

**IMPROVING COMMISSIONING AND SERVICE DELIVERY:
HARINGEY DAAT NEEDS ASSESSMENT
FOR ADULT DRUG USERS**

Safer Communities Executive Board

17 February 2011

Purpose

- Integral part of the yearly drug treatment planning process
- Overall aim is to have a treatment system that meets local need with a better use of resources.
- Evidence base for the treatment plan where focus on:
 - Outcomes of treatment
 - Sustainability of the provision
 - Social integration and full recovery

Background and key national drivers

- New national drug strategy – ‘...*building recovery: supporting people to live a drug-free life*’
- Localisation agenda
- Public Health and NHS White Paper
- Payment by results
- Targets which less concerned about the processes than outcomes
- New treatment models: build on existing - and help develop new - recovery capital – social, physical, human and cultural
- Further reduction in the pooled treatment budget and cuts to public sector overall

Key objectives

- Update previous needs assessment with 2009-10 data on prevalence of problem drug use
- Identify specific needs of the drug treatment population (inc. mental health and parents)
- Focus on outcomes and social integration - assess the needs relating employment, training and education
- Explore reasons for drop outs from treatment

Methodology

- Methodology based on National Treatment Agency guidance but varies by section and purpose
- Data analysis for prevalence - NDTMS and tier 1/2 agencies data covering 2009-10 financial year where available
- Outcome analysis from treatment outcome tool and planned exits data
- Literature reviews and existing research
- Findings to be appraised by existing groups (Treatment Task Group, Joint Commissioning Group, Employment Steering Group, Haringey users and carers)
- Needs assessment ongoing with further work planned for 2011



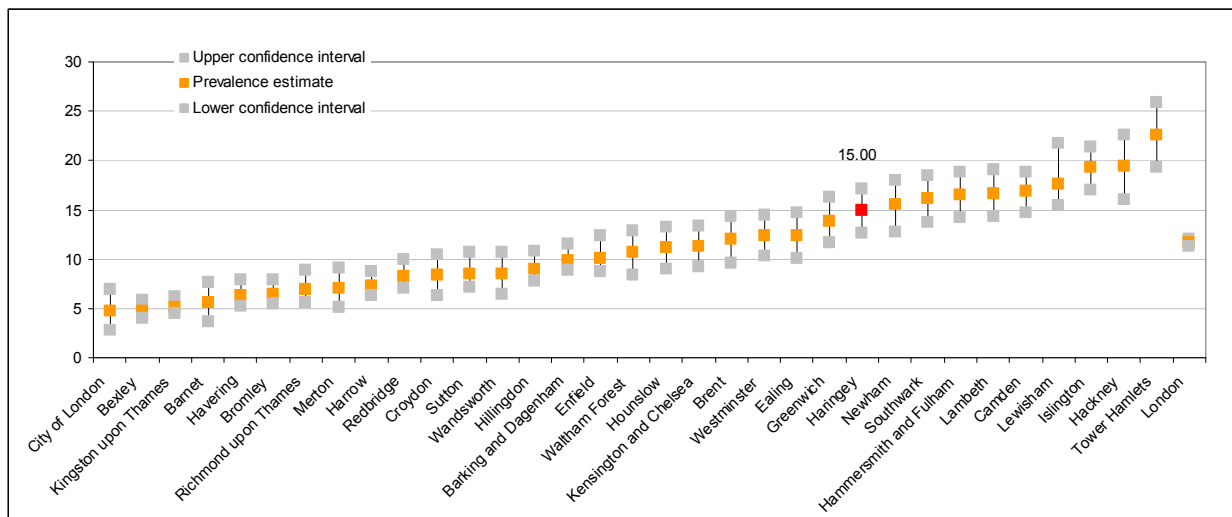
Key findings

Prevalence

Crack and opiate use

- Estimated 2420 crack and opiate users in Haringey (2008-9 data [1]) - 15 per 1000 population which is higher than the London overall. However national reports and previous local estimates show that crack and opiate use in decline
- There are no prevalence estimates for other drug users - definition of problematic and recreational use is hard to determine

Chart : London rates per 1,000 population aged 15 to 64 with 95% confidence intervals (CI) - 2008/09 by borough



[1] Hay G, Gannon M. et al. (2010). *Estimates of the prevalence of opiate use and/or crack cocaine use (2008/09) London Region*. Home Office

Criminal justice system

- National research as well as local evidence shows clear links between acquisitive crime and drug misuse but relationship more complex than simply drug use fuelling crime
- However national evidence shows that treatment reduces drug use and crime [\[1\]](#)
- Over a quarter (492, 27%) of drug tests on arrest for trigger offences positive in Haringey in 2009-10
- Theft makes up almost half the offences (44%) followed by possession of class A drugs (14%) and burglary (10%)
- Largest group test positive for crack (226, 46%)

[1] Millar T. Jones A. et al (2008) Changes in offending following prescribing treatment for drug misuse Research briefing: RB35 NTA.

Criminal justice system - Probation

- Around third (418, 34%) of Probation clients identified with drug misuse
- Black Caribbean ethnicity (32%) over represented in comparison to both, Probation and Haringey populations overall. However links to deprivation and diversity in the east a factor
- Violence against the person (20%), drug offences (19%), theft and handling (18%) count the most offences, although prevalence of former is lower than amongst overall Probation population in Haringey (29%)
- Assessments by Probation also show high levels of mental health issues (63%), education and training needs (43%), and housing issues (32%)

Health services

- In 2009-10 there were 589 ambulance calls for drug overdoses but most relate to over the counter and prescription drugs. Previous needs assessments have identified around 10% relating to illicit use.
- 85 Haringey residents admitted with a diagnosis of mental and behavioural disorders due to illicit drugs, opiates and cocaine being cause for most – in comparison 528 alcohol admissions during the same period.
- North Middlesex reported 86 attendances due to illicit drugs (alcohol 452)
- No GP data available

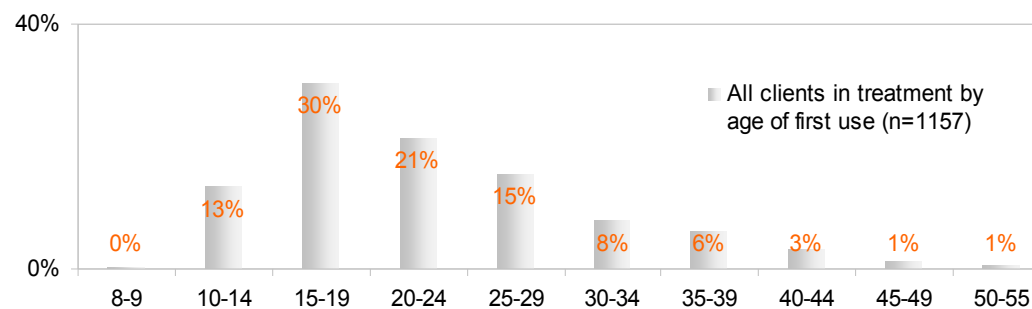
Profile of clients in drug treatment

Demographic profile

Profiles of clients largely unchanged from last year:

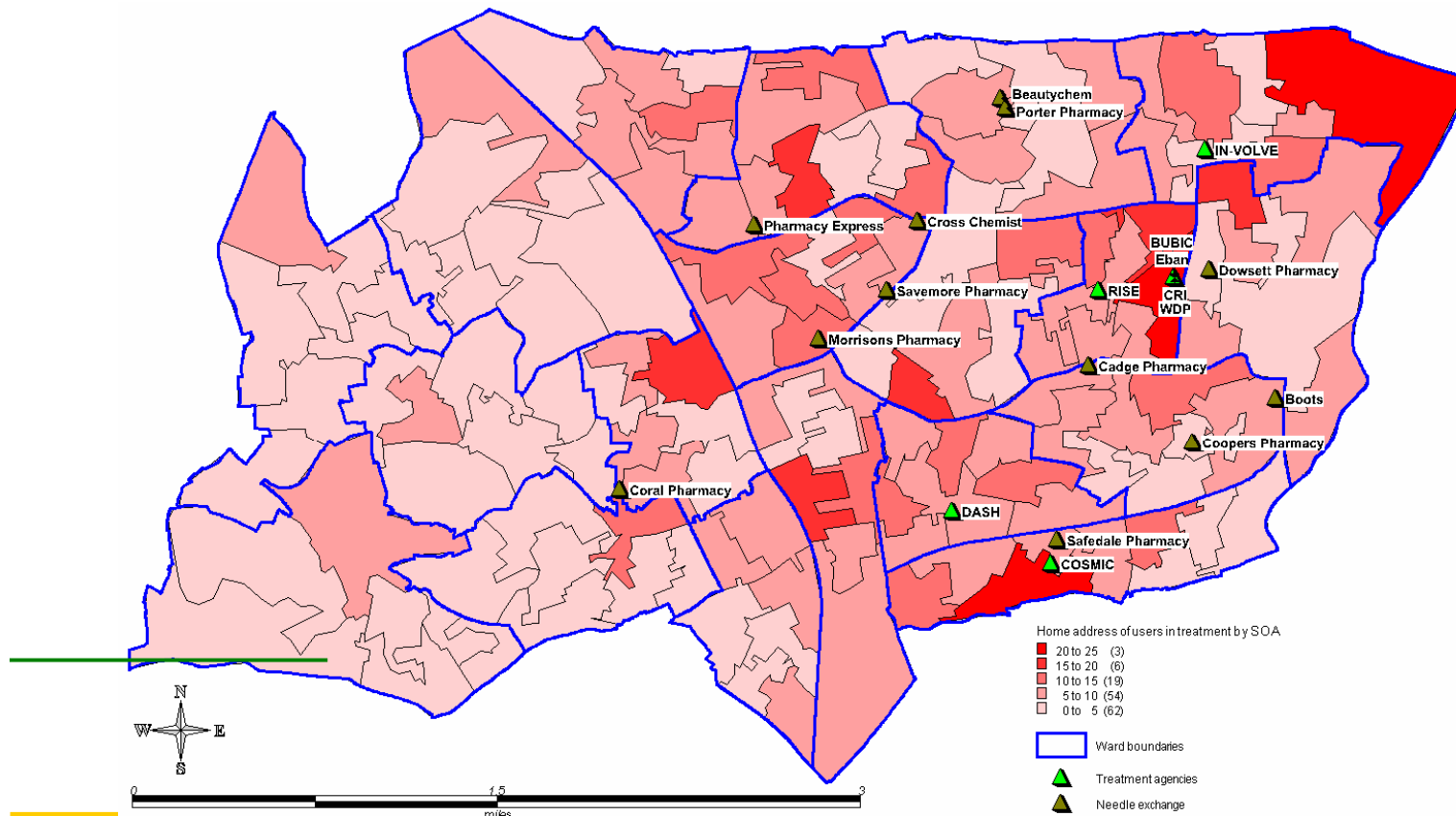
- Women made up a quarter of the population
- At least 60 different nationalities in treatment. Although some BME groups over represented in treatment and in the criminal justice system, most live in the more deprived and densely populated east.
- A large majority in treatment crack and opiate users (72%)
- Young adults seeking drug treatment more likely to use cannabis, conversely older clients report that their crack or opiate use was likely to begin as young adults, aged 15-24.

Chart 16: Treatment population in Haringey by age of first use of primary drug. All clients in treatment 2009-10



Areas of residence

Map 1: Drug treatment population by super output area of residence. All clients in treatment at DASH, Eban and Dual Diagnosis in 2009-10 (n=891⁽¹⁾)



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Mental health

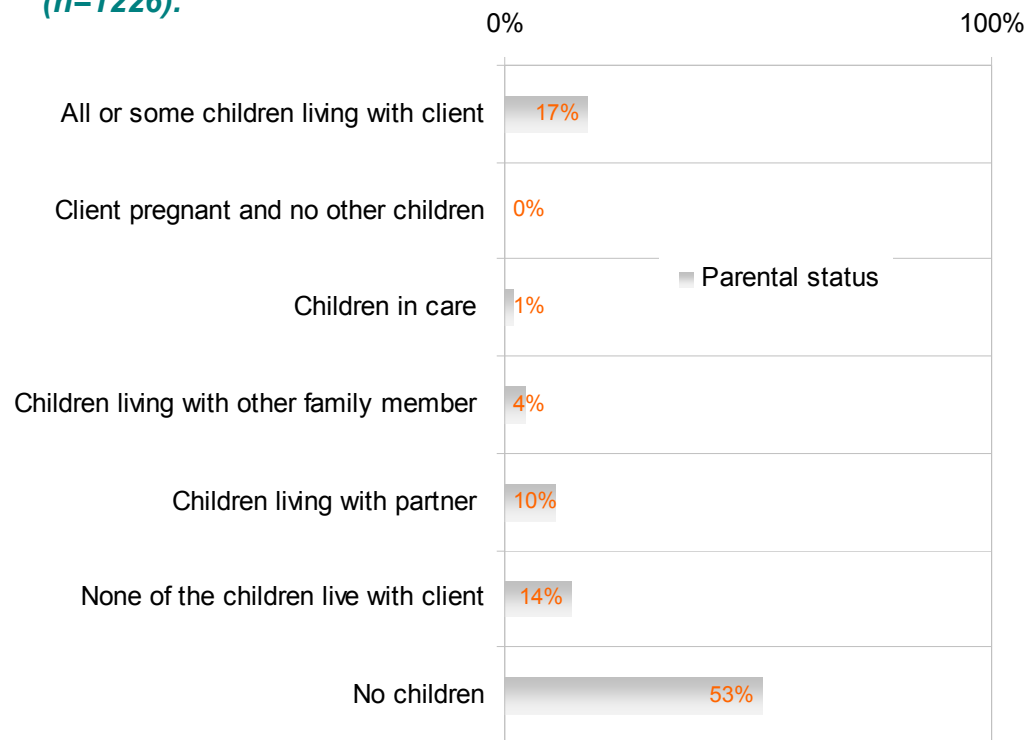
- High prevalence of mental health issues evident; almost a third (30%) of Haringey clients in 2009-10 were identified with dual diagnosis^[1].
- Prevalence is higher amongst some BME groups and primary cannabis users and Probation clients

^[1] 347 out of 1175 clients in drug treatment - for whom dual diagnosis status was complete. Of the total 1349 clients, dual diagnosis status missing in 13% of the records (174).

Parental status

- Local analysis shows that in 2009-10 financial year a little less than a half of clients in drug treatment had children (47%) but minority of parents live with children (36% - 17% of all clients)

Chart : Parental status. Haringey residents in drug treatment. April 2009 - March 2010 (n=1226).



Employment

- A vast majority of drug users (75%) in treatment are unemployed with a large number claiming work related benefits (estimated 2160 in 2006-7(DWP:2008))
- Clients face multiple barriers from criminal records, interrupted work histories, lack of qualifications to literacy and numeracy problems as well as stigma and prejudice from employers.
- Work related support should start during treatment
- Staged introduction with volunteering opportunities would be helpful but inevitably difficulties with diminishing job market in the public sector. Also, the value of low paid low skilled unsustainable work unlikely to aid recovery

Outcomes

Treatment works

- Treatment outcome data for 2009-10 suggests there is improvement during the first year in treatment in all the four key domains - substance misuse, injecting behaviour, criminal activity and health and social functioning.
- ...but it does not work for everyone in all the four domains. Also, there is no data on outcomes after treatment
 - DAAT is to monitor the % of those who re enter after successful completion. Aftercare service will also report on outcomes. Also TOP completions for reviews and exits were only 50-60% in 2009-10 and should be further improved (currently 70-80%)

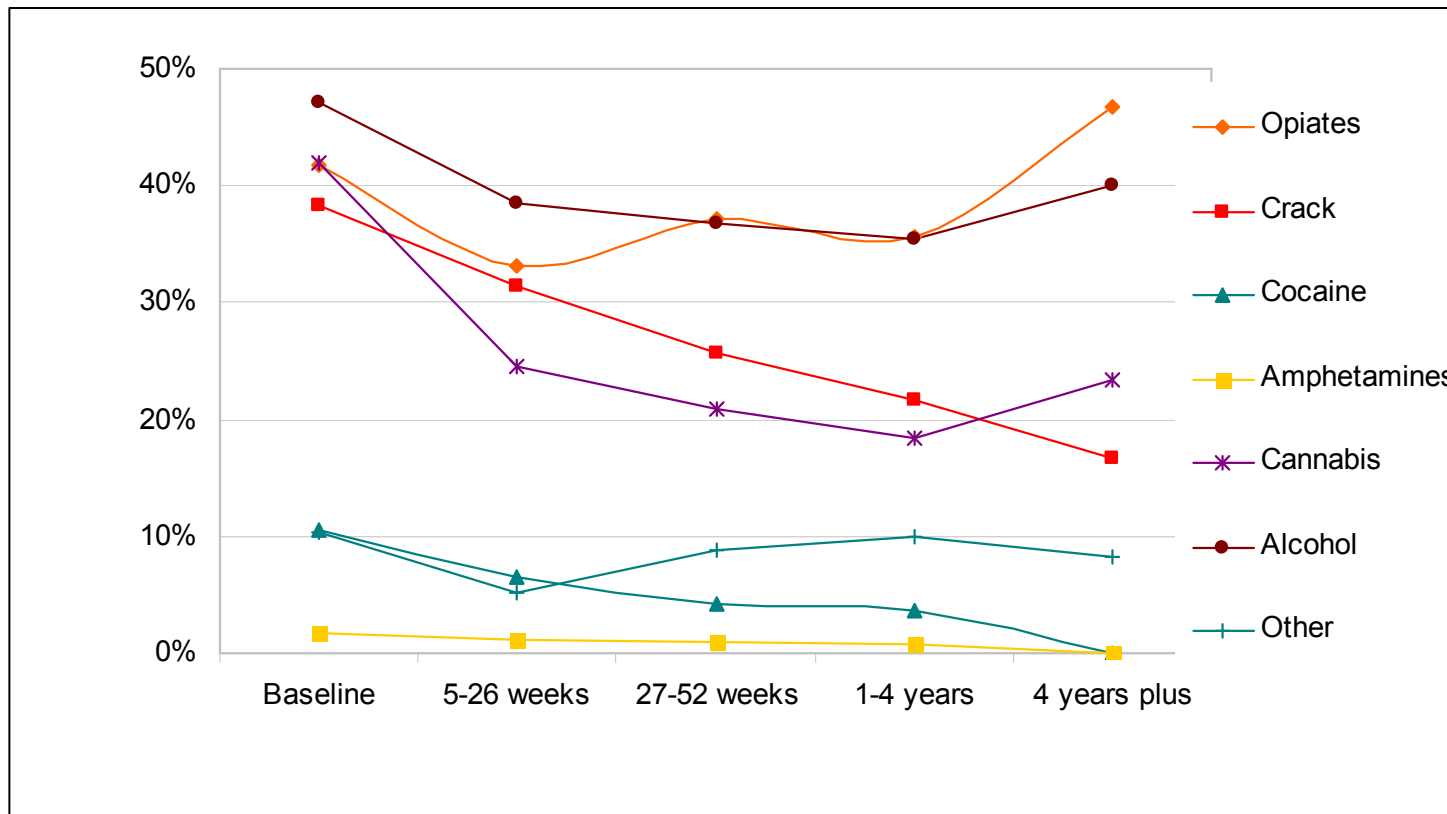
Successful exits from treatment

- Haringey is above London average for opiate or crack clients leaving treatment drug free (41% and 33% respectively [\[1\]](#))
- Women are more likely to leave treatment successfully in comparison to men; black British and 'other' ethnicity groups also fair better, and crack, cocaine or cannabis using clients are more successful than those who use opiates
- Case studies done on drop outs in 2010 showed complex issues inc.:
 - problems with housing
 - domestic violence
 - mental health
 - childhood trauma
 - self harm

[\[1\]](#) Accurate as at Dec 2010. Report available from www.ndtms.net – restricted statistics

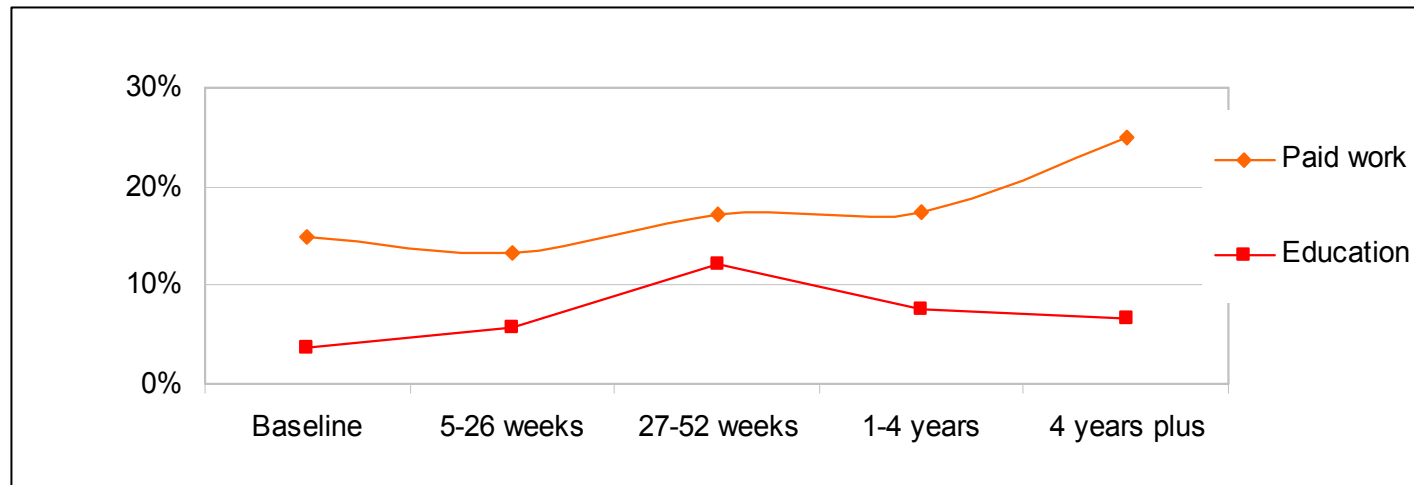
Prevalence of substance misuse during treatment

Prevalence of substance misuse (% at each stage of treatment) for TOPs completed in 2009-10



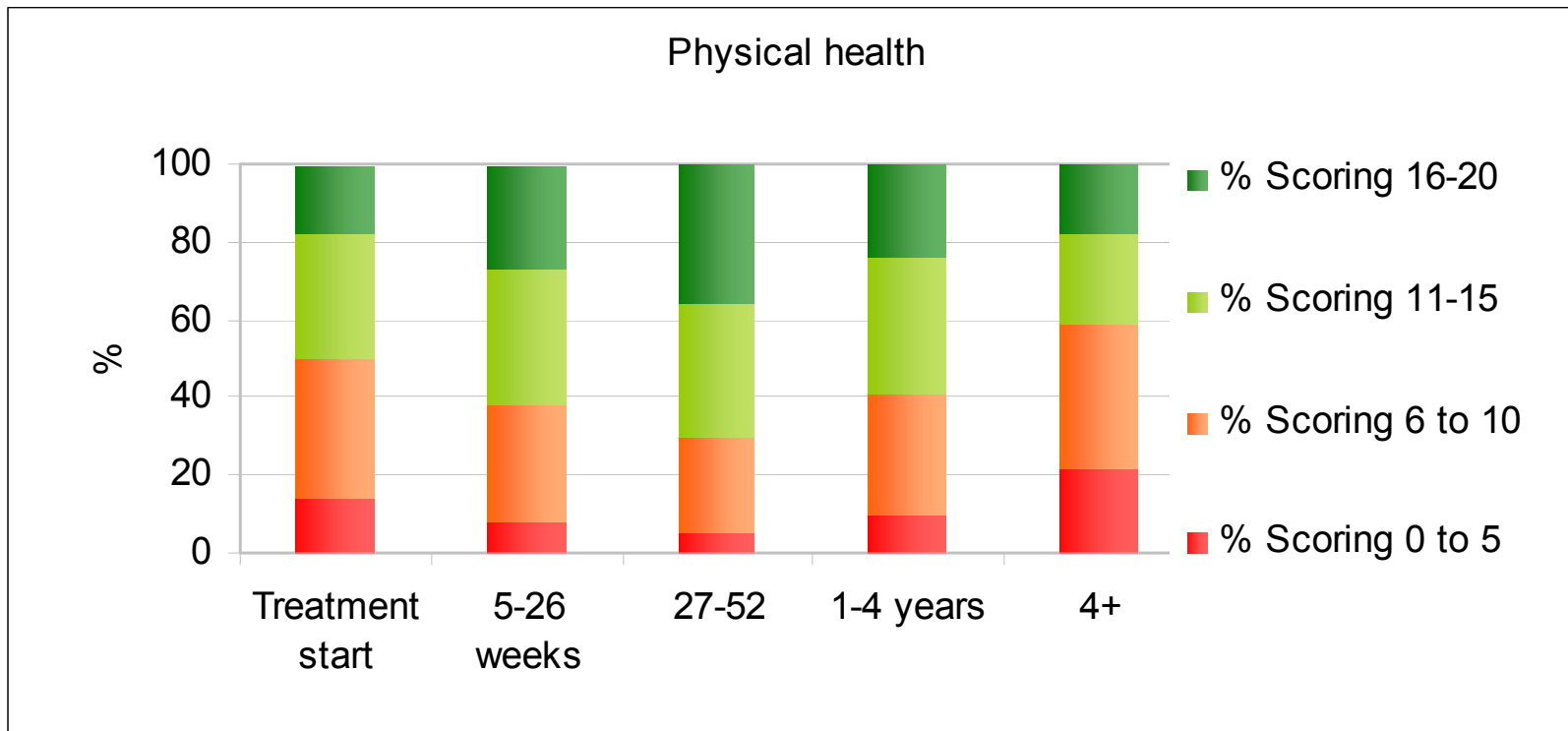
Paid work and education

Prevalence of education and paid work- all outcome reviews completed 2009-10 by time in treatment



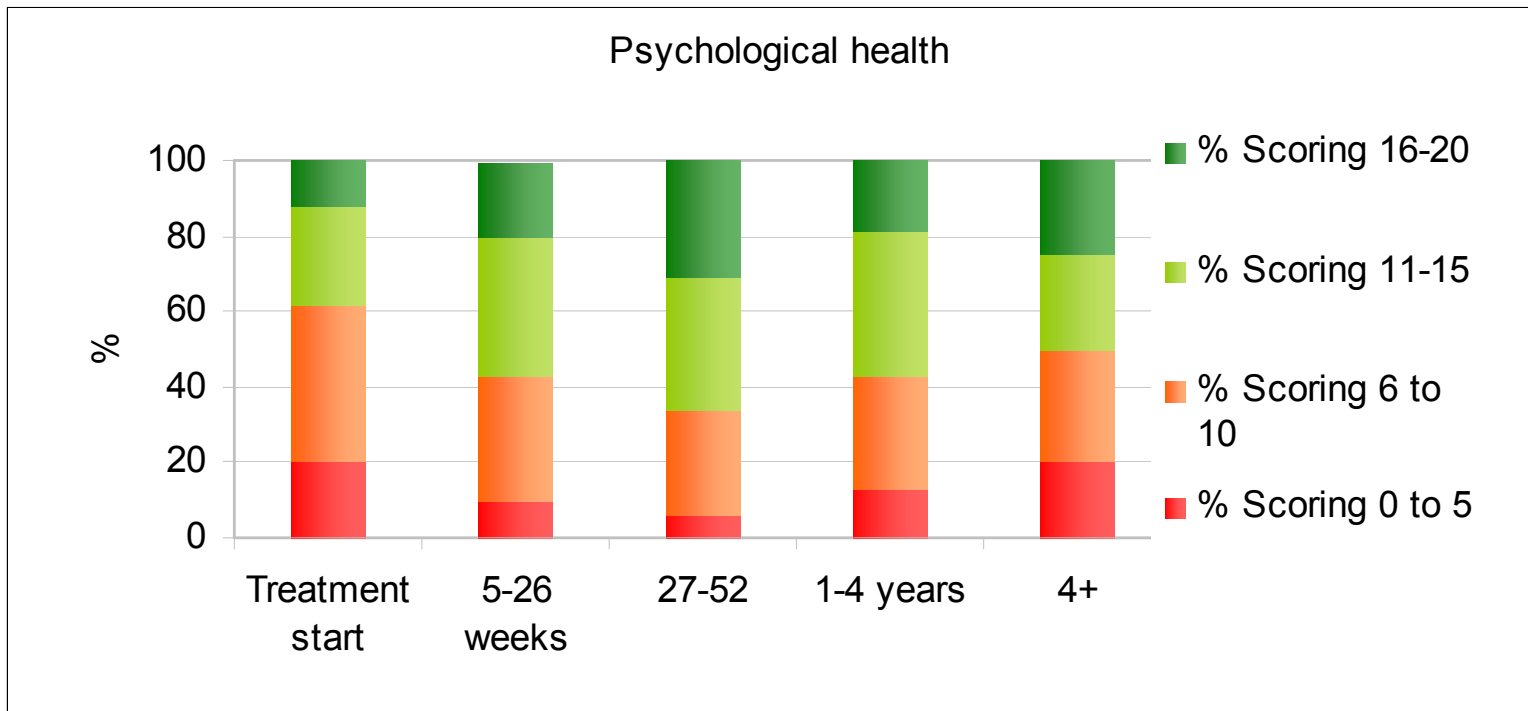
Physical health

Percentage of clients in different TOP score groups - rating their physical health in treatment 2009-10



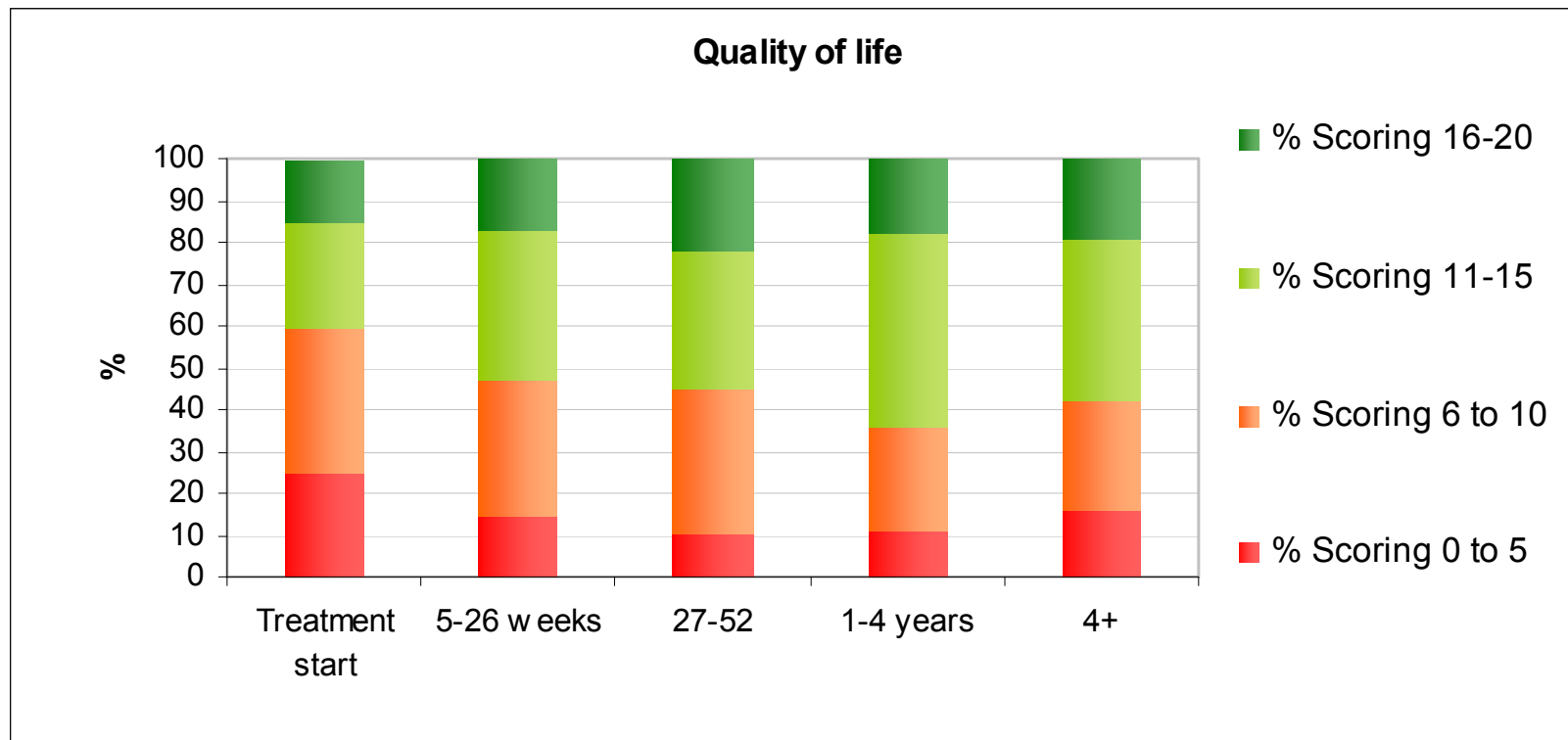
Psychological health

Percentage of clients in different TOP score groups - rating their quality of life in treatment 2009-10



Quality of life

Percentage of clients in different TOP score groups - rating their quality of life in treatment 2009-10



Key recommendations

- Improve pathways to psychological services, especially for clients with severe mental health issues
- Employment training and preparation incorporated fully into treatment from the start
- Haringey to be at the forefront in adapting RSA's recovery model into treatment system
- Ensure outcome tool data becomes more robust and monitor re-entrance to treatment

Next steps

- Findings to be assessed by stakeholders – submission of the report along with the treatment plan finalised by the end of March.
- Needs assessment is ongoing
 - Results from the service users survey and focus groups to be added in March 2010
 - Cost benefit section to be included
 - Ensure outcome tool data becomes more robust and monitor re-entrance to treatment