

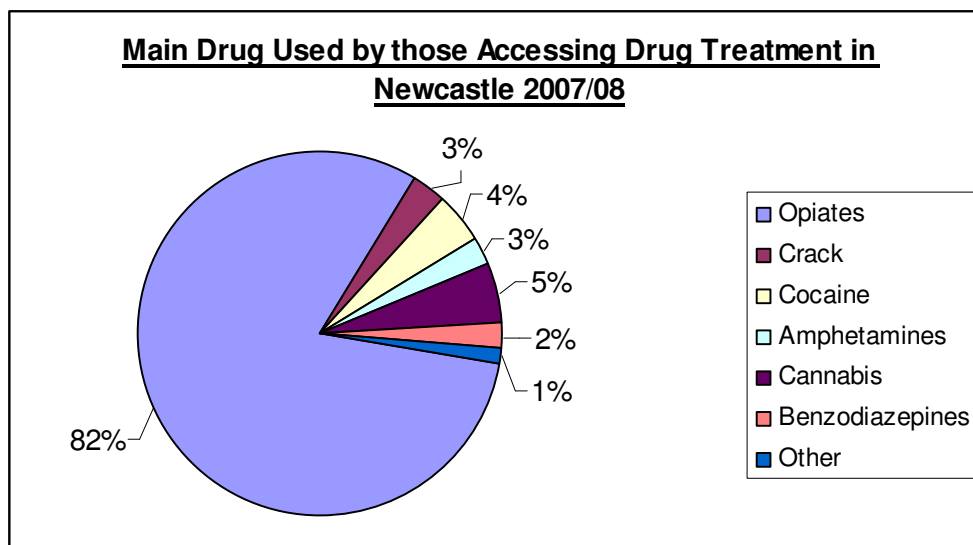
Newcastle JSNA: Substance Misuse (Adult) October 2008

What do we know?

Facts and Figures

The 2006/08 needs assessment data shows a lower proportion and number of 18-24 year olds accessing Drug Treatment in Newcastle compared to Regional data. Newcastle Drug Treatment population consisted of 83% in treatment for opiates, compared to 65% nationally and 63% regionally. However we are aware of increased cocaine use through the Drug Intervention Programme.

- The estimated problematic drug user (PDU) population in Newcastle is 2373 (reference, Glasgow University estimate)



	2004/05	2005/06	2006/07	2007/08
Opiates	71	84	83	82
Crack	1	1	3	3
Cocaine	4	6	4	4
Amphetamines	3	2	3	3
Cannabis	8	5	5	5
Benzodiazepines	2	1	2	2
Other	11	1	1	1

- In 2007/08 there were 1315 heroin or crack cocaine users in Effective Drug Treatment in Newcastle (www.ndtms.net) nb this number changes slightly each month

- In 2007/08 there were 1527 Adults in Effective Drug Treatment in Newcastle (www.ndtms.net)
nb this number changes slightly each month

2007/08 Needs Assessment (using 06/07 data)

- 83% of people in treatment in 06/07 were being treated for opiates
- The highest percentage of those in treatment in 06/07 were aged between 25-34 years old
However the proportion of 18-24 year olds in treatment has declined by 10%
- 74% of those in treatment were men
- 96% of those in treatment were white
- 28% of treatment exits were planned
- Those in treatment with a higher retention rate were those in treatment for opiates, those aged between 25-34 years old and women
- In Newcastle, homelessness is an issue for PDUs, during the first quarter of 2007 the accommodation needs of those accessing the Drug Intervention Programme as assessed and 14% of clients had no fixed abode and 18% were in temporary accommodation. (Insert link to homeless topic.
- In 2007/08 of those New Presentations to Drug Treatment 13% were identified as having No Fixed Abode/ Urgent Housing Problem and 12% were identified as having a Housing Problem (Q4 Green Paper Report, Adult Drug Treatment Quarterly Report)

Trends

2007/08 Needs Assessment (using 06/07 data) Available on the National Treatment Agency Website. There is a disparity between the number/proportion of 18-24 year olds accessing drug treatment compared to proportion of 18-24 year olds accessing other services for drug related issues, such as A&E, those entering the criminal Justice system such as the Drug Intervention Programme (DIP) and Probation.

- We are seeing a lower retention rate in treatment for those using stimulants.
- Newcastle has a high level in treatment for opiates, but a decline in the proportion in treatment for Cocaine, yet we are seeing Cocaine being reported to DIP as more of a problematic drug than Heroin (2006/07)

Targets

The **national** Public Service Agreement (PSA) for drug treatment is to:

Increase the participation of problem drug users in drug treatment programmes by 100 per cent by 2008, over a 1998 baseline, and increase year on year the proportion of users successfully sustaining or completing treatment programmes.

This information is monitored by the National Treatment Agency (NTA) via an outcomes monitoring framework called Treatment Outcomes Profiles (TOPs) which monitors retention rates in treatment and the Safe Newcastle local target for 2008/09 is 80%, (actual 2007/08 86% - Source NTA statistical release).

TOPS completion, 80% completion for Assessment, Review and Exit TOP's

- April – June numbers – at assessment 73% completion
- April – June numbers – at review 48% completion
- April – June numbers – at exit 21% completion

Performance

Indicators

- 08/09 6% increase in the number of problematic drug users in effective treatment on the 07/08 baseline
 - Data to be released in Q2 in the first week in November

08/09 85% of new presentations to drug treatment to be retained in treatment for more than 12 weeks or be subject to a care planned discharge in the first 12 weeks.

- Problematic drug users 90% (Green)
- Adults in Treatment All drug – 89% (Green)
- 08/09 54% of discharges to be planned.
 - 23% (Red)

The Newcastle Partnerships Local Area Agreement 2008 – 2021 contains the following substance misuse related indicators:

LAA Priority objectives	Measured by	Baseline	2008/09 target	2009/10 target	2010/11 target
Reducing the harm caused by alcohol, drugs and other substances	NI 38 Drug related (Class A) offending rate (*35 target LAA)	Nov 07 – 26% proved offences	-25% reduction in arrests for all crime and 35% reduction in arrests for acquisitive crime for those on the drug intervention programme ¹	TBC when NI 38 is defined	TBC when NI 38 is defined
	NI 40 Drug users in effective treatment (additional local indicator)	1141	+9%	TBC	TBC

NTA Targets (07/08 baseline is 1315 PDU's, with a 6% increase in 2008/09)

Drug users recorded as being in effective treatment	% change 2008/09 (from baseline year)	% change 2009/10 (from baseline year)*	% change 2010/11 (from baseline year)*
1.1 Crack and/or opiate users recorded as being in effective treatment. (This indicator is embedded within the National Indicator Set and appears within Vital Signs. The % change agreed can therefore also be used within these plans ²)	6*	9*	12*

Local Views

We have listened to the needs articulated by our user and carer groups. They are clear that they wish to simplify pathways, be more involved in their own treatment and ensure that there is emphasis on recovery.

National and local strategies

Our most significant driver is the new National Drugs Strategy Drugs: Protecting Families and Communities 2008 - 2018³ (see below). In addition, there is a national expectation that we will reduce acquisitive crime by the appropriate use of targeted interventions. Other central drivers would include guidance to involve carers, protect families (Hidden Harm) and reduce the harm to individuals.

Locally, the transformation agenda and development of world class commissioning by Health have helped to shape agendas.

Current activity and services

In addition to the monies that come down through the Pooled Treatment Budget, Drug Intervention Programme, Working Neighbourhoods and mainstream provision Safe Newcastle is also part of a local consortium which will develop new residential rehabilitation projects in the area for women and families. All told this could mean around £6.5 million being invested in drug treatment in 2009/10. We will continue to commission collaboratively to look at all aspects of need, be that with housing, health, criminal justice or with other localities.

The monies invested provide services for around 2,600 people (including carers, families and those in harm reduction services) 1600 people received training as part of the Drug Support Unit's programme last year.

Supported Services are:

² The measure is to improve on the 2007/08 baseline (i.e. the annualised figure for that year) the number of drug users recorded as being in effective treatment. This indicator measures the % change in the number of drug users using crack and/or opiates in treatment in a financial year, who are still in continuous treatment, who are discharged from the treatment system after 12 weeks or if discharged before then, were successfully discharged in a care planned way as a % change from baseline performance in 2007/08. This will include young people under the age of 18 as well as those over the age of 18.

³ Drugs: Protecting Families and Communities 2008: <http://drugs.homeoffice.gov.uk/drug-strategy/overview/?view=Standard>

- Plummer Court
- Bridge View Treatment Project
- 12 GP practices
- 8 pharmacists
- Adult Services Drug and Alcohol Team
- Lifeline Harm Reduction Service
- Lifeline Outlook Day Service
- North East Council on Addiction
- NECA Semi Independent Living Scheme
- Northumbria Probation Service
- Northumbria Police
- Tyneside Cyrenians
- Turning Point Pre Release Services
- Addaction Post Release Services
- Use Drugs Use Us 24 hour helpline
- PROPS Carers Service
- NUCF – Newcastle User Carer Forum
- Brighter Futures Employment Scheme
- Changing Trax
- Trading Places Peer led project
- Sports Programme
- What Women Want Peer led group
- Drug Support Unit Training Programme
- Spot purchasing of residential rehabilitation.

‘What is this telling us’?

What are the key inequalities?

2007/08 Needs Assessment (using 06/07 data)

- Highlight the issues of engagement and retention of stimulant users in Newcastle
 - From the Needs Assessment a piece of peer led research into Stimulant use in the city highlight the level of use within Newcastle and the need to look at appropriate service provision
 - DIP has also identified increased reporting of cocaine as the primary substance for those engaged in the program.
- Young Adults accessing drug treatment across the city (18 -20 year olds) has declined.
 - A transitions group was established to look at issues of transition from young people to adult drug treatment services, and how adult services should deal with young people who try to access adult services
 - But also need to explore ways to effectively engage this age group in drug treatment
- Getting women to access Drug Treatment, once we get women into treatment we are able to retain them and they have a higher rate of planned discharges than men, but there is a disparity in the number of women accessing treatment compared to the number/proportion of women

accessing other drug related services. This may also be due to type of drug use women are involved, which was highlighted in the Stimulant research, and the need to address service provision for stimulant users.

- BME communities accessing drug treatment, we need to look deeper into this area of work and try to explore why we do not see more BME people accessing treatment and how we can increase engagement and effectively communicate with the community
- The number of people leaving treatment in a planned way has declined and continues to decline into 08/09. The proportion of planned and unplanned exits across Newcastle varies between treatment agencies across the system, which needs to be addressed.
- Treatment Outcome Profile completion within the Drug Treatment System in Newcastle needs to improve for New Presentations, Review and Exits. This puts into question the quality of care planning across the treatment system and the different levels of completion between services highlights lack of consistency across the treatment system.

What are the key gaps in knowledge / services?

2007/08 Needs Assessment (using 06/07 data)

- Key knowledge gaps are around the BME communities and how best to engage the community and ensure they have access to services and support. There will be support given to peer led initiatives to signpost and support those seeking harm reduction or treatment.
- The level of stimulant use in the city and how best to tackle the issue
 - This was addressed with the Peer led Stimulant Research, which captured a large amount of data on the current levels of use and issues stimulant users have.
 - This is all being fed into the System Modernization Implementation Plan
- Develop a greater understanding of who are the unplanned exits and which targeted work can we do to address this. A care co-ordination working group will develop an action plan to standardize protocols to reduce unplanned discharge.
- Blood born viruses– data reporting onto National Drug Treatment Monitoring System (NDTMS) has improved, but is still low which means this will impact on the next Needs Assessment, meaning we will not have a clear picture of activity in Drug Treatment Services as to the level of interventions offered and the full extent of the issue in Newcastle. However we can pull the number of BBV interventions from the Harm Reduction Service and from Health

What are the risks of not delivering our targets?

- The key areas in performance that are at risk as Planned Treatment Exits, some drug treatment services are able to achieve this but other are not, meaning Newcastle's overall performance has been low and continues to be below target and unless there is a significant improvement by key services, Newcastle is at risk of not achieving the planned exit target of 54%.
- The high level of unplanned treatment exits will also impact on the Number in Effective treatment 6% increase target.

- There needs to be an improvement in all Treatment Outcome Profile completion across the system and significant improvements need to be made by certain services if targets are to be met

Is what we are doing working?

- Recent research highlights that treatment may have significant impact on public health and crime reduction but not necessarily for the individuals themselves. Whilst Newcastle is now assessed as a Green partnership by the National Treatment Agency and outperforms national targets in numbers in treatment, retention and waiting times we may not yet be ensuring that every person in treatment is encouraged to participate in all options available for them.
- Notwithstanding this, several aspects of drug work in Newcastle has attracted national recognition. 'Trading Places' a user led drop in for the socially excluded won the Regional Drug Team of the Year Award in 2007, PROPS work with carers has led to them conducting a number of national seminars for Government. Several Housing Projects for drug users have had similar accolades and the Drug Support Unit was recently nominated for a National Criminal Justice Award by the Home Office.
- There has been considerable emphasis placed on the development of social reintegration projects such as Brighter Futures employment project, a comprehensive sports programme and a series of peer led projects. These projects attract over 250 people a week and are a key component in supporting recovery.
- Considerable work has been undertaken to develop family appropriate services. The intensive family based service Changing Trax has proved a great success and services are now following the lead of PROPS in implementing the CAF agenda

What is coming on the horizon?

- The ten-year Drug Strategy published earlier this year gives a clear direction of travel, including closer involvement with families, the further development of crime reduction interventions and an emphasis on recovery. This is welcomed and accords with Safe Newcastle's strategic direction
- A potential problem may arise through the current DWP report if this results in the reduction of benefit for drug users. It is a possibility that this may trigger a return to criminality or relapse in some cases.

What should we be doing next?

- For the last eighteen months the Newcastle Drug Treatment has gone through a process of System Modernisation that has entailed the reshaping of services in light of best practice nationally, based on a consumer focus with appropriate safeguards to ensure equity and safety. Service Level Agreements will be put in place to ensure the most efficient and effective use of resources.