# Stockton Quarterly Performance Report to SSP 2012/13 Q1

David Morton 11/09/12

		tot	change	% OCU	° change
1 Numbers of Adults in Drug Treatment	2011/12 Q2	1352	-19	87%	0
	2011/12 Q3	1387	15	86%	-1%
	2011/12 Q4	1364	-23	87%	1%
* OCU = Opiate or Crack User	2012/13 Q1	1360	-4	86%	-1%

Proportion of OCUs receiving structured psychosocial intervention

### Commentary

It is anticipated that numbers in treatment will fall as opiate and crack users exit treatment in greater numbers. and targeted work on re-representations continues. (see successful completions data below)

Greater integration of service provision is aimed at reducing unplanned discharges and this may maintain numbers in treatment in the short term. Increases in referrals for other substances including 'legal highs' cocaine and steroids could maintain or increase numbers in treatment.

# 2 Top three drugs for those in treatment

(reported YTD)

#### Commentary

increases in secondary and tertiary problematic drug use are partially due to improved recording but also reflects the reducing use of Heroin and Crack and the increasing recognition of the problematic use of alcohol by clients and their key workers.

Primary Drug	number in treatme	trend	
1 Heroin	844	62%	$\nabla$
2 Other Opiates	90	7%	$\triangle$
3 Cannabis	71	5%	$\nabla$
Secondary Dru	ıg		
1 Crack Cocaine	173	13%	Δ
2 Cannabis	114	8%	$\wedge$
3 Alcohol	126	9%	$\overline{\triangle}$
<b>Tertiary Drug</b>			
1 Alcohol	85	6%	Δ
2 Cannabis	46	3%	$\wedge$
3 Benzodiazepine	es 37	3%	$\overline{\triangle}$

	_	Feb-12	Mar-12	Apr-12	May-12	Jun-12
3 Successful completions	Opiate _	5.20%	4.70%	4.10%	5.50%	6.20%
As a proportion of all in treatment (rolling 12 month period)	Non Opiate _	39.70%	38.20%	38.50%	40.40%	39.60%
		_		Apr-12	May-12	Jun-12
4 Re-Representation Rates	Opiate	_		na	27.60%	25.70%
	Non Opiate			na	6.30%	7.90%

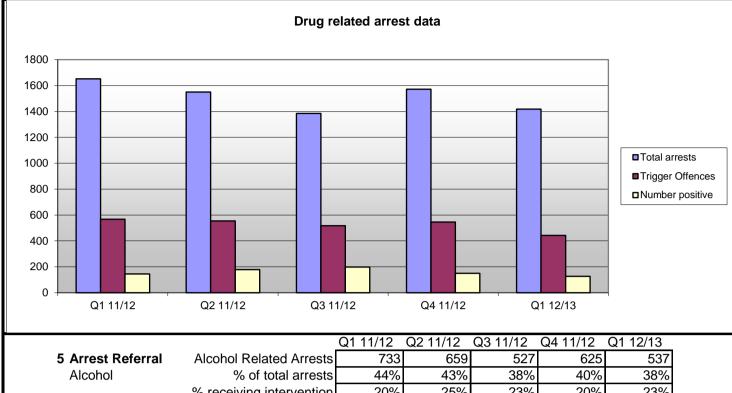
Commentary

These figures have a six month delay in order to measure re-representations and therefore don't fully reflect current working practice aimed at improving completion rates and re-representation. Planned treatment exits are growing significantly and work is ongoing to increase this trend.

		Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13
5 Arrest Referral	Total arrests	1652	1549	1385	1571	1418
Drugs	Trigger Offences	567	554	518	545	443
	% of total arrests	34%	36%	37%	35%	31%
Additional tests	due to inspector discretion	11	10	3	5	1
Te	ot Number testing Positive*	145	179	199	150	126
% Positive		25%	32%	38%	27%	28%
Total Clients Referred		75	63	42	28	na
% of these th	nat are already in treatment	40%	48%	33%	43%	na

## \*opiate or cocaine only

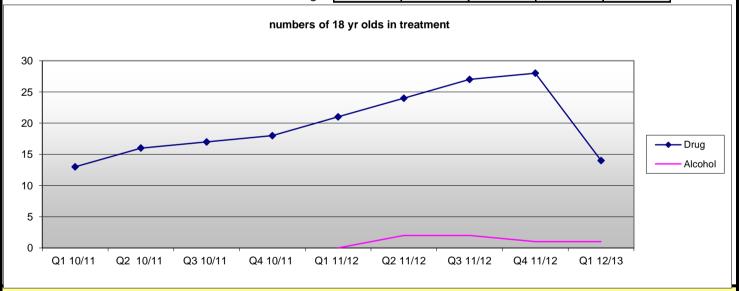
There have been delays in implementing new protocols for a more targetted/intellignce lead approach to drug testing due to additional security clearance requirements for key workers. Issues have now been resolved and we are anticipating that better targeting will increase the proportion of positive tests, reduce the total number of tests and free up resources to target alcohol interventions. It is also worth noting that crime levels, arrests and in particular, arrests for trigger crimes (acquisitive crimes) have fallen in the first quarter of this year.(see below)



% receiving intervention 20% 25% 23% 20% 23%

The number of alcohol related arrests is currently in decline and the proportion of all arrests that are alcohol related has also reduced significantly. Until april a fixed penalty charge for drunk and disorderly of £80 was waivered for anyone agreeing to attend an alcohol intervention. After April a charge of £40 has been introduced and this has reduced the numbers agreeing to this offer. This and the delays to changing the drug arrest referral process (see above) mean that there has been no improvement to the proportion of alcohol related arrests that receive intervention.

		Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13
6 18yr olds in Treatment	Drug treatment	21	24	27	28	14
	Alcohol Treatment	0	2	2	1	1
Successful	alcohol discharges	0	2	0	0	0

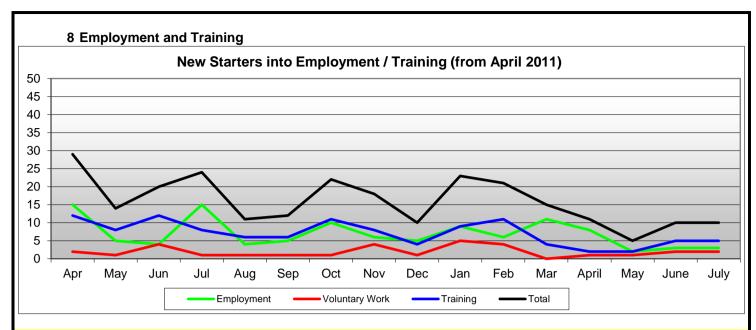


This data shows a cumulative year to date figure for 18yr olds in treatment. We would therefore expect a drop at the beginning of each new year for Q1 but this was not seen at the start of 2011/12 giving rise to concern. This year the numbers in treatment have fallen to a similar level 2 years ago. We are investigating the reasons for this and will report in Q2. Alcohol numbers are low with high turnover. There were two positive discharges, 2 dropped out and one remaining in treatment for 2011/12.

7 Housing Needs number of new entrants that have a housing r problem new entrants that are NFA percentage of new entrants that have a housing need percentage of new entrants that are NFA

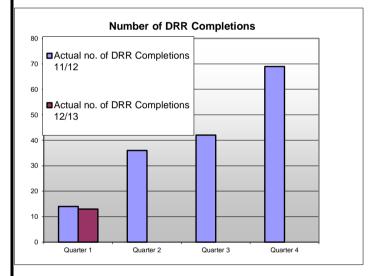
Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q112/13
9	27	45	69	17
3	13	16	15	3
24%	15%	18%	20%	17%
8%	7%	6%	4%	3%

This is reported as a cumulative figure YTD and therefore Q1 2012/13 should be compared with Q1 of the previous year. An increase in entrants into treatment means that there are more clients with a housing need but the proportion of new entrants with a need has fallen from 24% to 17% and the proportion that are NFA has also dropped from 8% to 3%.



The number of new starters entering training has improved recently but those doing voluntary work or employment remain low.

### 9 Drug Rehabilitation requirements (DRR)

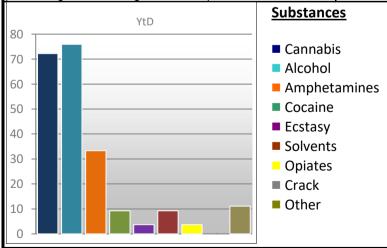


There is no numerical target for DRR completions for 2012/13. 2011/12 provided for comparison.

### 10 Young People

Young people in services, rolling 12 months
Young people in services, year to date
New presentations of young people, year to date
number of planned discharges (YTD)
percentage of discharges that are planned

Q111/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13
n/a	n/a	n/a	n/a	108
46	63	81	102	54
16	35	55	77	23
11	23	42	59	11
85%	92%	90%	88%	92%



A new rolling 12 month measure has been introduced for the first quarter this year allowing us to better monitor trends. This shows growth in numbers in treatment from the end of last year.

The proportion of discharges that are planned remain high at 92%

Alcohol and Cannabis remain the most significant problematic substances followed by amphetamines.