evaluations and from update young peoples survey, re-commission services where necessary

Year 3: As for year 2

² Funding levels are subject to confirmation by B:DAT Young Peoples JCG by end April 2005

2. Communities

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2. Communities

2.1 Evidence

2.2 National Agenda

The government's national strategy 'Tackling Drugs' aims to "reduce the harm that drugs cause to society - communities, individuals and their families". Progress towards this outcome is measured against the Public Service Agreement (PSA) 4 to "reduce the harm caused by illegal drugs including substantially increasing the number of drug misusing offenders entering treatment through the Criminal Justice System".

The Communities strand of the national strategy aims to "reduce the harm that drugs cause to communities" by:

- Managing the impact of drugs on specific community settings and specific groups
- Engaging communities to help tackle drugs
- Involving the Voluntary Sector in tackling drug problems³

National research indicates that drug use is increasing in rural areas. Addressing this issue presents a challenge given drugs have historically been seen as the preserve of urban areas.⁴ Very little is known about the needs of underserved groups such as asylum seekers and sensitivity is required due this group often already having a negative perception within society. The need for cultural sensitivity also extends to BME groups who are under-represented in treatment.⁵ Although an increasing amount of work is being done to support families, the need for more balanced and realistic information about drugs and treatment is an emerging priority.⁶

All aspects of community engagement on drugs needs to build greater trust between communities and professionals in order to explore meaningful, power-sharing partnerships that develop leadership roles and skills from within the community.⁷

2.3 Local Picture

Communities In Bedfordshire

Bedfordshire has a population of 382,685 spread across 3 districts. Bedford Borough (population 149,204) comprises 2 main urban centres (Bedford and Kempston) in addition to 43 rural parishes. Mid Bedfordshire (population 121,024) is predominately a rural area but boasts some larger towns – Biggleswade (population 16,050), Sandy and Flitwick. South Bedfordshire (population 112,637) comprises the 3 urban centres of Dunstable, Leighton Buzzard (each with 30% of the population respectively) and Houghton Regis (14%), with the remaining 26% of the population residing within the 20 rural parishes.

Within the top 20% of the Index of Multiple Deprivation, there are 10 Super Output Areas from Bedford Borough (4 within the top 10%) and 1 from South Bedfordshire.

19% of Bedford Borough's population belong to 60 different ethnic groups. Mid Beds exhibits a much smaller Black & Minority Ethnic (BME) population (2.4%) while the largest ethnic group of South Beds' 3.06% BME population is Indian (0.75%).⁸

Local Research and Consultation

Countywide research for this strategy draws upon the County, Borough, and District councils Crime Audit and subsequent community consultation. A programme of face to face survey work with 56 respondents was conducted by B:DAT at community events and augmented by face to face, online, radio and press consultation that Chiltern FM carried out on behalf of B:DAT and that generated 710 responses. Data analysis from this work was conducted by Bedfordshire County Council Performance Management Unit and formed the basis of priority setting focus groups held in each district and attended by 46 community representatives and professionals. The

³ Drug Strategy Directorate (2003), *Performance Management Framework*, Home Office

⁴ Cragg Ross Dawson (2003), *Drugs in Rural Areas*, COI

⁵ Cragg Ross Dawson (2001), *Drugs Amongst Asylum Seekers Scoping Study*, COI

⁶ Home Office (2004), *Drugs and Working with Parents/Carers in Community Development*, <http://www.drugs.gov.uk>

⁷ Shiner, et al (2004), *Exploring Community Responses to Drugs*, Joseph Rowntree Foundation

⁸ Population and Socio-Economic data taken from the 3 Crime & Disorder Reduction Partnership Strategies – Draft versions as of 18.02.05

consultation was further enhanced by data from the Bedfordshire Crack Survey⁹ and a focus group with parents & carers.¹⁰

Research and consultation occurred throughout 2004 and early 2005. The Bedfordshire Crack and Other Drug Survey was carried out in 2004. National best practice and research have also been taken into account in this strategy. Full details can be found in the bibliography in the appendices document.

Bedfordshire has an approximate drug using population of 2357 individuals. In 2003/04 903 clients accessed treatment with an average of 764 users in treatment at the end of each month. Estimates point to 961 occasional/recreational users in Bedfordshire¹¹. In spite of the rural characteristics of Bedfordshire, only 6% of clients accessing treatment were from Mid Bedfordshire yet Crack hotspots have been identified in rural areas of each district. Current service users stated that access to, and provision for, rural areas is poor with financial and transport issues being cited as barriers. Staff within drug treatment services report difficulties in engaging BME communities.

The Crime Audit and subsequent consultation identified “drink & drug related crime” and “drug misuse” as crime priorities. Respondents with children were more likely to cite drugs as a concern. The drug issues that concerned people most were “Not enough for young people to do” (75%), “Drugs in pubs & clubs” (75%), “Not enough done by authorities” (67%), and “Drug and alcohol related crime” (66%). These findings were reinforced by the B:DAT community consultation.

Communities said they would like to find out more about “Recognising the signs of drug & alcohol use” (25%), “What the situation is in Bedfordshire and what’s being done” (20%), “The law” (17%), and “How to talk about drugs with/support someone” (16%).

47% of respondents had heard of FRANK and 34% had heard of B:DAT. GP’s/Health Centres and the Police were highlighted as the main places people would go to for advice and information, however, data from Mid Bedfordshire raised a concern with 1/5 of respondents saying they would “Do nothing” if they needed advice or support.

The need for greater support for parents who misuse drugs was identified by the B:DAT Family Support Steering Group.

The recent supported housing needs assessment carried out by Supporting People identified critical issues relating to service provision for drug users. The report stated that there was “unsatisfied demand for people with drug and alcohol related needs” and that “the findings point to a lack of emergency accommodation for certain groups... including people with drug and alcohol related needs”. An increase in floating support was also identified as “necessary to maintain drug and alcohol users in their existing accommodation”¹². The draft Supporting People Strategy 2005-10 identifies drug and alcohol service provision as a priority for action by March 2007¹³.

The priority setting focus groups highlighted a need for communications/awareness raising activity with the wider community (and specifically families/parents & carers) but also with relevant professionals. A need for improved housing support for drug users and community engagement with underserved groups (including BME, asylum seekers, Travellers and rural communities) were also identified. For further details of research, please see the Bibliography in the further information document.

⁹ PRCI (2004), *Bedfordshire Crack Survey*, Bedfordshire Drug & Alcohol Action Team

¹⁰ Conducted December 2004 with the SPACED Parents & Carers Forum

¹¹ B:DAT (2004), *Strategic Summary*, Bedfordshire Drug & Alcohol Action Team

¹² ‘Bedfordshire Supported Accommodation Needs Assessment’ University of Luton Research Report 2004

¹³ Bedfordshire Supporting People 5 Year Strategy 2005-10 consultation draft, January 2005, section 1.3.3, indicative action plan
B:DAT Strategy 2005-08 – consultation draft 14 March 2005

Key Themes

The key themes that emerged from this research were:

What's going well

- Levels of community engagement have increased through attendance at local meetings and through improvements in consultation.
- B:DAT and FRANK are known locally as a source of information and help; they have established and widely promoted a range of access methods.
- B:DAT has a strong brand which is established in Bedfordshire.
- We have helped to successfully establish safer clubbing and nightlife activity in urban centres.
- We have established a dedicated drugs family support team.

What we need to work on

We need to:

- Engage and support underserved groups throughout Bedfordshire;
- Continue to improve the way we communicate with communities and professionals
- Continue to improve support services for families, parents and carers, particularly for parents who misuse substances.
- Improve housing opportunities for those who use our services;
- Improve access and support in rural areas.
- Work with the wider Bedfordshire community to continue to help make nightlife safer, especially in rural areas.

2.4 Priorities 2005-08

The B:DAT Communities Group used the findings from consultation and recommendations from the district-based priority setting focus groups to form **six priorities for achievement in 2005-08**:

1. Expand **safer clubbing** initiatives in order to cover the whole county
2. Increase countywide **community engagement** especially with underserved groups
3. Expand provision of specialist **family support** to increase support for families where parents or carers misuse substances
4. Improve **supported housing** provision for drug & alcohol users
5. Develop opportunities for members of the community to **volunteer** in the substance misuse field
6. Increase countywide **communications** activity especially to reach underserved groups and professionals.

These priorities will also be reflected across the four strands of CDRP strategies, including the Prolific and other Priority Offenders (PPO) programme.

B:DAT will work in partnership with the statutory and voluntary sector, and with local communities, to deliver our priorities.

2.5 How We Will Measure Success

Each of our communities priorities for achievement will be measured against these performance criteria:

Priority Aim 1: Expand safer clubbing initiatives throughout Bedfordshire	
Target:	<ul style="list-style-type: none"> • To increase year on year the number of licensed premises displaying zero tolerance messages about illegal drugs towards a countywide target of 100% by 2008 • To increase year on year the number of licensed premises with a drugs policy towards a countywide target of 100% by 2008
Performance measure:	<ul style="list-style-type: none"> • Number of licensed premises carrying zero tolerance messages as identified through District and Police licensing officers • Number of licensees in CDRP areas who have attended substance misuse awareness training
Baseline:	<ul style="list-style-type: none"> ▪ 2004-05 B:DAT Safer Clubbing data produced in partnership with Bed:Safe and Dunstable Licensees Forum

Priority Aim 2: Increase countywide community engagement with specific reference to underserved groups	
Target:	<ul style="list-style-type: none"> • To increase by 10% year on year the number of people from BME groups, rural and deprived areas engaged in the substance misuse agenda
Performance measure:	<ul style="list-style-type: none"> • Number of people from BME groups, rural and deprived communities responding to consultation and/or attending public meetings/events about drugs as recorded by B:DAT Community Events and Community Advisory Panels data • Number of these who believe that they have influence over the way that drugs are tackled as established through community survey work • Number of individuals who perceive people using or dealing drugs are a problem in their local area (<i>national KPI – measured through BCS</i>)
Baseline:	<ul style="list-style-type: none"> ▪ B:DAT Community Events and Community Consultation data 2004-05 with further baseline data for underserved groups to be identified during 2005-06

Priority Aim 3: Improve provision of specialist family support, particularly for substance misusing parents	
Target:	<ul style="list-style-type: none"> • Work in partnership with Bedfordshire Social Services to plan, deliver and evaluate a 1 year pilot of the IMPACT project providing support for substance misusing parents • To increase by 10% the number of families, parents & carers receiving information and support through drugs family support team (SPACED)
Performance measure:	<ul style="list-style-type: none"> • Number of families engaged through IMPACT programme as recorded by Social Services • Number of families, parents & carers engaged through SPACED as recorded by B:DAT Treatment Data
Baseline:	<ul style="list-style-type: none"> • Pilot project commencing 2005-06 • 2004-05 B:DAT Communities data

Priority Aim 4: Improve provision of supported housing for drug & alcohol users	
Target:	<ul style="list-style-type: none"> • To have in place services to provide housing related support to those with drug and alcohol dependencies by 2007
Performance measure:	<ul style="list-style-type: none"> • The number of Supported Accommodation units available for drug users as established through Supporting People data • The number of homeless drug users successfully housed in the DAT/CDRP's area as identified through Supporting People data • The number of individuals in treatment with identified housing needs
Baseline:	<ul style="list-style-type: none"> • To be set from Supporting People and B:DAT Needs Analysis data 2005-06

Priority Aim 5: Improve community engagement through community volunteering opportunities within the substance misuse field	
Target:	<ul style="list-style-type: none"> • Increase by 10% year on year the number of people who participate in helping tackle substance misuse problems through volunteering or otherwise helping in an unpaid capacity
Performance measure:	<ul style="list-style-type: none"> • Number of people involved in volunteering • Number of these who believe that they have influence over the way that drugs are tackled – established through community survey work
Baseline:	<ul style="list-style-type: none"> • Monitoring mechanisms to be established during 2005-06 research work

Priority Aim 6: Improve communications activity with specific reference to underserved groups and professionals	
Target:	<ul style="list-style-type: none"> • To increase the number of substance misuse communication resources available for specific groups in partnership with the target audiences
Performance measure:	<ul style="list-style-type: none"> • Number of resources distributed as recorded by B:DAT resource distribution database • Number of hits on website and calls to Communities Line accessing resources for specific communities
Baseline:	<ul style="list-style-type: none"> • To be set from 2005-06 B:DAT communications data

These six priorities will be recognised in B:DAT Communities annual action plans and will be monitored in the following ways:

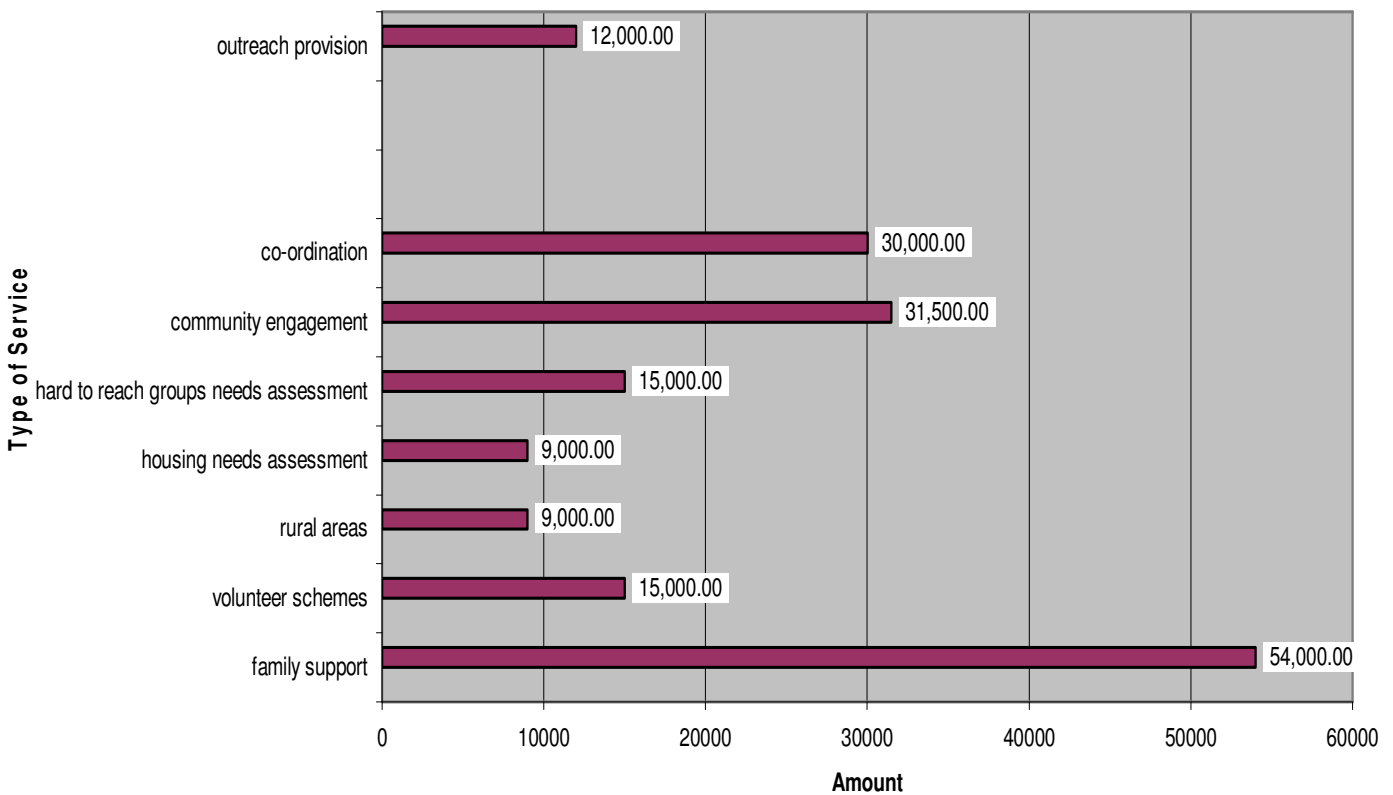
- Quarterly data and performance reporting to the B:DAT Communities group
- Quarterly monitoring and scrutiny by the DAT Partnership Board
- Monthly or quarterly data reporting at national level (e.g. Government Office where applicable)
- Over-arching target and performance agreement with Government Office Drugs Team (Eastern Region)

2.6 Funding

Achieving our priorities requires careful budget planning, service design and delivery and performance monitoring. The Communities strand of the B:DAT agenda is unique in that services are planned and delivered year on year according to local need, and not on commissions. Each year we identify how much funding is needed to deliver initiatives to meet our priorities and allocate funding on that basis. Although this is dictated by the nature of the funding streams that support our communities work, it does allow for fluidity and flexibility in the way we allocate money to support our aims.

B:DAT receives £34,500 each year from central government to support its communities work. This money is primarily used to fund a Community Development Officer to co-ordinate the communities agenda. B:DAT also works closely with CDRPs to deliver the drugs agenda in district localities by making sure the county's drugs priorities are reflected in Community Safety Strategies, and is able to access CDRP 'Safer and Stronger Communities' funding (£114,000)¹⁴. A further £27,000 is spent on family support services via the Adult Pooled Treatment Budget. B:DAT plans to spend the following amounts on communities services and support in 2005/06 ¹⁵:

Funding To Be Spent On Communities Services



¹⁴ provisional costings to be approved by CDRPs by April 2005

¹⁵ Housing figures shown do not include Supporting People funding spent on supported housing for drug users, as there is currently no ringfenced provision for this client group (1 service exists for alcohol users).

3. Criminal Justice

**National Agenda
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3. Criminal Justice

3.1 Evidence

3.2 The National Agenda

Criminal justice and drug treatment are a key element of the national 'Update Drugs Strategy' (December 2002) and the latest government update on drugs 'Tackling Drugs, Changing Lives' (November 2004).

Drug Intervention Programme (DIP, formally known as the Criminal Justice Intervention Programme) was launched in 2003 as a three-year national programme and forms part of the government's commitment to reducing the effects of drug-related crime on the economy and in the community. The aim of DIP is to divert drug-misusing offenders out of crime and into treatment by introducing a case management approach. This means offering offenders treatment and support from the point of arrest to beyond sentencing, preventing offenders from slipping through the gaps in the system (known as through-care and after-care). At the heart of DIP is partnership working and information sharing between criminal justice, treatment and aftercare agencies and Drug Actions Teams (DATs), to allow professional multi-skilled teams to provide tailored individual solutions. Delivery at local level is through the Criminal Justice Integrated Teams (CJIT's).

The government aims to reach 1000 drug misusing offenders a week by 2008. Other planned initiatives are the Restriction on Bail scheme (where individuals undergo drugs tests and treatment as a condition of their bail – currently being piloted), new legislation to require drug testing on arrest and drugs assessments for those who test positive, a new civil order to run alongside ASBOs to tackle drugs issues, and extension of drug testing for 14-17 year olds in contact with the youth justice system (currently being piloted).

DIP is expected to play a key role in the delivery of the national Prolific and Other Priority Offender scheme, in dealing with the drug treatment needs of this offender group and close working arrangements with CDRPs, Police and Probation on this initiative will be implemented.

The Criminal Justice Act will alter the way drug issues are tackled by the Courts. The Drug Rehabilitation Requirement (DRR) replaces the Drug Treatment and Testing Order (DTTO) for offences committed after 4th April 2005 as part of the new community order introduced by this new act. The DRR can be combined with other requirements to replicate existing DTTO's. The use of the different requirements, plus the more flexible treatment requirement, will enable packages to be tailored to offence seriousness and individual need. The amount of drug treatment to be delivered under the DRR will be determined by individual treatment needs. Additional requirements could be added to the community order to address related needs and to ensure the final package is commensurate with offence seriousness. The greater flexibility anticipated by the DRR should expand the target group further.

3.3 Local Picture

Criminal Justice in Bedfordshire

Bedfordshire's population of 382,685 (excluding Luton) is covered by two Policing Divisions. D Division that covers most of Mid Bedfordshire and all of South Bedfordshire District Council wards. B Division covers the local authority areas of Bedford Borough Council as well as a small number of wards from the Mid-Bedfordshire area. B Division also contains 10 super output areas that are in the UK top 20% of most disadvantaged wards and D Division has 1 super out put division.

Bedfordshire has one prison based in Bedford town centre. HMP Bedford is a Category B Prison catering for men only, with an operational capacity of 464 individuals. HMP Bedford has a wing dedicated to addressing drug detoxification, a dedicated CARATs (Counselling, Advice, Referral, Assessment and Throughcare) service supporting the individual needs of users, and a Short Duration Programme specifically supporting prisoners on sentences of 12 months or less. The National Probation Service in Bedfordshire has bases in Bedford and Luton. The Probation service oversees the delivery of DTTOs and other drug orders attached to other community rehabilitation or punishment sentences issued by the courts. There are magistrates courts in Bedford and Luton, and a crown court in Luton.

Bedford Police custody suite operates a Drug Testing on Charge scheme. This means individuals arrested for an acquisitive crime or drugs crime are tested for drugs.

Both Bedford and Dunstable custody suites offer a drugs arrest referral scheme. This means any individual arrested is offered the option of seeing a drugs arrest referral worker who will do an initial assessment and help track the individual into treatment.

Local Research and Consultation

Research for B:DATs Criminal Justice Strategy uses data and consultation with service users and treatment practitioners.

Data

In 2003/04, there were 1824 recorded drugs crimes in Bedfordshire, against a total of 62,382 total recorded crimes¹⁶. This represents 2.9% of the total recorded crimes. This figure is 0.1% up on the previous year (60,895 recorded crimes, 1727 drugs crimes, 2.8% of total). Although this percentage may appear low, it does not take into account the large amount of 'drug related' crimes for example burglary, robbery and vehicle crimes which have been committed partly or fully in relation to drugs. The latest British Crime Survey update suggests a 2% decrease nationwide in the number of recorded drugs offences when compared to the same quarter in 2003/04¹⁷.

Data from drug treatment services for the period April 2004 -January 2005 shows 92 clients were referred into treatment agencies via the criminal justice route. 1.1% (1) received specialist prescribing; 10.9% (10) received GP prescribing; 5.4(%) received structured counselling; 31.5% (29) received structured day care, 2.2% (2) received advice and information and 48.9% (45) did not have a treatment modality stated. Of these 4.4% (4) were reported as discharged and treatment completed; 33.7% (31) were reported to have dropped out or left their treatment modality and 47.8% (44) individuals were still open to treatment agencies¹⁸.

In the period April to December 2004, 75 DTTOs were commenced. During that period, approximately 39% of DTTOs were successfully completed. 97 DTTOs commenced in 2003/04 with a 35% completion rate. Working on an aggregate basis, it may be that fewer DTTOs will commence in 2004/05, but that the successful completion rate will be higher.

In 2003/04, custody site officers made 257 notifications to drug arrest referral workers. In 2004/05 (to December 2004), they made 362 notifications. However, the number of actual assessments that arrest referral workers made in 2003/04 was 129. In 2004/05 to date (December 2004), the figure is 102. This suggests that while more individuals are being told about the scheme, the percentage who are subsequently being assessed and tracked into treatment is dropping, and that a significant number of individuals may be being lost at the point of arrest.

2004/05 data (to January 2005) for the Drug Testing On Charge scheme shows that 57% (302) of offenders tested positive for a class A drug, 13% (70) for opiates and 28%(149) for both. This indicates that a large proportion of those committing these offences are also misusing substances.

CARATs data for the period April 2003 – September 2004¹⁹ indicates 367 prisoners with homes in the Bedfordshire area were assessed by CARATs drugs team, of which 138 were assessed at HMP Bedford. The data for these 367 prisoners shows that the main offences committed were theft and handling (25.6%), violence (18.8%) and burglary (18.8%). Drugs offences accounted for 4.4% of the offences committed, but this does not reflect that many acquisitive crimes may be motivated by drug-related issues. 44% of prisoners with homes in the Bedfordshire area had received treatment for drugs issues in the past. 95.4% had used drugs in the 30 days prior to custody. Main problem drugs were heroin (40.3%), alcohol (23.4%) and crack (15.8%). 33.8% were on short-term sentences, and 35.1% were remanded. The high numbers on short-term sentences particularly highlights the need for clear throughcare into community-based drug services on release to ensure drug treatment commenced in prison is continued.

¹⁶ from Home Office Research, Development and Statistics department (internet). Caution should be applied to comparatives between the years 2002/03 and 2003/04 due to the introduction of new national crime recording counting regulations in 2002/03. Figures include Luton.

¹⁷ 'British Crime Survey – Quarterly Update to September 2004' 25 January 2005, Home Office

¹⁸ This information is gathered from treatment service returns to the to the National Drug Treatment Monitoring service (NDTMS). Some agencies that have clients from criminal justice routes are in their first year of operation and have recently begun gathering data. Some datasets may therefore be incomplete.

¹⁹ 'CARATs data from March 2003 – September 2004' Home Office Research Development and Statistics Dept, February 2005

204 individuals started the HMP Bedford drugs Short Duration Programme in the period April – December 2004 (year target = 232) across 15 programmes. 152 (74.5%) successfully completed the course. Main reasons for not completing the course were release from prison (17) and left voluntarily (21). The programme began in April 2004 therefore no comparative data for the previous year is available. However, this data does indicate the high levels of need within the prison for a range of drugs interventions, particularly for those on short-term sentences.

Consultation

To gauge service user opinion on drug treatment, HMP Bedford issued a questionnaire to all prisoners on 18 January 2005. Of a population of 458 prisoners, 112 (24%) completed questionnaires were submitted. The aim of this questionnaire was to gather information from the client's perspective of their journey through treatment services via the criminal justice route and highlight any difficulties or issues. The questionnaire results indicated that 30% of prisoners in the sample set had sought help from a treatment service either prior to or in custody and 35% had not. 17% said that the service they tried to access was too slow, but 28% said they did not experience problems with the service. The majority of individuals claimed to have had problems with drugs for 5 or 10 years + (25% and 20% respectively). 57% had experienced problems with housing, and 40% experienced problems finding work (the extent to which drugs was the underpinning problem is unclear).

In autumn 2004, 40 practitioners from Bedfordshire treatment and criminal justice agencies participated in an 'Opening Doors' seminar. The purpose of the event was to establish issues with access, care planning and case management for clients, with the aim of agreeing some key principles for improving the way treatment services support individuals to enable them to successfully complete treatment. The key priorities for action identified by practitioners were:

- Named lead in each agency for criminal justice issues
- Better sharing and passing of information
- Having a simple referral procedure to follow.

Key Themes

The key themes that emerged from this research are:

What's going well

- The criminal justice system is employing a wide range of access points to enable substance-misusing offenders to enter treatment.
- Drug Intervention Programme funding has enabled treatment services to increase their capacity so as to provide dedicated support for clients from criminal justice routes. This has created a virtual Criminal Justice Intervention Teams across different methods of treatment.
- Bedfordshire has begun to address the issue of case management by introducing multi-agency case conference meetings for treatment and criminal justice agencies to ensure that cases are clearly managed, allocated and tracked. A single point of contact for criminal justice referrals is also now in place.
- Both treatment services and criminal justice agencies now have a broad understanding and are willing to work together.

What we need to work on

- We need to take action to capture more clients at the first possible point of referral.
- More targeted, through-care support is needed for this client group to address dropout and completion
- We need to continue to improve the way we manage cases and share information;
- Completion rates and numbers entering treatment through criminal justice sources may be in part attributed to wider issues in the treatment system for example, waiting times. We need to try to improve on this.
- We need to encourage some agencies to improve the quality of data they provide to help accurately monitor the number of clients moving through the treatment and criminal justice agencies.
- We need to improve the after care provision once clients have successfully completed treatment as this impacts heavily on re-offending rates.

3.4 Priorities 2005/08

The B:DAT DIP Steering Group used the findings from this research to form **three priorities for achievement in 2005-08**:

1. **Increase the number of offenders in Bedfordshire entering treatment via criminal justice routes** and to include access to a comprehensive range of services.
2. **Increase the number of those individuals successfully completing treatment by retaining as many as we can and minimising the number dropping out** of services.
3. **Reduce the percentage of re-offending rates**; this will include **improving care pathways and case management** to ensure joined up end to end management for DIP clients and workers at all the key points of the criminal justice system work as an integrated team.

These priorities are directly aligned to the governments national aims in respect of interventions for substance misusing offenders. These priorities are also reflected across the 4 strands of Crime CDRP strategies, including the Prolific and other Priority Offenders (PPO) programme.

B:DAT will work in partnership with the statutory and voluntary sector, and with local communities, to deliver our priorities.

3.5 How We Will Measure Our Success

Each of our criminal justice priorities for achievement will be measured against these performance criteria:

Priority Aim 1: Improve the number of offenders entering treatment in Bedfordshire	
Target:	<ul style="list-style-type: none"> • To increase the number of offenders entering treatment via criminal justice routes by 15% year on year to 2008
Performance measure:	<ul style="list-style-type: none"> • Number of individuals recorded on NDTMS as referred to treatment via criminal justice sources • Number of Arrest Referral assessments as a percentage of Arrest Referral notifications • Numbers of individuals commencing treatment on the HMP Bedford Short Duration Programme • Number of DRRs and DTTOs (where applicable) imposed
Baseline:	<ul style="list-style-type: none"> • 2004/05 NDTMS data

Priority Aim 2: Improve the number of individuals successfully completing treatment	
Target:	<ul style="list-style-type: none"> • To increase the number of offenders successfully completing treatment by 15% year on year to 2008
Performance measure:	<ul style="list-style-type: none"> • Number of individuals recorded on NDTMS as referred by criminal justice routes who were retained in treatment for 12 weeks or more • Number of individuals recorded on NDTMS as referred by criminal justice routes who had a planned discharge • Number of individuals completing HMP Bedford Short Duration Programme (as a percentage of the number commencing) • Percentage of PPOs requiring drug treatment who are retained in treatment for at least 12 weeks (<i>national KPI – captured through PPO monthly reports</i>)
Baseline:	<ul style="list-style-type: none"> • 2004/05 NDTMS data

Priority Aim 3: Reduce re-offending rates	
Target:	<ul style="list-style-type: none"> To reduce percentage of individuals re-offending following treatment by 10% (subject to baseline) To implement 3 initiatives to improve case management – single point of contact, multi-agency case conferencing and information sharing protocols
Performance measure:	<ul style="list-style-type: none"> Percentage of individuals who complete treatment who re-offend within 2 years Single point of contact implemented and evaluated after 6 months Number of cases allocated through multi-agency case conferencing Information sharing protocol agreed and operation
Baseline:	<ul style="list-style-type: none"> Method of data capture for re-offending rates to be established 2005-06

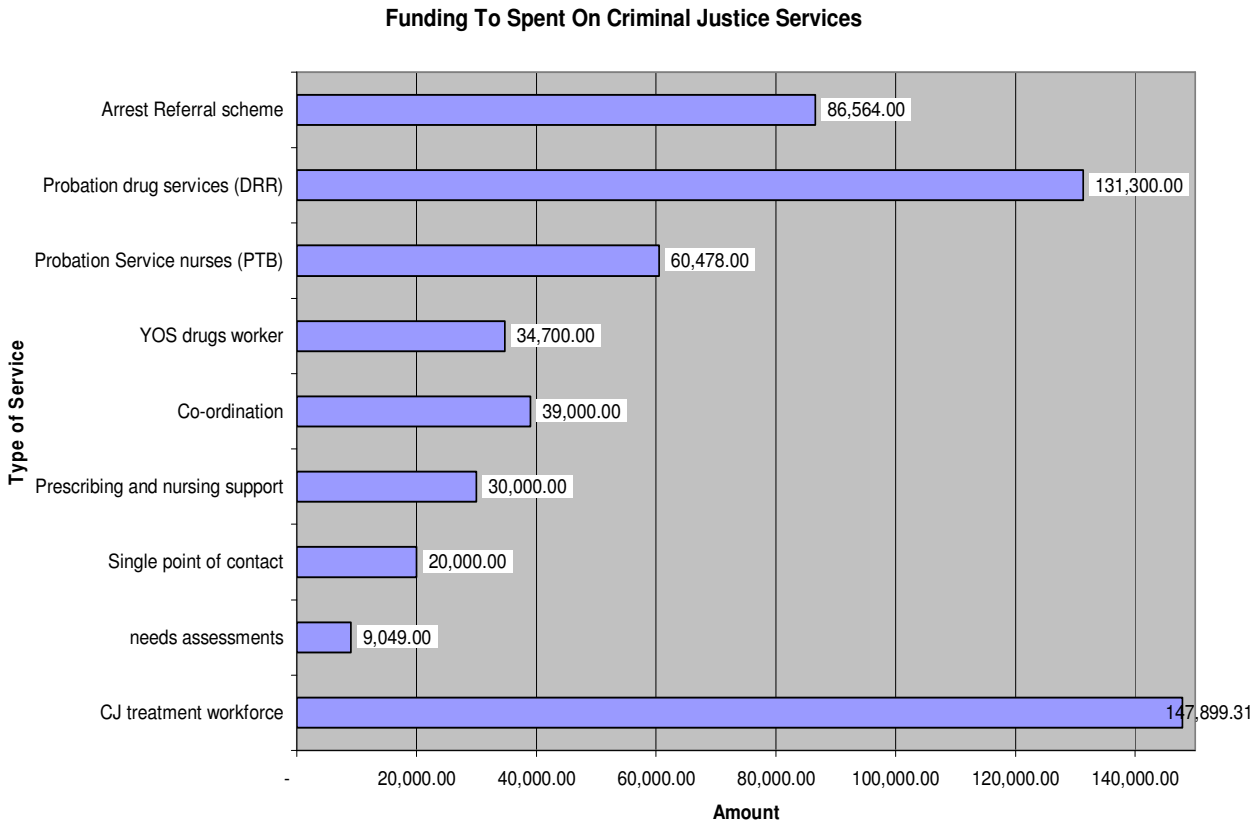
These three priorities will be underpinned by the B:DAT Criminal Justice annual action plans that will detail further activity to achieve our priorities and will be monitored in the following ways:

- Quarterly data and performance reporting to the B:DAT DIP Steering Group
- Quarterly monitoring and scrutiny by the DAT Partnership Board
- Monthly or quarterly data reporting at national level (e.g. Government Office where applicable)
- Over-arching target and performance agreement with Government Office Drugs Team (Eastern Region)

3.6 Funding

Achieving our priorities requires careful budget planning, service design and delivery and performance monitoring. In 2004/05, B:DAT used available funding to create its core team of criminal justice drugs workers. We now need to ensure these are delivered in the right locations and in the right way to engage and support offenders. We also need to ensure additional gaps in delivery are filled, and use funding to address critical issues such as case management, information sharing and aftercare.

B:DAT receives £280,649 for its DIP initiatives and £86,564 for its Arrest Referral scheme from central government. National Probation Service Bedfordshire spend £131,300 on drug service provision, supplemented by a further £60,708 from the Adult Pooled Treatment Budget for DTTO nursing support. In 2005/06, B:DAT plans to spend this money in the following way²⁰:



To ensure we deliver our priorities over the next 3 years we will:

Year 1: Continue funding at existing levels. Re-focus all criminal justice/treatment service agreements to ensure delivery is directly linked to priorities; to include quarterly reporting and stretch targets. Service audits/evaluation to ensure best value and evidence of impact

Year 2: Using evidence from service evaluations and from update young peoples survey, re-commission services where necessary

Year 3: As for year 2

²⁰ Funding levels are subject to confirmation by B:DAT JCG by April 2005

4. Treatment

**National Agenda
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4. Treatment

4.1 Evidence

4.2 National Agenda

Treatment remains high on the governments agenda for addressing drugs issues, primarily driven by a Department of Health Public Service Agreement (PSA) Target for Drug Treatment - to increase the participation of problem drug users in drug treatment programmes by 55% by 2004 and 100% by 2008 (baseline 1998), and increase the proportion of users successfully sustaining or completing treatment programmes year on year. Other national priorities focus on reducing waiting times further and increasing the number of drug practitioners. There is considerable emphasis in the 'Tackling Drugs Changing Lives' (November 2004) drug strategy progress report on supporting those with mental health needs, improving case management, improving access for underserved groups, and methods of supporting individuals into treatment via the criminal justice system.

The National Treatment Agency (NTA) is a special health authority established in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England. DATs and PCTs report direct to the NTA on targets such as numbers in treatment and waiting times. Recent national statistics suggest that there are 54% more drug users in treatment than in 1998/99, and that the number of drug force practitioners has increased from 6,794 in March 2002 to 9,256 in June 2004. Average national waiting times for drug treatment in England are reported to have fallen from an average of 9.1 weeks in December 2001, to 2.5 weeks in June 2004.

4.3 Local Picture

Drug Use and Drug Treatment in Bedfordshire

We estimate the size of Bedfordshire's drug using population in 2004 as 2357 individuals, approximately 0.6 of the total population. To do this we used a tool called the Multiple Indicator Method (Frischer, Heatlie & Hickman 2004) and Census 2001, average population growth percentages at a rate of 1.12% each year. Using the same methodology, it is possible that there are 786 injecting drug users in Bedfordshire (0.2% of the total population). Further work is needed to utilise the MIM on local data to gauge a more accurate picture and data is currently being gathered for Bedfordshire's first use of the Drug Treatment Demand Model.

There are 15 drug treatment services and support servicing Bedfordshire's population of 382,685. These are primarily based in the urban centres of Bedford and Dunstable, with regular satellite service provision in Leighton Buzzard. Many services provide outreach support in other areas of the county.

903 individuals accessed treatment services in 2003/04, as recorded by the National Drug Treatment Monitoring Service (NDTMS). A 2004 study into crack cocaine and other drugs in Bedfordshire found that ages of people in contact with Bedfordshire's treatment services range from 14 to 57 years, with an average age of 28. Data showed that 58% of clients were from North Bedfordshire, 6% from Mid Bedfordshire and 37% from South Bedfordshire. The main drugs reported to treatment services were heroin and alcohol. The most common secondary drug used was cocaine freebase

The research reported that drug misuse is thought to be particularly prevalent in the urban centres of Bedford, Kempston, Dunstable, Leighton Buzzard, Houghton Regis, Biggleswade and Sandy. However, it also indicated that, with mobile drugs markets operating across the county, smaller rural areas are also demonstrating some, or in some cases high, levels of drug misuse. These rural areas were predominantly concentrated in North and Mid Bedfordshire, and in many cases where there are limited public transport links to urban centres and treatment services.

Using simple percentage calculations, it is possible to estimate that 38% of Bedfordshire's drug using population is accessing treatment and that rural service delivery is an increasing factor in accessing services. A caveat should be applied to this estimate, as it does not factor in the number of problematic drug users who are engaging with Tier 2, harm reduction or outreach services.

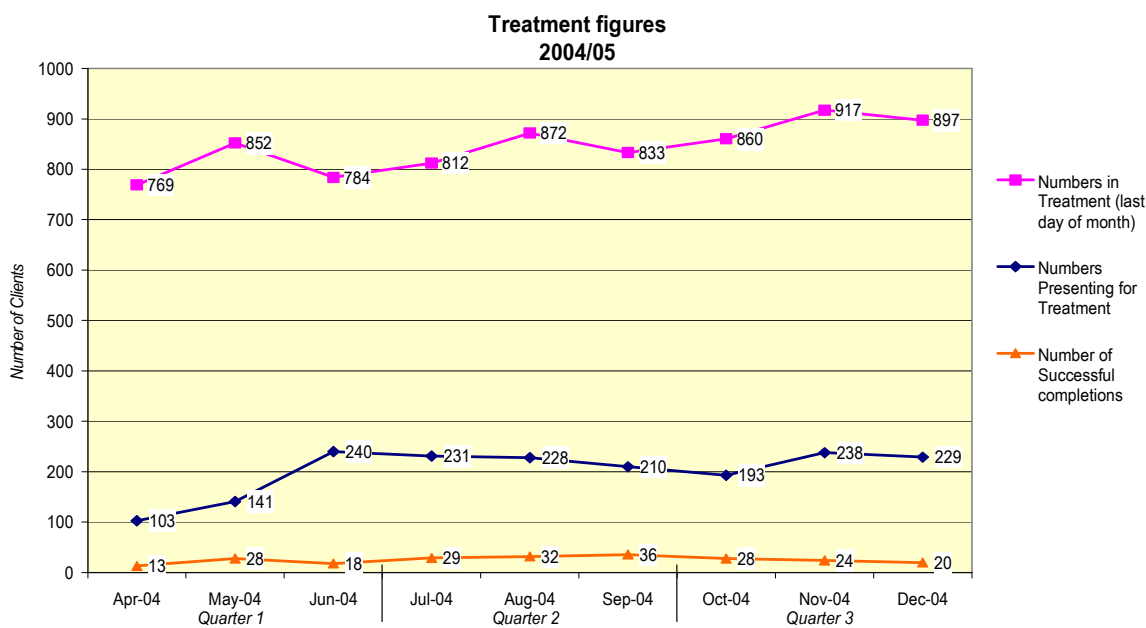
Local Research and Consultation

Bedfordshire DAT commissioned a multiple drug use Crack and Other Drug Study in June 2004 to inform our local strategy on drug misuse. This provided a needs analysis and information on services being accessed across the

county. The findings detailed above provided us with an evidence of need, highlighted gaps in service provision and local issues. The Young People's survey completed in November 2004 also informed treatment issues for our younger population again providing information on the prevalence of drug use and services being accessed.

A structured consultation process has taken place through joint priority setting and feedback from partnership representatives on the Adult Joint Commissioning Group, local Service Mangers, Practitioners and Service Users through the Adult Treatment Providers Group.

The following data analysis was carried out in January 2005. The data relates to the period April – December 2004. It gives us a snapshot of which drug treatment services are currently being accessed, gaps in service provision and pressure points for delivery:



Numbers Presenting

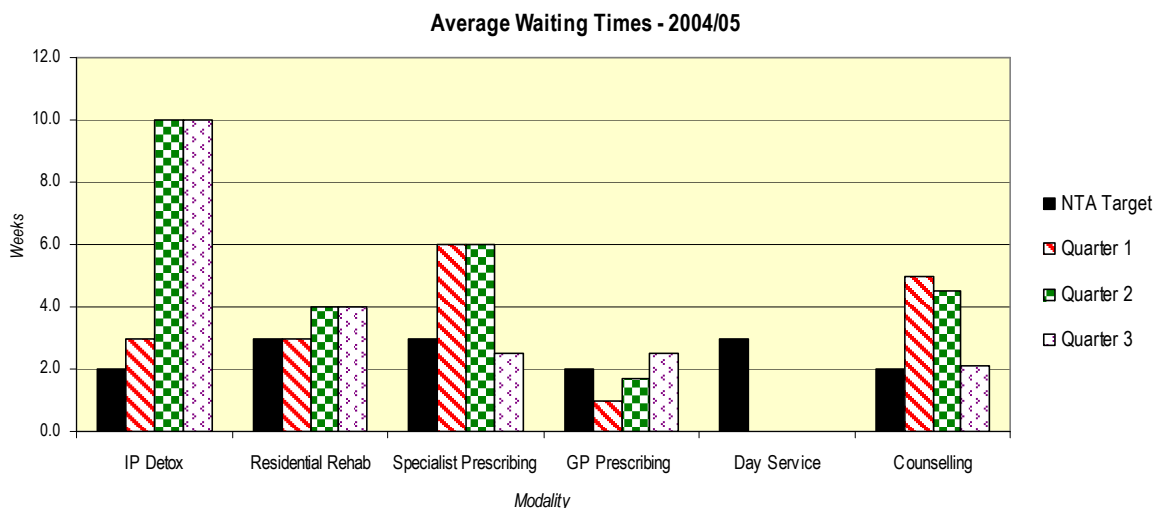
Numbers of those presenting have been maintained at around the 225 a month mark for the past 2 quarters.

Numbers in Treatment

Numbers remained stable with slight fluctuations. The end of Quarter 3 shows an increase in average numbers from 820 at the end of Quarter 2 to the current average of 844.

Number of Successful Completions

Total successful completions for Quarter 3 were down on the total for quarter 2, however the total figure for the year to date of 228 exceeds the current 2004/05 target of 156.



- In patient detox is a pressure point with the waiting time increasing by 7 weeks from quarter 1 to quarter 2
- Wait for GP Prescribing has increased incrementally from Quarter 1
- Shared Care's numbers presenting has been increasing slightly over the past 6 months, this has increased numbers in treatment significantly as there have been very few successful completions to date.
- Over the past 3 quarters we have seen a reduction in waiting times for Counselling
- The longest wait for specialist prescribing was 8 weeks at the end of quarter 3. However, as there is an incomplete data set in this quarter, a health warning should be applied, as it is likely that the current wait is in line with previous quarters.

Service provider consultation highlighted Hep C screening, BBV inoculations, provision in South Bedfordshire, accommodation, assertive outreach, rural provision and waiting times as key priorities.

Key Themes

The key themes that emerged from research, data analysis and consultation are:

What's going well

- There have been significant improvements in the types of drugs services available in Bedfordshire, with service options across all methods of treatment.
- More individuals are accessing and completing treatment year on year, and we have already reached the 10-year target for increasing numbers in drug treatment by 100% by 2008.
- Co-ordination of the drugs agenda in Bedfordshire has improved over the last 3 years.
- Bedfordshire has a diverse drug treatment workforce.

What we need to work on

- We need to take action to reduce waiting times, particularly for inpatient detox, GP prescribing and specialist prescribing.
- We need to take action to improve service access for individuals in rural areas, particularly in Mid and South Bedfordshire.
- The number of drug treatment practitioners has increased but there is a need retain more staff.
- We need to do more work to keep clients in treatment, and secure appropriate throughcare to complete treatment successfully.
- We need to do more work to respond to blood-borne virus control and housing needs.
- We need to manage data and performance management in a more robust way to inform understanding of what we need to do and the impact this will have.

4.4 Priorities 2005-08

The Adult Treatment Joint Commissioning Group, Treatment Managers Group and Treatment Practitioners Group used the findings from this research to form **10 priorities for 2005-08**:

1. To **increase the participation of problem drug users in drug treatment programmes** by 55% by 2004 and 100% by 2008 (Baseline 1998)
2. To **reduce waiting times** for all types of treatment
3. To **increase the number of drug treatment practitioners** in Bedfordshire
4. To **increase the proportion of users successfully sustaining or completing treatment programmes** year on year.
5. To **improve capacity in Tier 3 and prescribing services**, particularly specialist prescribing resources
6. To **improve provision of/access to inpatient detoxification and residential rehabilitation services**, particularly for those with dual diagnosis needs
7. To improve **provision of services for and in rural areas**, including increased use of GP practices and health centres
8. To **ensure fully integrated performance targets and regular data capture/monitoring** for all commissioned services
9. To **improve care management and pathways**, particularly for clients accessed through criminal justice settings
10. To prepare strategic plans for addressing **Hep B, Hep C, Injecting rates and housing provision**.

B:DAT will work in partnership with the statutory and voluntary sector to deliver our priorities.

4.5 How We Will Measure Our Success

Each of our treatment priorities for achievement will be measured against these performance criteria:

Priority Aim 1: Increase Participation of Problem Drug Users In Drug Treatment Programmes	
Target:	<ul style="list-style-type: none"> To increase the number of problem drug users in treatment by 8.3% in 2005/06, 6% in 2006/07 and 6% in 2007/08
Performance measure:	<ul style="list-style-type: none"> Number of individuals in treatment
Baseline:	<ul style="list-style-type: none"> 2004-05 data from NDTMS (<i>national KPI</i>)

Priority Aim 2: Reduce Waiting Times for Drug Treatment	
Target:	<ul style="list-style-type: none"> To reduce waiting times for drug treatment services to: <ul style="list-style-type: none"> In patient detox 2 weeks by 2008 Residential Rehab 3 weeks by 2007 Specialist Prescribing 3 weeks by 2006 GP Prescribing 3 weeks by 2006 Day Service 3 weeks (already achieved-maintain) Counselling 2 weeks (already achieved-maintain)
Performance measure:	<ul style="list-style-type: none"> Quarterly waiting times for each service modality
Baseline:	<ul style="list-style-type: none"> 2004-05 data from NDTMS (<i>national KPI</i>)

Priority Aim 3: Improve Number of Drug Practitioners in Bedfordshire	
Target:	<ul style="list-style-type: none"> To increase the number of drug treatment practitioners by 10% year on year To have produced a recruitment and retention strategy To increase by 10% the number of people who participate in work placement programmes in drug treatment services
Performance measure:	<ul style="list-style-type: none"> Number of drug treatment practitioners Strategy produced and implemented Number of individuals participating in work placement schemes
Baseline:	<ul style="list-style-type: none"> 2004-05 data from NDTMS (<i>national KPI</i>)

Priority Aim 4: Increase Proportion of Drug Users Successfully Sustaining or Completing Treatment Programmes	
Target:	<ul style="list-style-type: none"> To increase the number of individuals retained in treatment for 12 weeks or more (as measured at the point of discharge) to 65% by 2008 (across all service modalities) To increase the number of individuals successfully completing treatment (e.g. number of planned discharges)
Performance measure:	<ul style="list-style-type: none"> Number of individuals retained in treatment for 12 weeks or more Number of planned discharges
Baseline:	<ul style="list-style-type: none"> 2004-05 data from NDTMS (<i>national KPI</i>)

Priority Aim 5: Improve capacity in Tier 3 and prescribing services	
Target:	<ul style="list-style-type: none"> To increase the capacity of Tier 3 and prescribing services in line with local need
Performance measure:	<ul style="list-style-type: none"> Number of individuals in Tier 3 treatment services (YTD) Number of individuals successfully completing treatment in Tier 3 treatment services Waiting time for specialist and GP prescribing
Baseline:	<ul style="list-style-type: none"> 2004-05 data from NDTMS

Priority Aim 6: Improve provision of/access to inpatient detoxification and residential rehabilitation services	
Target:	<ul style="list-style-type: none"> To reduce waiting times for residential rehabilitation and inpatient detoxification to NTA target level by 2008
Performance measure:	<ul style="list-style-type: none"> Waiting time for residential rehabilitation and inpatient detoxification The number of individuals accessing inpatient detox and residential rehabilitation No of services reviewed for quality provision at Tier 4
Baseline:	<ul style="list-style-type: none"> 2004-05 data from NDTMS and treatment services

Priority Aim 7: Improve provision of Services For and In Rural Areas	
Target:	<ul style="list-style-type: none"> To increase the level of peripatetic and outreach services offered in identified rural hotspot areas by in line with local need To increase the number of GPs actively engaged with Shared Care provision by 10% each year
Performance measure:	<ul style="list-style-type: none"> Number of individuals in Tier 3 treatment Number of peripatetic/outreach sessions offered in identified rural hotspot areas Waiting times for Shared Care services Number of GP's practices actively involved in Shared Care programme Number of GP's prescribing
Baseline:	<ul style="list-style-type: none"> 2004-05 data from NDTMS and treatment services

Priority Aim 8: Improve Performance Management and Data Capture/Monitoring	
Target:	<ul style="list-style-type: none"> To have in place contracts and service levels agreements for all commissioned services with mid term review periods To analyse and act upon service data on a monthly/quarterly basis
Performance measure:	<ul style="list-style-type: none"> Number of commissioned services with SLA's to include monitoring and review dates Number of services undertaking mid term reviews Number of services compliant with national and LDP reporting Number of services compliant with DAT reporting Number of actions taken as a result of data analysis
Baseline:	<ul style="list-style-type: none"> 2004-05 data from B:DAT

Priority Aim 9: Improve Care Management and Pathways for clients accessed through criminal justice settings	
Target:	<ul style="list-style-type: none"> To increase the number of clients presenting for treatment via criminal justice routes by 15% year on year To increase the number of clients successfully completing treatment by 15% year on year To reduce percentage of individuals re-offending following treatment by 10% (subject to baseline)
Performance measure:	<ul style="list-style-type: none"> Number of clients presenting for treatment via criminal justice routes Number of those clients successfully completing treatment Number of individual who re-offended within 2 years (subject to baseline)
Baseline:	<ul style="list-style-type: none"> 2004-05 treatment service data 2004-05 data from B:DAT

Priority Aim 10: Strategies for Addressing Hep B, Hep C, Injecting Rates and Housing Provision	
Target:	<ul style="list-style-type: none"> To have in place strategies with clearly defined actions to address Hep B, Hep C, injecting rates and levels of housing provision by end 2005/06 with specific actions detailed in 2006-07 and 2007-08 action plans
Performance measure:	<ul style="list-style-type: none"> Hep B and C strategies produced Housing provision strategy produced Number of individuals receiving Hep B vaccinations Number of individuals tested for Hep C % of users injecting and/or sharing needles Number of service users with an identified housing need/who are homeless/living in temporary accommodation
Baseline:	<ul style="list-style-type: none"> 2004-05 data from B:DAT

These 10 priorities will be recognised in B:DAT Adult Treatment Planning Grids and will be monitored in the following ways:

- Quarterly data and performance reporting to the B:DAT Adult Treatment Joint Commissioning Group
- Quarterly monitoring and scrutiny by the DAT Partnership Board
- Monthly and quarterly data reporting to NDTMS and STEIS
- Over-arching target and performance agreement with NTA (Eastern Region)

4.6 Funding

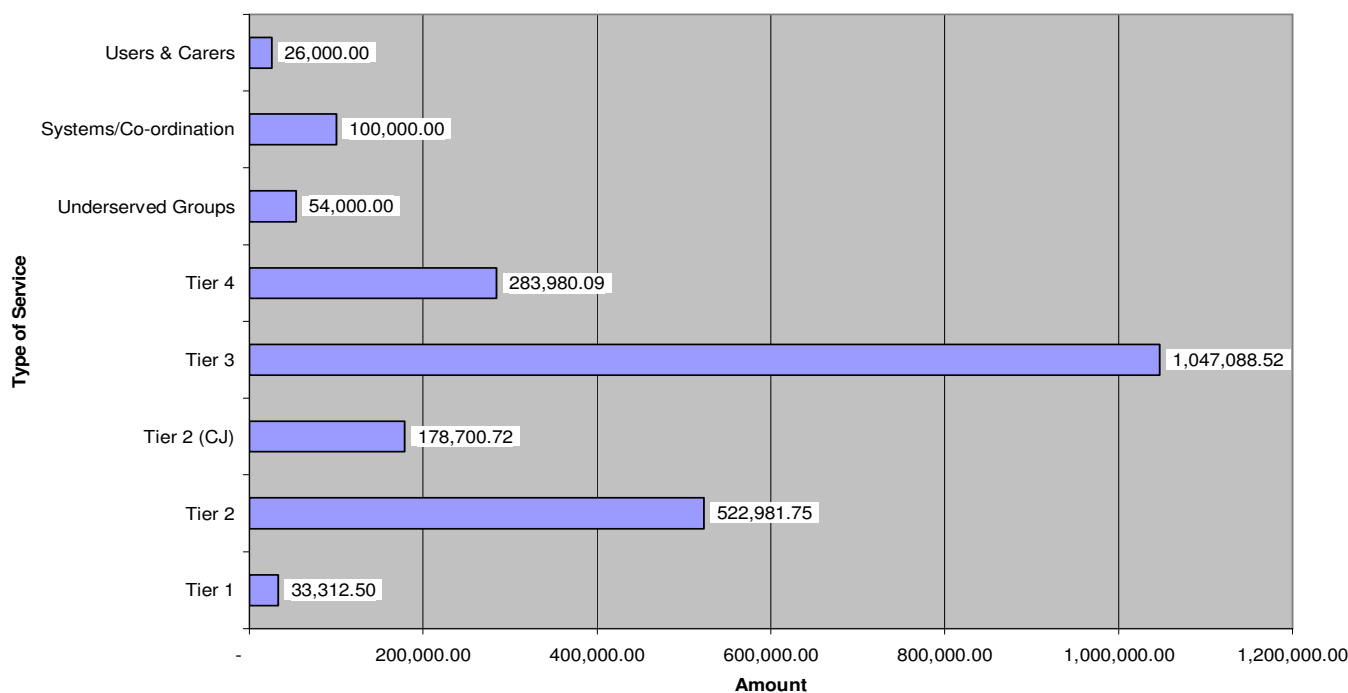
Achieving our priorities requires careful budget planning, service design and delivery and performance monitoring. In the last 3 years, B:DAT has used available funding to develop a range of drug treatment services. However, we now need to ensure that this range is responsive to the current local need, and that funds are allocated to the most pressing priorities. We also need to ensure services are focussed on achieving the priorities – delivering in the right locations, in the right way to engage with individuals most in need.

B:DAT receives funding from central government each year to deliver our treatment agenda. This equates to £1,449,000 in 2005/06, £2,050,610 in 2006/07 and £2,314,800 in 2007/08. Funding is also allocated from core mainstream funds to support our work. The total anticipated funding available in the next 3 years is:

2005/06	£2,423,231
2006/07	£3,041,315
2007/08	£3,323,619

This funding pays for 15 drug and alcohol services and initiatives across Bedfordshire. In 2004/05, all of this funding was allocated to services. To meet our priorities, we recognise that we need to link our expenditure tightly to our priorities to ensure their achievement over the next 3 years. B:DAT plans to pay for the following services in 2005/06²¹:

Funding To Be Spent on Treatment Services



In 2005/06: we will undertake audits of all services to assess impact, outcome and value for money. By June 2005, we will have identified areas where we can save money, and fund new provision to address the immediate waiting times issue at Tier 3. By August 2005, all services will be re-focussed through service level agreements to ensure alignment with our priorities and targets

In 2006/07: we will use the uplifted Pooled Treatment Budget of £2,050,610 (£601,610 additional funding) to invest in Tier 3 service provision, inpatient detoxification and aftercare services.

In 2007/08: we will repeat our service audit and treatment needs assessment for Bedfordshire. We will use this to re-focus existing service provision to meet needs. We will use the uplifted Pooled Treatment Budget of £2,314,800 (£264,190 additional funding) to invest in gaps in service provision.

²¹Funding levels are provisional – to be confirmed by the adult JCG by end April 2005
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5. Availability

**National Agenda
Local Picture
Priorities 2005-08
How We Will Measure Success
Funding**

5. Availability

5.1 Evidence

5.2 National Agenda

The availability agenda set out in the Updated National Drugs Strategy and Tackling Drugs Changing Lives focuses on both the national and international elements of tackling supply. The overarching target is “to generate a sustained impact on the supply of Class A drugs to the UK and its availability within its communities”²²

In 2004, police forces were granted new powers under the Anti Social Behaviour Act 2003 to close crack houses within 48 hours and powers to investigate and confiscate criminal proceeds of drug dealing were strengthened. Putting drug dealers out of business remains a priority; helping source countries to tackle production, taking action to disrupt international traffickers, regional drug barons and local street dealers. The government plans an increased emphasis on joint working between enforcement agencies, intelligence development and sharing, effective policing and continued confiscation of the proceeds of drug dealing. However, prevention and rehabilitation also play a significant role in the ‘tackling supply’ agenda. The introduction of the Serious Organised Crime Agency (SOCA) is also expected to impact significantly on drug dealing.

The government plans to use the British Crime Survey each year to measure acquisitive and drug crime rates, and the public perception of drug and drug-related crime, to evidence reduced availability of drugs in England.

5.3 The Local Picture

Availability In Bedfordshire

Bedfordshire has a population of 382,685. Coterminous cover is provided by two Policing Divisions; D Division that covers most of Mid Bedfordshire and all of South Bedfordshire District council areas (population 199,461); and B Division covers the local authority areas of Bedford Borough Council as well as a small number of wards from the Mid-Bedfordshire area (population 189,139). Importantly the population and particularly the number of young people, is predicted to grow across the County over the next ten years²³.

D Division (Central Division) is primarily a rural policing Division with good road and rail links giving easy routes for the supply of drugs. B Division (North Bedfordshire Division) comprises a mix of urban and rural areas, including the towns of Bedford, Kempston, Biggleswade, Potton and Sandy; it has good road and rail transport links to Luton, London, Milton-Keynes, Cambridge and beyond - again giving easy routes for the supply of drugs. It also contains three wards that are in the UK top 20% of most disadvantaged wards, with the attendant links to drug use.

North, Mid and South Bedfordshire Community Safety Partnerships identify tackling drugs as a priority within their plans, and drug related crime featured as the second highest concern in the 2004-05 community consultation. They also expressed concern about ‘*nuisance youths*’ that hang around the streets and are suspected of using and dealing. Overall there appears to be a perception that street dealing is a problem.

Local Research and Consultation

There are a number of factors that affect the Bedfordshire & Luton in respect of the drug trade:²⁴

- Bedfordshire, including Luton, report stable prices for Class A drugs.
- Luton, as a result of operation Trident, has suffered from the displacement of London based crime groups; as a result they have experienced an increase in associated violent crime (particularly gang related gun crime).
- Level 2 dealers in Bedfordshire’s [including Luton] are more likely to be selling crack and heroin (rather than a single commodity) than elsewhere in the Eastern Region.
- Key indicators show the presence in Bedfordshire, including Luton, of the most advanced crack market in the Eastern Region.
- Firearms have been recovered from addresses linked to drugs and it is believed that the vast majority of the crime groups who have moved from London to Luton and Bedfordshire have access to firearms; and that

²² ‘Tackling Drugs, Changing Lives: Drugs Strategy Progress Report’ Home Office, November 2004

²³ All population data based on the latest estimates from the Office of National Statistics

²⁴ Drawn from East ACPO Region – Problem Profile ERP04/05 – Class A Drug (Crack/Heroin) in the Eastern Region – Nov 04 – (Restricted); ‘A Study of the Crack Cocaine Market in Bedfordshire’ –PRCI June 2004 (Confidential); ‘An Assessment of Drug and Alcohol Use Amongst Young People in Bedfordshire’ PRCI November 2004 ‘A Snapshot of the Drugs Picture in Bedfordshire’ B:DAT for Crime Audit Purposes January 2005

many of the individuals involved are routinely armed. This is confirmed by the fact that the last 3 actions against level 2 dealers in Luton resulted in the recovery of firearms.

- There is limited evidence of fully functioning crack houses but the sale of drugs from premises is increasingly common.
- There are an increasing number of mobile phone dealers
- There is a move towards Closed markets in the Eastern Region, but there is still evidence of open street dealing around telephone kiosks, shopping centres, night-clubs and pubs in Bedfordshire and Luton.
- Many dealers travel back and forth to London on a daily basis to replenish their stock.
- In general all drugs, especially cannabis and ecstasy are available throughout Bedfordshire and Luton with all villages having at least one local dealer.
- Both the Crack and Young Peoples Survey provided lists of Drug Hotspots.

- Ongoing work is taking place to continually update a picture of the markets through analysis of:
 - Intelligence information from Local Drugs intelligence officers
 - Informants
 - Trend data from Arrest Referral Schemes
 - Trend data from other agencies – including treatment agencies
 - Deferred Decision charge and caution data
 - Drug Seizure system data

This will be fed into the National Intelligence model and to the Communities, Young Peoples, Treatment and Availability groups, plus Community Safety or Crime and Disorder Reduction Partnerships, to inform the development of their action plans for 2005-6.

Key Themes

What's going well

- A robust enforcement strategy focussed on tackling drugs to reduce crime has been developed
- A tactical approach to tackling drugs to reduce crime is being developed
- A drugs education package for all schools liaison officers to direct at year 10 students is now available
- The Prolific Offender Program with police working with probation has been implemented
- The number of offenders being put in contact with arrest referral workers has increased

What we need to work on

- Improving the delivery of enforcement approaches to disrupt Level 1 and Level 2 supply
- Reducing demand by developing the Prolific Offender program links with treatment
- Targeting our prevention and enforcement approaches to protect young and vulnerable people
- Delivering sustainable prevention approaches in hotspot areas

5.4 Priorities 2005-08

The following **four priorities for achievement in 2005-08** have been identified based on the local information detailed above and in response to the Governments PSAs and National Drug Strategy Targets for illegal drugs:

- **Reducing supply of Class A drugs** in Bedfordshire by bringing to justice those who supply drugs especially heroin and crack cocaine.
- **Reducing demand** by identifying and encouraging drug users to seek treatment
- **Protect young people** by reducing access to all illegal drugs and the demand for them
- Gathering and co-ordinating **intelligence and information** about drugs in partnership to successfully reduce their availability.

We can detail these further into our local aims:

- **Disrupting the supply of drugs across Bedfordshire and Luton** with an emphasis on reducing the availability of heroin and crack-cocaine.
- **Reducing access** to all illegal drugs for young people
- **Reducing the demand** for drugs by young people by actively linking them with appropriate treatment services.
- **Actively seeking intelligence** from the public and within our partnerships; identifying as many prolific and persistent drug using offenders and drug hotspots as we can
- **Using trend information** to monitor changes in the activities of dealers, drug users and the drugs market place.
- **Disrupting and dismantling trafficking groups and target drug dealers**, with the supply of heroin and crack-cocaine as a priority
- **Targeting the dealing of any drug that involves young people.**
- **Increasing the recovery of drug related criminal assets.**
- **Reducing the demand for drugs by supporting links with treatment agencies** including Drug Intervention Programmes (DIP) and targeting and tracking drug using prolific and persistent offenders into treatment.

Over the three years covered by this strategy Bedfordshire Police plans to increase enforcement activity. This will include an increase in the number of warrants they issue and execute, particularly targeting offenders who supply children and other vulnerable people. They also plan to increase enforcement activity against level 2 dealers including extensive use of the Proceeds of Crime Act (POCA).

They will achieve the reduction in supply by the use of level 1 tactical tasking and co-ordinating to identify and disrupt level 1 and 2 class A drug supply offenders. This will include intelligence led operations in hotspot areas and towards targeted offenders. Tasking groups will prioritise these so as to impact positively on local communities. Resources will be deployed flexibly against proven risk areas to cause maximum disruption to illegal drug organisations, strip the capital from these criminal enterprises, cause mistrust and frustration among criminals and expose the principle players in these criminal organisations.

5.5 How We Will Measure Our Success

Each of our availability priorities for achievement will be measured against these performance criteria:

Priority Aim 1: Disrupt the Supply of Class A drugs in Bedfordshire	
Target:	<ul style="list-style-type: none"> To identify and disrupt level 1 and 2 class A drug supply offenders through level 1 tactical tasking and co-ordinating To increase the number of persons brought to justice for Class A drugs supply offences to 24 in 2005-06 (8 D Division and 16 B Division)
Performance measure:	<ul style="list-style-type: none"> BCS recorded crime comparator and other acquisitive crime (<i>national KPI</i>) Number of individuals who perceive people using or dealing drugs are a problem in their local area (<i>national KPI – measured through BCS/Police Authority survey</i>) Number of persons brought to justice for Class A drugs supply offences Number of persons brought to justice for Class A drugs supply offences per 10,000 population The amount (grams/doses/tabs) of Class A drugs seized attributable to persons arrested for Class A supply offences Number of seizures of Class A drugs attributable to persons arrested for Class A drug supply offences Number of passive drugs dogs operations Number of drugs warrants executed Total of all assets recovered from persons under the Proceeds of Crime Act 2002, directly related to the police, per 10,000 of population
Baseline:	<ul style="list-style-type: none"> 2004-05 data from Bedfordshire Police

Priority Aim 2: Reduce Demand for Class A drugs By Identifying and Supporting Users Into Treatment	
Target:	<ul style="list-style-type: none"> To increase the number of offenders entering treatment via criminal justice routes by 15% year on year to 2008
Performance measure:	<ul style="list-style-type: none"> Percentage of offenders charged with trigger offences who are tested for Class A drugs and the percentage who test positive (<i>national KPI</i>) Number of drug users notified to Arrest Referral No of individuals assessed by Arrest Referral as a percentage of arrest referral notifications Number of alcohol users referred to Alcohol Referral Link Scheme Number of Short Duration Programme run in HMP Bedford No of individuals participating in those programmes No. of arrests warrants executed for individuals in breach of DRRs No arrested within 7 days Number of Drug Rehabilitation Requirement (DRR) Commencements Number of successful completions.
Baseline	<ul style="list-style-type: none"> 2004/05 data from Arrest Referral, HMP Bedford, Bedfordshire Police, Bedfordshire Probation

Priority Aim 3: Reduce Access to Drugs, Particularly for Young People	
Target:	<ul style="list-style-type: none"> To increase use of Itemiser (drugs detector) in pubs, clubs and other places where drugs can be sold or used by young people To deliver educational input to all year10 students in Bedfordshire about passive drugs dogs and itemisers through School Liaison Officers
Performance measure:	<ul style="list-style-type: none"> Number of operations run using equipment No of inputs delivered by SLOs No of young people receiving input
Baseline	<ul style="list-style-type: none"> New scheme for 2005/06

Priority Aim 4: Gather And Co-Ordinate Intelligence And Information About Drugs In Partnership To Successfully Reduce Their Availability	
Target:	<ul style="list-style-type: none"> • To bring together trend data, information and intelligence from all partners to map, monitor and analyse the drugs market. • To actively seek intelligence from the public to inform operations,
Performance measure:	<ul style="list-style-type: none"> • No of data sets considered by the B:DAT Availability Group that can be used for trend analysis • Number of reports received. • Number of intelligence items sent via web site

These 4 priorities are identified in B:DAT Availability Group action plan and will be monitored in the following ways:

- Quarterly data and performance reporting to the B:DAT Availability Group
- Quarterly monitoring and scrutiny by the DAT Partnership Board
- Over-arching target and performance agreement with Government Office Drugs Team (Eastern Region)

5.6 Funding

Core Police, Probation and Prison funding to be spent on tackling drugs issues is to be confirmed by July 2005.

6. Further Information

For an executive summary of this document, or to read the appendices that accompany this strategy, please see:

- B:DAT Strategy 2005-08 Executive Summary
- B:DAT Strategy 2005-08 Additional Information

Both accessible on our website www.bedfordshire.gov.uk/dat or contact us on 01234 276051 or 01234 408051

To find out more about B:DAT or how to get involved, please contact us on :

- B:DAT Communities Helpline - 01234 276051 or 408051
- B:DAT e mail - info@bdat.org.uk
- B:DAT Websites - www.bdat.org.uk or www.bedfordshire.gov.uk/dat

For find out about drugs and local services, please contact B:DAT on:

- 01234 276051 or 408051 for a copy of our D:2 Guide
- download from our website @ www.bdat.org.uk/latestnews

For information, advice and support about drugs talk to FRANK, the new national drugs helpline, 24/7 (round the clock) on

- 0800 77 66 00
- www.talktofrank.com

6.1 Glossary

- B:DAT Bedfordshire Drug and Alcohol Action Team
- BBV Blood Borne Viruses
- BCS British Crime Survey
- BME Black and Minority Ethnic groups
- CARATS Counselling, Advice, Referral, Assessment and Throughcare
- CDRP Crime and Disorder Reduction Partnership
- CJIT Criminal Justice Integrated Team
- CSCI Commission for Social Care Inspection
- CSP Community Safety Partnership
- DFES Department for Education and Skills
- DIP Drugs Intervention Programme
- DOH Department of Health
- DRR Drug Rehabilitation Requirement
- DTTO Drug Treatment and Testing Order
- HMP Bedford Her Majesty's Prison Bedford
- IMPACT Highly intensive support service for parents who misuse substances
- JCG Joint Commissioning Group
- KPI Key Performance Indicator
- MIM Multiple Indicator Method
- NDTMS National Drug Treatment Monitoring Service
- NTA National Treatment Agency
- PCT Primary Care Trust
- PPO Prolific and Priority Offenders
- PTB Pooled Treatment Budget
- SPACED Support for Parents and Carers Experiencing Drugs (Family Support Team)
- STEIS Strategic Executive Information System
- Tiers of Treatment:
 - Tier 1 Non substance-misuse specific services requiring interface with drug and alcohol treatment
 - Tier 2 Open access drug and alcohol treatment services
 - Tier 3 Structured community-based drug treatment services
 - Tier 4 Residential drug and alcohol misuse specific services and/or highly specialist non-substance misuse specific services
- YOS Youth Offending Service

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