

Stockton-on-Tees

Adult drug treatment plan 2010/11

Part 1: Strategic summary, needs assessment and key priorities

The strategic summary incorporating the findings of the needs assessment, together with local partnership ambition for effective engagement of drug users in treatment, the funding and expenditure profile, harm reduction and primary care self audits have been approved by the Partnership and represent our collective action plan.

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Vice Chair, Safer Stockton Partnership	Chair, adult joint commissioning group

Overall direction and purpose of the partnership strategy for drug treatment

A comprehensive assessment of the needs of adult problematic drug users in the Borough of Stockton has been undertaken, the findings of which will inform the development of the 2010/11 Adult Treatment Plan.

The 09/10 needs assessment has three key sections examining the following areas:

- Profile of Problematic Drug Users;
- Gaps in Service Provision;
- Needs of Carers and Family Members.

The 2008/09 Needs Assessment identified some significant gaps in the support available for problematic drug users in Stockton on Tees, and therefore the priorities identified last year focused on ensuring that the basic treatment system is fit for purpose and is offering Service Users a real chance of accessing the right treatment for them, moving through the treatment system and reintegrating into society.

During 2009/10 there have been some significant changes in Stockton's Drug Treatment System, including the commissioning of a number of new services, and the development of comprehensive treatment pathways. Performance management of the new services is taking place in order to assess impact.

The partnership intention is to build upon these improvements made by:

Encouraging more younger people into treatment;
Increasing the number of females in treatment;
Continuing to address the Hidden Harm agenda;
Ensuring easy access for those from BME communities;
Working to minimise harm to drug users, particularly harms relating to poly drug use;
Working with criminal justice partner agencies to reduce drug related crime;
Improve access to housing in conjunction with Supporting People and mainstream housing providers;
Working with Job Centre Plus and employment and training providers to increase opportunities available to drug users;
Further promotion of treatment options available;
Increasing involvement with GP services;
Continuing to improve Tier 4 processes;
Reducing unplanned discharges in both the community and Tier 4 services;
Improving service user involvement;
Improving carer involvement in care planning.

Likely demand for open access, harm reduction and structured treatment interventions

As mentioned in the previous section the Stockton adult drug treatment system has undergone significant change during 2009/10. New services have been in place from June 2009, including Vision (the new complex needs service), the Stimulant Outreach Service, and the Star Project (the structured day programme and the aftercare service).

It is anticipated that demand for treatment overall will not change significantly over the coming year, although there are likely to be some changes in demand between services as individuals progress through the treatment pathway.

The latest figures on numbers accessing structured treatment show that between September 2008 and August 2009 1254 Problematic Drug Users (all ages) accessed effective structured treatment, and 1357 Drug Users (over 18's, all drugs) accessed effective structured treatment. Although historically numbers have increased year on year, over the next couple of years it is anticipated that the numbers accessing structured treatment will start to plateau. Although it is still anticipated that new individuals will be brought into treatment through efforts to engage hard to reach individuals and under-represented groups, eg women, younger adults, stimulant users, BME, at the same time it is hoped that more individuals will successfully exit drug treatment. Examples of initiatives that will help to achieve this include the recent work around Tier 4, the additional support for the Birchtree Practice to engage individuals currently only receiving prescribing interventions into additional treatment, and the new Aftercare service. It is therefore not anticipated that there will be significant increases in demand overall for structured interventions.

The numbers accessing the Harm Minimisation service has continued to be high, with 700 Heroin users accessing the service during 2008/09, alongside Steroid, Melanotan and Amphetamine users. Data shows the number accessing the service each month is relatively stable, at around 300 individuals each month, with no sign of a significant increase or decrease, and therefore it is anticipated that demand will remain at a similar level over the coming year.

The Vision service offers a drop-in, whereby clients can drop into the service without having an appointment and will be seen by a keyworker. This service has been running since June, with an average of 54 clients a month utilising this open access service. The numbers have been fairly stable, ranging from a low of 45 clients utilising the service during June (the 1st month of the service being open) to 65 individuals in August. It is therefore anticipated that likely demand for open access will also remain relatively stable during 2010/11.

Key findings of current needs assessment

Demographics of Problematic Drug Users

Age:

- There continues to be an ageing treatment population, with fewer in the younger age category and more in the older age category than last year;
- Younger people (15-24 year olds) that have had contact with the treatment system continue to be more likely to be known to treatment but not currently in treatment than to be currently receiving treatment;
- Areas in the system where younger problematic drug users have been identified, and therefore where there may be opportunities to engage them into treatment, are via the criminal justice system, and via hospital.

Gender

- 72% of those in treatment in Stockton are male, however this gender split mirrors the national and regional averages;
- The gender split varies between services, with ABS continuing to have the highest proportion of females;
- There is greater representation of females in those admitted to hospital on a drug-related diagnosis code than in the treatment population;
- When looking at plans for engaging more women in treatment issues such as childcare, pregnancy, domestic violence and sex work need to be taken into consideration.

Ethnicity

- 99% of those in treatment are of white ethnicity, slightly higher than in the general Stockton population where 97% are of white ethnicity;
- BME individuals known to treatment are slightly less likely to currently be in treatment than individuals of white ethnicity;
- Cultural stigmas may prevent access to treatment and therefore services need to offer bespoke treatment to meet different personal and social needs, and offer anonymity.

Locality

- The wards of Stockton Town Centre, Parkfield and Oxbridge, Hardwick, Newtown, and Mandale & Victoria all appear to be areas of high drug use;
- Although Billingham East wasn't identified by current Service Users as an area where drugs are purchased, it was the 2nd highest ward for emergency hospital admissions, and the 9th highest for needle finds. It may be that Billingham East is an area of high drug use, but that individuals from this are under-represented in drug treatment, and this needs to be investigated further;
- The localities highlighted as areas of high drug use are also the more deprived areas within Stockton.

Drug Type

- Although Heroin is still the primary drug of choice for the majority of Service Users, the percentage has fallen again, and Heroin is now the primary drug for just under 80% of those in treatment;
- At least half of those in treatment are polydrug users;
- There continues to be high levels of alcohol use amongst those in treatment;
- Those in the younger age groups (18-20 year olds and 21-25 year olds) are more likely to test positive for Cocaine than for Opiates in Arrest Referral;

- High numbers of steroid users are accessing the Harm Minimisation Service, and anecdotal information suggests there is a link with other drug users with some Steroid Users selling other drugs to fund their own steroid use;
- Legal Highs, in particular Mephedrone, are being used in Stockton and across Teesside and can have harmful side effects.

Links with Crime

- There continue to be strong links between drug use and criminality, with around 750 positive drug tests following arrest in 2008/09;
- There is evidence of a link between drug use and domestic violence;
- Improvements following partnership actions to tackle offending behaviour are starting to be evidenced by a reduction in levels of reoffending;
- Continued close partnership working is required, including further developments around tackling “High Crime Causers”, and effective targeting of Drug Rehabilitation Requirements;
- Links between Prison and Community need to continue to be tightened.

Health Needs / Risk Behaviours

- There is estimated to be almost a thousand injecting drug users in Stockton;
- Of those commencing treatment journeys almost all clients were offered Hep B vaccinations and Hep C tests, however 18% refused Hep B vaccinations and 28% refused Hep C tests;
- The trend towards mixing drugs, including mixing with alcohol, may pose risks to health;
- There appears to be a gap in availability of dentistry, with some service users indicating that they wish to be registered with a dentist but aren’t currently registered;
- The majority of service users have experienced one or more symptoms of mental health issues;
- Physical disabilities are common and therefore it’s important to ensure all treatment provision is accessible to those with physical disabilities;
- There is evidence of a strong link between drug use and sex work.

Housing Needs

- Around a fifth of those commencing treatment have some form of housing problem;
- There may be an opportunity to engage individuals presenting with housing needs in treatment as a number of individuals disclosing drug use to the Housing Options team were not currently in treatment;
- Around a fifth of individuals surveyed felt that they had an issue putting their current housing at risk;
- Many service users share their current housing with other drug / excessive alcohol users;
- Clearer access to housing for those with drug problems may be beneficial, such as a gateway service to ensure quick access to the most appropriate housing;
- There is a need to ensure that suitable housing is available for individuals at every stage in their treatment journey, including for those exiting prison.

Employment and Training Needs

- A new initiative with Jobcentre Plus is starting to result in referrals for Jobcentre Plus customers to Drug Treatment Agencies;

- There are high levels of unemployment and high levels of benefit claimants amongst those in treatment;
- Having a job and further qualifications were aspirations for over half of survey respondents;
- Further support may be required for the treatment workforce to enable them to help service users access job and training opportunities;
- More variation in the types of training courses available is required, including shorter duration courses.

Treatment

- Further activities needed to raise awareness both amongst Service Users and Carers, but also amongst a range of other organisations, including criminal justice agencies, who have the potential to refer people into the treatment system;
- The level of referrals from GP's into treatment services is relatively low, however evidence from surveys undertaken during 2009 suggests GP's are one of the most common places people who go for advice and information around substance misuse.
- The lack of referrals between drug treatment agencies, an issue identified in last year's needs assessment, has started to be addressed, with the latest data showing an increase from 5% of all referrals to 13%;
- Data provided by the NTA shows that overall Stockton is performing well on both access and effective engagement in treatment, performing better than both Regional and National averages across a range of priority groups;
- Stockton still has a higher percentage of clients that have been in treatment for four or more years than the Regional and National averages;
- Responses from a recent service user survey indicate that those in treatment feel that it is having a positive impact on their lives, in particular on reducing their criminal activity and improving their general health;
- Improvements in Tier 4 completion rates have occurred, with an increase from 35% completion in 2008 to 51% completion in the first ten months of 2009.
- The level of unplanned exits in Stockton remains high, and improving levels of planned discharges needs to be a priority for 2010/11;
- The number of individuals completing treatment drug free has increased since last year, however numbers are still relatively small.
- A range of developments are currently underway regarding service user involvement, including a peer mentoring training course, a small service user group, and plans to bring Narcotics Anonymous to Stockton;
- Almost half of all clients in treatment are parents, and sixty percent of women in treatment are parents. Stockton also has a high level of pregnant clients compared to other areas in the Region.
- One of the issues of importance to carers is involvement in care planning, and services need to continue to encourage service users to involve their families in their treatment.

Improvements to be made to the impact of treatment in terms of its outcomes

Previous consultation has taken place to identify what service users, families and stakeholders wish to see as outcomes of treatment. The partnership continues to strive to achieve these outcomes:

Reduced drug use
 Reduced alcohol use
 Reduced re-offending

Abstinence for those who wish to achieve abstinence
Improvement in physical health
Improvement in psychological health
Improvement in life skills
Increased education, training and employment opportunities
Reduced harm to children and families

Key priorities for 2010/11

- **Housing** – including clarity on access criteria, and ensuring there is an appropriate range of housing options for individuals at different stages in their treatment journey, including those leaving prison;
- **Employment and Training** – trying to improve employment chances of services users, including improving the variety of training courses available to service users, and ensuring keyworkers are fully equipped to support service users to access employment and training opportunities;
- **Awareness Raising** – during 2009 a lot of work has been undertaken to raise awareness of the new treatment system, including ensuring there is clarity on treatment pathways, and the development of a new service directory. However further work is needed as evidence suggests there are still gaps in awareness therefore further targeted action is required;
- **Increasing successful treatment exits** – including addressing the high levels of unplanned exits, improved access to and outcomes from tier 4, and ensuring abstinence is a real potential outcome for those who want it;
- **Women** – looking at how to increase the proportion of women in treatment, considering issues such as childcare, pregnancy, domestic violence, and sex working;
- **Partnership working with Criminal Justice Agencies** – including continuing the improvements that have been made to reduce reoffending, and improving working between prison and community;
- **Improved partnership working with GP's** – ensuring all GP's are aware of what the new treatment system has to offer and are able to provide advice and onward referrals into treatment, and also involving more GP practices in shared care, where specialist treatment services work in partnership with local GPs to deliver treatment;