



Kirklees
METROPOLITAN COUNCIL

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Ad Hoc Scrutiny Review

Report on

Drugs and Alcohol Services Rehabilitation, Planning and Provision

Report One

October 2000

Kirklees Metropolitan Council

1.0 **INTRODUCTION**

1.1 **About the Panel**

- The Panel constituted three Kirklees Ward Members. Councillor David Beetham as the appointed Chair accompanied by Councillors Margaret Fearnley and Ian G. Harrison. Ken Gillespie, Kirklees Council's Head of Public Private Partnerships and Darren Tones from the Council's Committee Services acted as support to the Panel throughout the process.
- None of the individuals involved had any formal role in any drug or alcohol related activity of any of the agencies responsible for providing services. The Panel was therefore truly "lay" in its knowledge of the issues involved but all brought an awareness of the implications from their own communities about how drug and alcohol abuse affects peoples lives.

1.2 **About the Review**

- The Panel was asked to undertake its role by Kirklees Council's Scrutiny Executive, the group of Councillors who under the terms of the Local Government Act 2000 (and the preceding consultation work) are charged with the responsibility of investigating and monitoring the relevance and effectiveness of Council services and other agencies and their decisions.
- The review relates only to the planning and provision of services to individuals and the wider community that are required as a result of the abuse of hardcore/Class A drugs and alcohol.
- This review was the first to be undertaken involving areas of activity where there is such a large scale interaction and co-ordination of services with other organisations such as the Kirklees and Calderdale Health Authority, West Yorkshire Police, the Probation Service and the Prison Service who form the Drugs Action Team for the Kirklees Area. The Panel welcomed the positive responses received from these agencies in being keen to participate in the review. The Panel were mindful from the outset that given the cross cutting nature of the area under scrutiny, that they were looking at the impact of resourcing, prioritisation and service outputs of many organisations who despite their pledge to work collectively would also be driven by other internal and external pressures.

1.3 **Terms of Reference**

As an early part of its work the Panel agreed its terms of reference with the Scrutiny Executive as being:-

1. To establish a base line understanding of the scale and impact of drugs, substance and alcohol abuse within Kirklees.
2. To identify the current provision of services to people who suffer from such abuse, i.e. the person themselves, their immediate family and friends, their neighbours, the public at large.
3. To establish the amount and origins of resources allocated to such services and how these are prioritised.
4. To identify ways in which the agencies involved in tackling these issues could improve the effectiveness and cost-efficiency of their service delivery.

5. To evaluate whether and where further resources are required.
6. To make appropriate recommendations.

1.4 **The Work of the Panel**

The Panel sought to try and develop an overall awareness of the organisations that interact to provide services.

- The Panel held open public meetings in discussion with various specialists on Monday 6 December 1999, Tuesday 11 January 2000, Monday 28 February 2000, Friday 24 March 2000, Monday 10 April 2000, Wednesday 10 May 2000, Friday 9 June 2000 and Thursday 27 July 2000. A press statement about the Panel's work was released and views sought from members of the public and organisations.
- The Panel undertook various site visits to relevant agencies and organisations. The Panel has also interviewed witnesses and taken the observations from individuals representing West Yorkshire Police; St Luke's Mental Health Directorate (Trust); the Primary Care Groups; Community Development Service; Leisure Services; Health Authority; Customs and Excise Service; Prison Service; Probation Service; Drugs Action Team; Lifeline; Leeds Addiction Unit; District Coroner; Community Safety Service; Eightlands Pharmacy; Kirklees Alcohol Advisory Service; Accident and Emergency Unit; Ravensthorpe Parent Group; Education Service; Social Services and the Housing Service.
- At the conclusion of its work the Panel does not claim to have an in-depth knowledge of all aspects of the complex interactions between agencies, nor a fully comprehensive understanding of those treatments, projects and programmes on offer. In addition, with the level of resources available to it, it has not undertaken a systematic review of National and local literature. However the Panel has covered a large amount of ground within limited timescales.
- The strength of the Panel's work is its capacity to take an overview from the outside and to view the activities that are taking place from a different perspective than those individuals and organisations who are operating within the system. Discussions with specialists at Panel meetings and visits have been wide-ranging and visitors were encouraged, (with great success), to speak not just about their own specialism but to comment on their understanding and perceptions on a broader range of related matters. These perceptions and issues have subsequently been tested out by the Panel with other specialists in other settings.
- The Panel has thus developed a rounded view of issues and concerns which have led to the observations it has made, conclusions it has reached and the recommendations it has put forward.

2.0 **THE NATIONAL AND LOCAL CONTEXT**

2.1 **National Situation**

- The Panel has been made aware that national drug problems are severe with great demands placed upon organisations especially in respect of enforcement and treatment agencies. An unprecedented increase in drug misuse has occurred since the early 1990's which has impacted upon all classes within society. Recent research indicates that almost 50% of 16 to 19 year olds questioned had used drugs of some sort or another (excluding alcohol) at some time in their lives ⁽¹⁾.

- The Panel were given statistics which estimated that 60% of acquisitive crime was drug related⁽²⁾. The problem remains a growing one which impacts on the lives of individuals who misuse drugs, on the lives of their families, work colleagues and in local communities.
- The Panel repeatedly heard the view that alcohol misuse was to a degree being neglected because of the steep rise in drugs-related problems. However, a report of June 2000 by Alcohol Concern identified the total national cost of Alcohol abuse in Britain as £3.3 billion per year. The report commented that a 50% growth had occurred in the number of women drinking above the medically approved levels; direct costs to the National Health service were estimated at £200m per annum; £6.8m was spent on criminal activity whilst officially recorded deaths rose from 3,000 in 1986 to almost 5,000 in 1997⁽³⁾.
- The National Research findings reflect the demands and highlights the experience of many people working in health agencies, criminal justice systems, local authorities and the non-statutory sector. As a result, responding to problems associated with substance misuse has become a core activity for many agencies which previously did not view substance misuse as part of their central remit. Nowadays there is broad recognition that substance misuse problems cannot just be left to specialists and that implications exist for a wide range of agencies and, as such, a collaborative strategic approach is required.
- The Panel welcomed the acknowledgement of National Government of the scale of drug-related problems to the extent that it had appointed a National Co-ordinator and had produced its strategy for tackling drugs misuse "Tackling Drugs to build a better Britain".

The Panel feels that a similar level of attention should be afforded to alcohol abuse related issues. The Government should consider the appropriateness of adding these closely related issues to the responsibilities of the National Drugs Co-ordinator and his team. The Drugs Action Team should consider the development of a clear strategy and targets for the reduction of alcohol abuse within the next Action Plan.

2.2 The Local Situation

- An unprecedented increase in drug misuse occurred in the early 1990's which has impacted upon all classes within society.
- Local research identifies that there is an increase of substance misuse activity within Kirklees. Evidence collected over a 4 year period within Kirklees indicates the levels of new referrals with misuse problems from both North and South Kirklees and identifies an approximate year on year increase of 10% for adult clients over the age of 18. The research also highlights that the number of clients referred for treatment locally was increasing.⁽²⁾
- Attempts to relate the incidence of drug misuse to crime demonstrates that locally the percentage of acquisitive crime related to drugs might well be as high as 80% or even 90%. The fear of crime was a significant factor raised by constituents with the Members of the Panel.
- It was noted that 11% of reported violent crime occurred in or adjacent to commercial premises. The Panel was advised that local statistics do not record general levels of drug and alcohol use in the community at large, with statistics being kept only on referrals for treatment. Much wider use is in fact likely given that individuals often do not consider their substance use as being problematic.

3.0 **FINDINGS**

3.1 **Joint Working**

- (a) The Panel interviewed at least one individual and sometimes several more, who represented organisations involved in the Kirklees Drugs Action Team (DAT), which was the collective group charged by Government to develop the local response to the national drugs strategy.

All agencies acknowledged that they were committed to the concept of joint working to develop integrated and more effective solutions to problems rather than each individual agency delivering their own responses. Individuals seemed proud of the early start on collective working that the local partners had made.

The Panel were uncertain of the level of effort being made at partnership working and regarded the commitment in evidence as an unsatisfactory base from which to continuously improve services to those in need locally.

- (b) Each organisation set their drugs and alcohol responsibilities in the context of their role as a whole. The national and local expectation on them all to deliver improvements on a broad range of often diverse objectives was noted. Within each organisation drugs and alcohol activities competed against many other priorities for management time, staff resources and funding. The Drugs Action Team functioned at a strategic and co-ordination level whilst further detailed activity was undertaken by a Joint Commissioning Group who collectively decided upon the purchase of services from providers in consultation with relevant individuals and agencies via the Drugs Reference Groups.

The Panel expressed concern about the capacity of individuals with many tasks to properly develop and introduce strategies and action planning given the many competing priorities.

- (c) The DAT has available to it the services of a full-time Co-ordinator funded by Central Government operating at "Junior Management" salary level. In the period of its inquiry the Panel interviewed the first person to hold this office, and, after her recruitment to another post in the Health sector also interviewed her replacement. Both of these individuals originated from the Local Authority and retained strong links. Indeed the second individual retained some duties from his original post.

The Panel formed very firm views that:-

- (i) **this post was critical to the effective strategy development, action planning and monitoring of progress for the DAT.**
- (ii) **the post needed to be fully dedicated and at a more senior level than at present, able to command resources and respect from the senior managers of the partners.**
- (iii) **those agencies upon the DAT should commit funding and establish a full-time co-ordinator position.**
- (d) The Panel considered as evidence towards the end of its analysis a paper issued by the Local Government Association which concluded that strategies to tackle drugs were "rudderless; isolated from the wider picture; and require the strategic leadership of Councils". The Local Government Association went further to say that the structure of the Drug Action Teams were "holding back progress because they lacked executive teeth".⁽³⁾

As part of the review, the Panel has considered whether the Local Government Association's view was mirrored locally.

The Panel concur that for Drug Action Teams to be truly effective then they must connect with other initiatives such as Crime and Disorder Partnerships, youth offending schemes and welfare to work. The need exists for Drug Action Teams to be at the forefront and leading on overall strategies in a co-ordinated fashion.

3.2 Planning, Implementing and Monitoring

The basic organisational structures for these tasks are sound. The Panel was impressed by the well-written and detailed 1999/2000 action plan for the DAT. The principles of the strategy were rooted in National Strategy and logically laid out. The core aims were to the point and examples of current activity seemed well targeted. The key priorities were extremely comprehensive and the farsightedness to agenda plan was highly commendable.

The Panel explored with interviewees progress relevant to their particular specialism. It was clear that whilst many items had been addressed the plan had been ambitious with some targets remaining unfulfilled. The Panel noted the difficulties surrounding the loss to another post of the first co-ordinator and the period of severe illness suffered by her replacement.

Irrespective of this the Panel challenges the DAT to consider to what extent it set itself targets that were realistically achievable for 1999/2000 and to appraise also the level of dedicated resources needed in the years to follow and whether Elected Members should be appointed to serve on the DAT.

A key area of the DAT's work was in analysing need, establishing how research or treatment services' performance targets could be set, procured, commissioned and evaluated for their success. Almost every individual the Panel spoke to explained that resources were inadequate to tackle their particular aspect of the above problems. Justifying need and proving prudence and effectiveness were critical in winning additional resources.

The Panel were pleased to note that key personalities from the DAT were aware of the need to devise meaningful and qualitative performance indicators to enhance their level of awareness of what volume and quality of service could reasonably be expected for the budgets made available to suppliers of services. The increasing demands to be made on suppliers to demonstrate their effectiveness in providing services was welcomed. The Panel felt that this area of the DAT's activity should be a key priority and that consideration should be given, possibly with some external support, to a review based on the Best Value principles to better inform the partners as to their current success levels, to help target future work and to assist in bidding for extra resources.

3.3 Young People

The Panel were appraised of the many important and inventive strategies and programmes that the partners involved in services for young people were developing. The prioritisation of services to young people in order to attempt to intervene early in offering a way out from drug or alcohol abuse was welcomed by the Panel. The co-ordinated work of the Youth Offending Team was regarded as being of particular significance in seeking to avoid young offenders becoming seasoned ones.

The Panel were concerned that evidence suggests that even younger children were exposed to drugs and that the SPICED programmes to deliver awareness packages in schools were Standards Funded and therefore optional for schools.

The Panel were pleased that there were plans to develop training and other support measures for teachers and other school-based staff although proposed that consideration should be given to a basic provision for all schools with additional support offered for those with the greatest need and the greatest concern to do more in this area.

A consistent message from individuals was that interesting and attractive activities needed to be made available to young people to encourage them away from circumstances where they were exposed to drug misuse problems. Such comments were submitted by all age groups and from a range of agencies within the field. Kirklees Council is the principal supplier of such activities through its Leisure and Cultural Service and the Community Development Service with many voluntary groups also making major contributions. It was noted that the Council was currently reviewing its services to young people and the Community Development Service.

The Panel consider that any proposals coming out from this review should place a high priority on the needs of young people for activities and support to assist them in avoiding and rejecting drug and alcohol abuse.

The Panel were particularly impressed by the visit they made to the Springboard Project at Lifeline, Huddersfield.

The Panel suggests that the DAT Commissioning Group should give close consideration to the perceived value of the Springboard Project and how its activities could be further supported and replicated in other areas of the District.

3.4 **Communities**

The Panel were made aware repeatedly of the multi-faceted problems that drug and alcohol abuse created within communities.

From the standpoint of those people who lived close to concentrations of drug and alcohol abuse the principle problems related to community safety. Police activity was reported to concentrate limited resources on drug dealers. The recently announced additional resources to the Police at grass roots level of 10% extra per year over the next three years to reduce by 25% the people under 25 using "Class A" drugs and cut truancy related to drug and alcohol abuse is to be commended⁽⁵⁾.

Recent research on 1,110 drug users demonstrated that over a period of time those individuals had committed crime at considerable cost to society⁽⁶⁾. High rates of criminal activity were reported prior to treatment with shoplifting being the most frequent pre-admission offence. It was an important finding of the study that reductions in crime were most evident amongst individuals who had completed residential treatment and those receiving community based methadone treatment.

The Panel were repeatedly advised of the difficulties created for individuals and their neighbours when multi-agency co-ordinated support breaks down for that individual resulting in an intensification of abuse or relapse. The Prison Service was commended on the resources allocated to provide support to individuals although the Panel recognised that support within the community for those with misuse problems was insufficient. As a result of the lack of support facilities, individuals would return to addiction which had a profound impact upon their families, friends and the community.

This area of interaction between Health, Social Services, the Police and other agencies is clearly one of the most difficult and potentially resource-hungry. The Panel noted that active planning on integrated work in communities was regarded as priority 4 or below on the Action Plan.

The Council is developing proposals for the delegation of certain elements of community planning and decision. The Panel anticipates that this process is likely to see community concerns about the level of priority to be afforded to drug and alcohol related activities to be more clearly articulated.

Many contributors felt that more resources needed to be made available to tackle drugs-related problems at community level.

The Panel recommend that when the Police are successful in securing a prosecution that results in fines and a sequestration of assets that those sums be partly devoted to the local Police for drug prevention work and to other DAT related services and statutory bodies such as Customs and Excise to address some of the problems that such activities have had on local communities.

3.5 Treatment

The Panel were informed that of the £1 billion budget currently provided to those Agencies responsible for dealing with misuse problems a total of £2.1 million (0.21%) is currently committed to providing substance misuse services. The Panel were informed that funding provided to Lifeline totalled £668,370 for 1999/2000 with the acknowledgement that funding would increase in 2000/2001.

Lifeline, as the principal supplier of “contracted-out” treatment services in Kirklees have been the organisation that the partners in DAT have come to rely upon for providing services via their “community-based” supplier model of service delivery. The Panel visited a number of Lifeline premises and spoke with a variety of different staff. In general the Panel formed the impression that Lifeline provide a broad range of services that seemed to be valued by all DAT partners. The organisation seemed well able to work effectively with partners and deliver a varied programme of support. The Panel felt that accommodation was generally of variable quality.

The Panel noted the impact of year to year funding uncertainty for Lifelines’ management. The extent to which this impacts upon the organisation’s capacity to think strategically over a planned period is a further fact the Commissioning Team need to take into account when specifying and agreeing new contractual arrangements with Lifeline.

The Panel were repeatedly advised of the need to increase the participation of local General Practitioners in treating people with drug and alcohol problems at their surgeries and in order to achieve stability at Clinical Treatment Agencies such as Lifeline. The Panel welcomes the intention of the Shared Care Scheme which attracted General Practitioners in the area to deal with those people experiencing misuse problems. However only a minority of General Practitioners were involved in the Scheme and the need existed to encourage more to participate.

The Panel noted that no requirements existed within the terms of service for General Practitioners to deal with individuals with misuse problems. General Practitioners remained independent contractors and provided a service in accordance with the terms as stipulated by the “Red Book”. It is acknowledged that General Practitioners referred individuals with misuse problems to treatment services such as Lifeline and that they frequently refrained from participating in the Scheme due to the potential for disruption which individuals with misuse problems could cause to their practices.

The Panel questions the validity of a contractual system of employing General Practitioners that allows for such a potentially variable level of service to be offered by different individuals which could create serious gaps in service delivery and urges the DAT to press for greater standardisation.

Similar variability of treatment appeared also to apply with the prescribing of methadone as a drug-replacement therapy. The Panel were advised by the opinions of witnesses that very large quantities of methadone were prescribed and often in multi-dose quantities, much of which found its way onto the street for sale thereby proliferating abuse problems. The majority of the professionals interviewed preferred the daily dosage supply format of handing out this substance to multiple dosage supply.

The growing incidence of methadone related deaths was highlighted by the Home Office Advisory Council in a recent study that went on to propose action be taken to reduce the number of people dying in this way ⁽⁷⁾.

The Panel were supportive of the "consumption pilot" which had been provided to train pharmacists to supervise those with drug misuse problems to take methadone at the pharmacy premises. This daily methadone supply would seem to assist in ensuring that methadone was consumed by those people to whom it was prescribed.

The Panel were extremely concerned that:-

- (a) based on the opinions of witnesses significant quantities of methadone found its way out of the legitimate prescribing system. The DAT are urged to lobby for nationally driven research to establish a "best practice" approach to the dispensing of methadone and for clear guidelines to be brought forward.**
- (b) although considerable funding had been committed to provide a supervised consumption pilot for pharmacists, there appeared to be a reluctance by agencies towards pharmacists dispensing methadone on premises. The Panel urges the DAT to consider the results of the pilot and the implementation of the practice within the District.**

The Panel took careful note of various contributions relating to the value in rehabilitation of in-patient detoxification care. It was advised that greater success with regard to rehabilitation tended to occur when individuals were relocated away from their local area and were able to establish new networks and receive treatment within in-patient facilities. It was acknowledged that no comprehensive in-patient facilities existed within Kirklees.

It is documented nationally and supported by the Government that the need exists to expand current services and to provide a full range of services within single purpose accommodation. It is also recognised that diversion services are required as well as rehabilitation services, including the need for leisure and outdoor activities for those leaving in-patient facilities.

The Panel consider that the DAT should investigate the proposals supported by Government and determine the possibility of providing single purpose accommodation within the District with a full range of services for individuals with misuse problems.

Perhaps mirroring the level to which drug abuse is currently tending to dominate the attention of the service provider in the field, the Panel felt that it too has not paid sufficient attention to alcohol abuse issues.

The Panel did have an extremely valuable dialogue with representatives of the Kirklees Alcohol Advisory Service and took considerable comfort from the services they offer in addition to agency provided facilities. The Panel were concerned to note however that the retirement of the volunteer doctor who has supported this organisation for many years will soon leave the group short of medical support and advises that further research should be undertaken to determine the level of medical support required by the service.

3.6 **Availability of Services**

The Panel gained the overall impression that provision of services across Kirklees was reasonably balanced and reasonably comprehensive given the level of funding available.

Whilst priority is offered to people under 18 for those services provided by Lifeline, it is noted that bolt-on support of leisure and work-related diversionary activities is lacking both in volume and in a co-ordinated and targeted policy.

For people older than 18 the Panel were advised that a twelve week waiting list was in existence before people who are referred or self referred could be offered treatment. No doubt linked to resource levels, a visit to the Leeds Addiction Unit recorded a reported waiting time there of only two weeks.

Despite some constraints, the Panel feel most strongly that the DAT needs to address this rationing process. It cannot be appropriate that people who are committed to self improvement are expected to sustain their enthusiasm for rehabilitation for such an extended period whilst being on waiting lists for up to twelve weeks.

The Panel observed also that the availability of alternative treatments such as acupuncture was limited.

Finally, a further particular concern for the Panel was that in the entire district only two dedicated detoxification in-patient beds existed in hospital based facilities.

4.0 **SUMMARY OF RECOMMENDATIONS**

That the Council receives the report of the Adhoc Scrutiny Panel and refers it to the Drug Action Team, Community Safety Partnership Executive, Kirklees Partnership and the Social Affairs and Health Management Board for consideration and response to the Scrutiny Executive and Council Cabinet by March 2001.

The recommendations of the Panel are summarised as follows:-

- The Panel recommends that a similar level of attention should be afforded to alcohol abuse related issues as is given to Drug related matters. The Government should consider the appropriateness of adding these closely related issues to the responsibilities of the National Drugs Co-ordinator and his team. The Drugs Action Team should consider the development of a clear strategy and targets for the reduction of alcohol abuse within the next Action Plan.
- The Panel were uncertain of the level of effort being made at Partnership working and regarded the commitment in evidence as an unsatisfactory base from which to continuously improve services to those in need locally.
- The Panel expressed concern about the capacity of individuals with many tasks to properly develop and introduce strategies and action planning given the many competing priorities.

- The Panel considers the Drug Action Team co-ordinator position as critical to the effective strategy development, action planning and monitoring of progress for the DAT.
- The Panel considers that the Drugs Action Team co-ordinator position needs to be fully dedicated and at a more senior level than at present, able to command resources and respect from the senior managers of the partners.
- The Panel considers that agencies upon the DAT should commit funding and establish a full-time co-ordinator position.
- The Panel concur that for Drug Action Teams to be truly effective then they must connect with other initiatives such as Crime and Disorder Partnerships, youth offending schemes and welfare to work. The need exists for Drug Action Teams to be at the forefront and leading on overall strategies in a co-ordinated fashion.
- The Panel challenges the DAT to consider to what extent it set itself targets that were realistically achievable for 1999/2000 and to appraise also the level of dedicated resources needed in the years to follow and whether Elected Members should be appointed to serve on the DAT.
- The Panel noted that key personalities from the DAT were aware of the need to devise meaningful and qualitative performance indicators to enhance their level of awareness of what volume and quality of service could reasonably be expected from the budgets made available to suppliers of services. The increasing demands to be made on suppliers to demonstrate their effectiveness in providing services was welcomed. The Panel felt that this area of the DAT's activity should be a key priority and that consideration should be given, possibly with some external support, to a review based on Best Value principles to better inform the partners as to their current success levels to help target future work and to assist in bidding for extra resources.
- The Panel were pleased that there were plans to develop training and other support measures for teachers and other school based staff although proposed that consideration should be given to a basic provision for all schools with additional support offered for those with the greatest need and the greatest concern to do more in this area.
- The Panel consider that any proposals coming out from the review being undertaken by the Council relating to Young People and the Community Development Service should place a high priority on the needs of young people for activities and support to assist them in avoiding and rejecting drug and alcohol abuse.
- The Panel suggests that the DAT Commissioning Group should give close consideration to the perceived value of the Springboard Project and how its activities could be further supported and replicated in other areas of the District.
- The Panel recommends that when the Police were successful in securing a prosecution that resulted in fines and the sequestration of assets that these sums be partly devolved to the local Police for drug prevention work and to other DAT related services and statutory bodies such as Customs and Excise to address some of the problems that such activities have had on local communities.
- The Panel noted the impact of year to year funding uncertainty for Lifeline's management. The extent to which this impacts upon the organisation's capacity to

think strategically over a planned period is a further fact that the Commissioning Team need to take into account when specifying and agreeing new contractual arrangements with Lifeline.

- The Panel questions the validity of a contractual system of employing GP's that allows for such a potentially variable level of service to be offered by different individuals which could create serious gaps in service delivery and urges the DAT to press for greater standardisation.
- The Panel were extremely concerned at the apparently large quantities of methadone that found its way out of the legitimate prescribing system. The DAT are urged to lobby for nationally driven research to establish a "best practice" approach to the dispensing of methadone and for clear guidelines to be brought forward.
- The Panel were concerned that although considerable funding had been committed to provide a supervised consumption pilot for pharmacists there appeared to be a reluctance by agencies towards pharmacists dispensing methadone on premises. The Panel urges the DAT to consider the results of the pilot and the implementation of the practice within the District.
- The Panel consider that the DAT should investigate the proposals supported by Government and determine the possibility of providing single purpose accommodation with a full range of services for individuals with misuse problems within the District.
- The Panel noted that despite some constraints that the DAT needed to address the rationing process. It cannot be appropriate that people who are committed to self improvement are expected to sustain their enthusiasm for rehabilitation for such an extended period whilst being on waiting lists for up to twelve weeks.

Quoted Sources

1. British Crime Survey, 1998
2. Kirklees Drug Action Team Action Plan, 1999/2000
3. "Britains Ruin" Alcohol Concern, June 2000
4. Local Government Association Drugs Task Group "The Case for Local Authority Executive Member Involvement in the National Drugs Strategy", October 2000
5. Home Office New Release, August 2000
6. National Treatment Outcome Research Study
7. Reducing Drug-Related Deaths – The Department of Health Medical Centre/Home Office Advisory Council, June 2000

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