

Stockton Quarterly Performance Report to SSP 2013/14 Q4

David Morton 13/05/14

		tot	change	% OCU*	change
1 Numbers of Adults in Drug Treatment	2013/14 Q1	1302	-66	85%	0.48%
	2013/14 Q2	1277	-25	85%	0.10%
	2013/14 Q3	1252	-25	86%	0.90%
	2013/14 Q4	1224	-28	87%	1.40%

* OCU = Opiate or Crack User

Commentary

Numbers in treatment fell for a fifth quarter running. This is due to a slowdown in non-opiate client entries and an increase in exits. An increase in data quality following transition to a new treatment provider has also accelerated this trend. As a result, the proportion of OCUs in treatment has risen for the fourth time in over twelve months. Exits from treatment for opiate use have increased but remain low and this is a priority for the treatment service.

We are developing a client segmentation model to better understand the number of clients that are close to exiting the treatment system in the short and medium term.

2 Top three drugs for those in treatment	Primary Drug	number in treatment		trend
	1 Heroin	915	75%	
2 Other Opiates	124	10%		▲
3 Cannabis	81	7%		▼
	Secondary Drug			
1 Alcohol	192	16%		▲
2 Crack	182	15%		▲
3 Cannabis	135	11%		no change
	Tertiary Drug			
1 Alcohol	104	8%		▼
2 Cannabis	74	6%		no change
3 Benzodiazepines	36	3%		no change

Commentary

There has been a significant increase in the proportion of heroin users that reflects the increased stability and low exit rate for these clients. A decline in cocaine users reversed last quarter but has dropped significantly in Q4. Crack has increased slightly as a secondary drug following a decline. This reflects the retention of OCU clients in treatment rather than an emerging trend. Alcohol has stabilised as a secondary problematic substance.

3 Successful completions		Opiate	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
			Number of opiate exits	60	61	54	56
As a proportion of all in treatment (rolling 12 month period)	Non Opiate	29.00%	28.60%	30.50%	33.30%	31.4	
		64	62	62	65	74	
4 Re-presentation Rates		Opiate	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
			19.40%	12.80%	12.50%	16.20%	20.50%
	Non Opiate	7.10%	9.10%	10.50%	15.20%	14.30%	

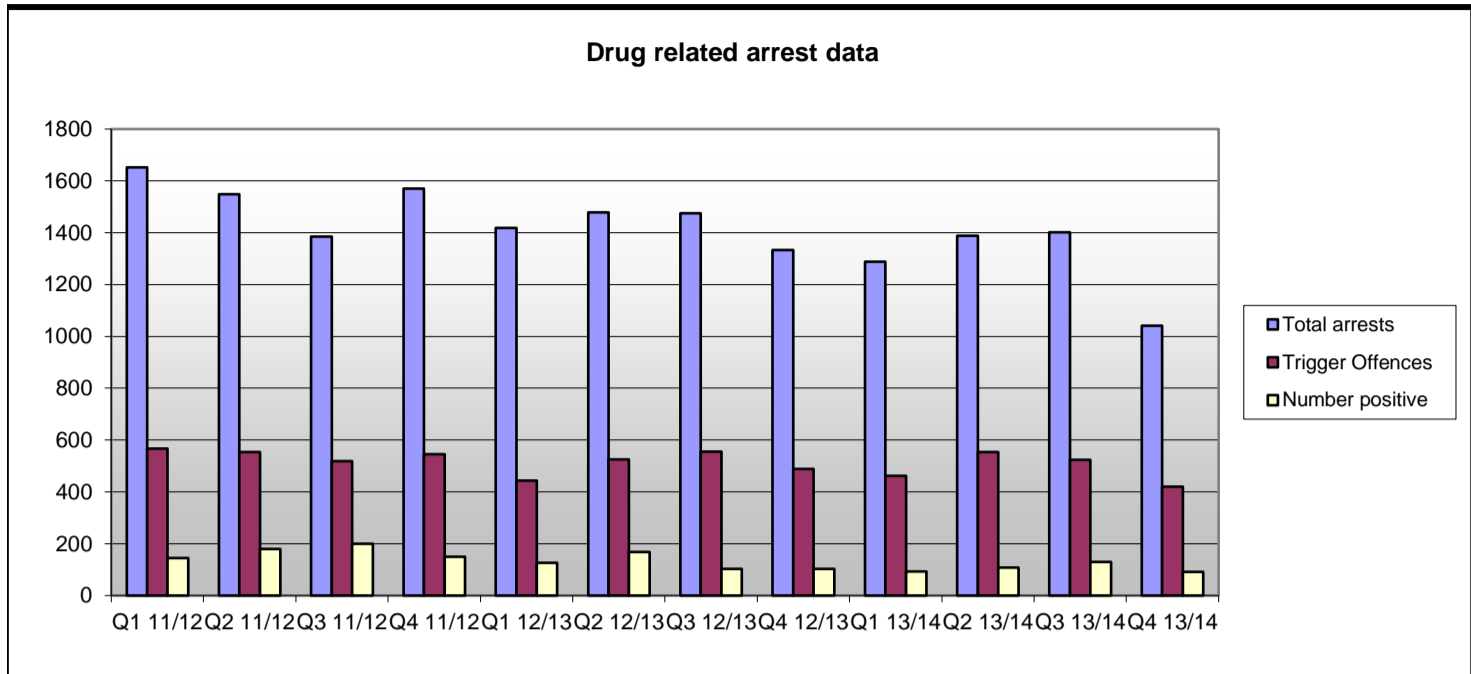
Commentary

These figures have a six month delay in order to measure re-presentations and therefore don't fully reflect current working practice. Planned treatment exits have started to increase slowly. Non-opiate exits are beginning to improve.

5 Arrest Referral		Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14
		Total arrests	1475	1333	1289	1388	1402
Drugs	Trigger Offences	555	489	462	553	523	420
	% of total arrests	38%	37%	36%	40%	37%	40%
	Additional tests due to inspector discretion	32	13	19	7	7	N/A
	NEW Number of tests completed	270	202	191	208	251	151
	Tot Number testing Positive*	103	103	93	108	130	91
	% Positive	38%	51%	49%	52%	52%	60%
	Total Clients Referred	40	40	31	33	35	
	% of these that are already in treatment	47%	47%	26%	42%	43%	

*opiate or cocaine only

The arrest referral contract has not been renewed from April 2014. As a result of staff exits we have not received regular updates on total arrests and trigger offences for the last two months of Q4 2014. Data therefore has been provided direct from police. This shows that total arrest have fallen considerably and the proportion that are trigger offences remains family stable. However the number of trigger offences tested for drugs has fallen from 48% to an estimated 36%. Cleveland Police have taken over the arrest referral process and we are working to ensure that an effective method of referring those requiring drug and alcohol treatment continues and that we receive accurate statistics.

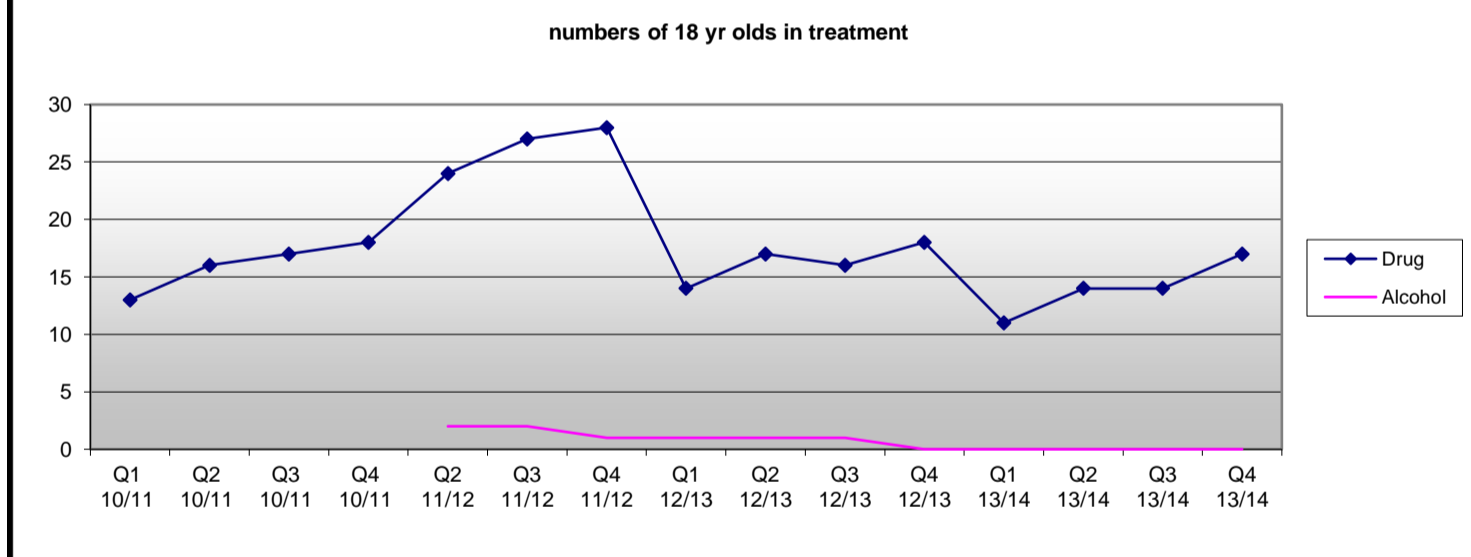


		Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14
5 Arrest Referral Alcohol	Alcohol Related Arrests	564	467	438	504	471	375**
	% of total arrests	38%	35%	34%	36%	34%	36%
	% receiving intervention	37%	47%	45%	35%	35%	44%**

** extrapolated from Jan 2014 data

The proportion of alcohol related arrests remain stable despite the reduction in overall arrests. The proportion that received an intervention increased in January following a dip in performance caused by an increase in drug testing. The cancellation of the Addaction arrest referral contract has resulted in a loss of data for February and March. there will be no further alcohol interventions within custody from April 2014.

		Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14
6 18yr olds in Treatment	Drug treatment	16	18	11	14	14	17
	Alcohol Treatment	1	0	0	0	0	0
	Successful alcohol discharges	0	1	0	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. Last year the numbers in treatment have fell to a similar level 2 years ago and Q4 figures match the same quarter in 2010/11. The lack of a drop in Q1 2011/12 is not fully understood. The figure for 2013/14 show lower numbers in treatment than previous years and this trend is continuing in Q3 and Q4.

		Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14
7 Housing Needs	number of new entrants that have a housing r problem	63	14	35	47	68
	new entrants that are NFA	5	2	4	7	14
	percentage of new entrants that have a housing need	16%	13%	15%	15%	16%
	percentage of new entrants that are NFA	2%	2%	1.7%	2.2%	3.3%

This is reported as a cumulative figure YTD and therefore Q4 2013/14 should be compared with Q4 of the previous year. numbers entering treatment appear to be up from the same period last year. the ratio of those having a housing problem are affected by a higher proportion of opiate clients re-entering treatment and fewer referrals for other substances.

8 Employment and Training

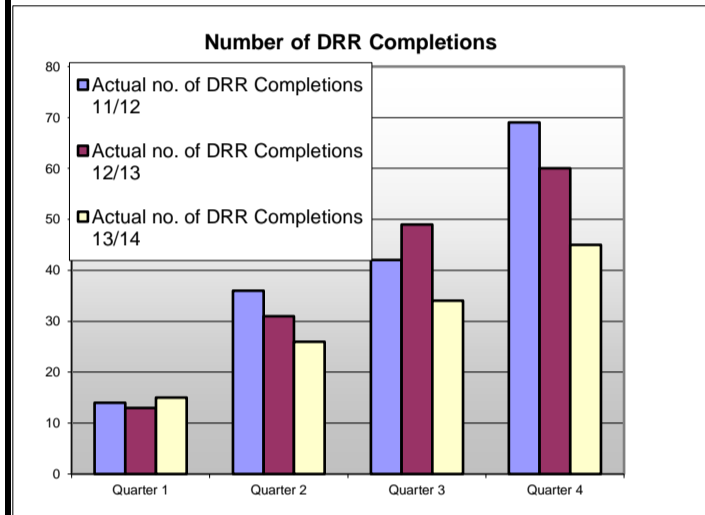
Training/Education

There are currently only 7 clients that started treatment whilst in education. At a six month review, the attendance had improved. No clients reduced attendance. In addition, three clients not in education at the start of treatment entered education. This is a slightly lower performance than the national average.

Employment

For clients entering treatment whilst in work, the amount of time spent in work (71 individuals) was maintained at the six month review. 16 clients ceased work during the first six months in treatment (24%). However, 7% (18 individuals) of those not working at the start of treatment were working at the six month review stage.

9 Drug Rehabilitation requirements (DRR)



There is no numerical target for DRR completions for 2013/14. The previous two years are provided for comparison.

Work is on-going between probation and drug treatment providers to improve the targeting and management of the referral process. It is hoped that there will be an increase in orders but increased challenge and requirement to engage in structured treatment could increase breach activity with an impact on completion rates.

actual order numbers remain steady but breach activity is higher reducing the number of completions.

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

	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/13
Young people in services, rolling 12 months	112	121	127	127	120
Young people in services, year to date	68	99	127	70	81
New presentations of young people, year to date	40	72	103	20	32
number of planned discharges (YTD)	22	49	58	12	30
percentage of discharges that are planned	79%	92%	89%	86%	86%



Substances

Quarter 3 & 4 data not yet available from Public Health England

- Cannabis
- Alcohol
- Amphetamines
- Cocaine
- Ecstasy
- Solvents
- Opiates
- Crack
- Other

A new rolling 12 month measure has been introduced since Q1 2012/13 allowing us to better monitor trends. This shows growth in numbers in treatment from the end of last year with strong growth in Q3 & Q4 largely due to increased referral from education. This has fallen slightly in 13/14. The proportion of discharges that are planned have dropped slightly to 86%. Alcohol and Cannabis remain the most significant problematic substances followed by amphetamines. Alcohol treatment has seen the most growth this quarter.