Introduction

Haringey has high levels of problematic drug use. The latest prevalence estimate of crack cocaine and opiate users in Haringey is 2424. The rate of 14.96 per 1000 population is higher than in London and England, 9.45 and 8.93 respectively (Hay et al, 2009). Those most vulnerable to problematic drug use, especially crack cocaine and heroin use, are more likely to live in deprived areas, suffer from mental ill health, live in poor housing and be involved in other criminal activity (National Treatment Agency :2010). Drug misuse not only impacts on the individual drug user but is also a key cause of societal harm, including crime, poverty and family breakdown.

The profile of clients in drug treatment in Haringey mirrors other patterns of deprivation. The majority of people in drug treatment are from the east of the borough, are unemployed and without a permanent place to live. Around a quarter enter drug treatment via the criminal justice system, a similar proportion has mild or severe mental health issues. Injecting drug users are particularly susceptible to contracting blood borne viruses – including hepatitis B and C and HIV (Health Protection Agency, 2009).

An annual adult drugs needs assessment undertaken by the Drug and Alcohol Action Team has consistently identified high demand for drug treatment which includes:

- Support to reduce drug related harm, e.g. advice and information on drugs and their effects, needle exchange provision, outreach services to vulnerable groups e.g. female sex workers and hepatitis B/C screening and hepatitis B immunisation
- Targeted work with specific communities e.g. the Somali community and use of khat/ incidence of TB
- Intensive structured treatment where the aim is for people to become drug free, e.g. detoxification, counselling, residential rehabilitation, dual diagnosis, education, training and employment
- Support for families and friends of drug users and children affected by parental substance misuse

This JSNA chapter relates to illicit drug use across the adult population in Haringey, primarily crack cocaine and heroin use (referred to as 'Problematic Drug Use').

Key issues and gaps

- Haringey has higher rates of problematic drug use than the London and England averages.
- A significant majority of the drug treatment population use crack cocaine (75%; 1812) with opiate use at slightly lower level (1736).
- Combined use of crack and opiates is common.
- Reported numbers of those tested for Blood Borne Viruses and being vaccinated for hepatitis B in structured drug treatment remain low
- Haringey is classed as Band C by the Health Protection Agency (high band) for numbers of drug users infected with hepatitis C
- The current drug treatment system whilst effective could be further improved by integrating drug and alcohol provision in the borough

- Haringey is rated in the top quartile in the country for crack cocaine and opiate users leaving treatment free of drug dependence

Who is at risk and why

Whilst drug use can affect any section of the community, there is a strong correlation between economic disadvantage and/or deprivation and the development of more serious drug problems (Home Office, 2010). Many adult problem drug users will have had long histories of substance misuse which started before they reached 18. Research suggests that those most susceptible to developing problematic substance misuse problems are from 'vulnerable groups' such as children in care, persistent absentees or excludees from school, young offenders, the homeless and children affected by parental substance misuse. *(DfES:*2005, *The NHS Information Centre: 2011*). The majority of young people needing help for substance misuse also have other emotional or social problems, such as self-harming, offending and are not in education, employment or training (NTA: Dec 2011). For more information about young people and substance misuse go to section (add link).

Data from Haringey adult drug treatment services in 2010-11 indicates that this population has a wide range of social problems:

- Significant housing problems with just under one third (31%[1]; 188)[3]
- 12 per cent (74)[2] being homeless (no fixed abode)
- A little over quarter came to treatment via criminal justice system (26%; 169)[3]
- Nearly a quarter (24%; 151) [3] were identified with dual diagnosis, a term which is used to describe co-existing mental health and substance misuse problems.
- Only 15 percent (90) had any paid work in the last four weeks prior to their treatment start date[3]

There is also considerable body of research which shows children who grow up in families where there is domestic violence and/or parental alcohol or drug misuse are at increased risk of significant harm (Cleaver et al 1999; ACMD 2003). The double stigma associated with being both a victim of domestic violence as well as having a substance use problem may compound the difficulties of help-seeking. Women drug users are also at risk of sexual exploitation through for example involvement in prostitution (Taylor and Kearney 2005).

For more information go to section Domestic and Gender Based Violence (add link).

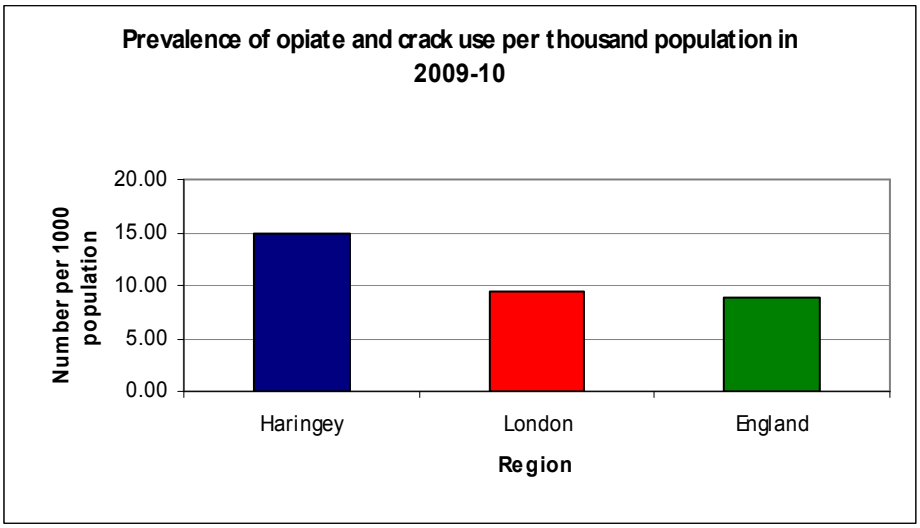
The level of need in the population

[1] Percentages in this document are from known values. If values are missing from more than 20% of all records, this will be indicated in the main text.
[2] Source: National Drug Treatment Monitoring System - Quarterly partnership report April 2011.
[3] Source: Treatment Outcome Tool baseline report 2010-11

Prevalence of crack cocaine and opiate use

It is difficult to accurately estimate the full extent of drug use at a national or local level, partly because of the illicit nature of drug misuse. Most of the prevalence estimates are on problematic drug use (crack cocaine and heroin users). These drugs are deemed the most harmful to the individual and society and are the area that central government has put the most resources into, both in terms of treatment provision and monitoring. The use of these drugs is in decline both nationally (NTA: 2011) and locally. Glasgow University calculates local and national prevalence estimates (Hay et al, 2009). The latest prevalence estimate of crack cocaine and opiate users in Haringey is 2424 The associated confidence intervals are 2,220 - 2,714. The estimate includes ages 15-64.[4]. The prevalence rate of 14.96 per 1000 population is higher than in London and England (9.45 and 8.93 respectively, see figure 1). A significant majority use crack cocaine (75%; 1812) with opiate use at slightly lower level (1736). Combined use of crack and opiates is however common.

Figure 1



Source: University of Glasgow prevalence estimates

- The prevalence estimates for Haringey have decreased since the first study in 2004-5 but due to changes in methodology, yearly trend information is not reliable
- The prevalence of young opiate and crack users aged 15-24 per 1000

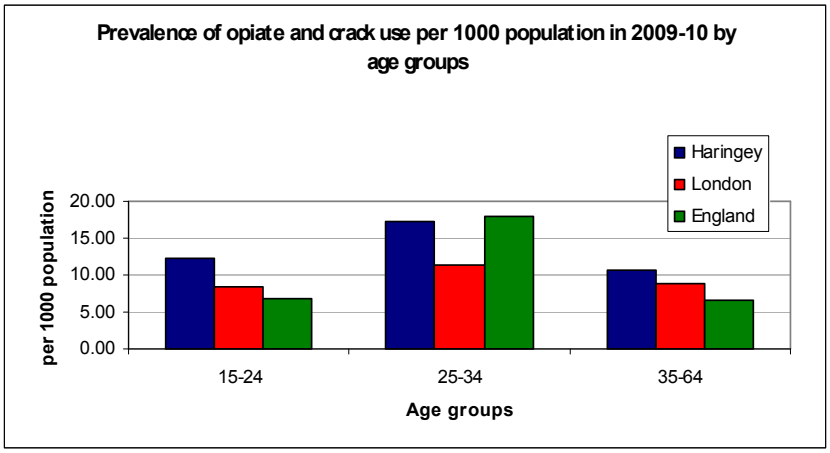
[4] 2009-10 estimates by the University of Glasgow. The associated confidence intervals are 2,220, 2,714. The estimate includes ages 15-64.

[5] The analysis includes only known values hence the sample is smaller than the total number in treatment in 2009-10. It includes Haringey residents in drug treatment in 2009-10 aged 18 who had their full postcode recorded, representing 66% of the total treatment population. It was not possible to retrieve this data from CRI and residential agencies outside the borough. The representativeness of the sample was tested: there were no differences of more than 3% percentage points in the demographic profiles between the sample and the total treatment population.

[6] The index map shows a score for each of the boroughs 144 Lower Super Output Areas (LSOA). An index value of 100 indicates a score that is proportionate to the borough average rate (3.95 clients per thousand residents [891 known clients/225.529 residents] based on ONS MYE 2009 population figs). The client rate for each LSOA is calculated: (no of clients/LSOA residents) x 1000 and then the rate is divided by the overall borough rate and multiplied by 100 to create the index score i.e. (LSO rate/borough rate) x100. A score exceeding 100 indicates that an area is above average. Thematic mapping requires class ranges for each area (or LSOA) - absolute numbers do not work - so the borough average is represented as a range defined as 20% less than 3.95 to 20% greater than 3.95. This translates to an index class range for the borough average of 80 – 120.

population is lower than those aged 25-35 (12.35 and 17.38 respectively, see figure 2) but higher than regional and national averages (8.51 and 6.87 respectively). Previous local needs assessments have shown that young adult population seeking drug treatment are more likely to use cannabis.

Figure 2



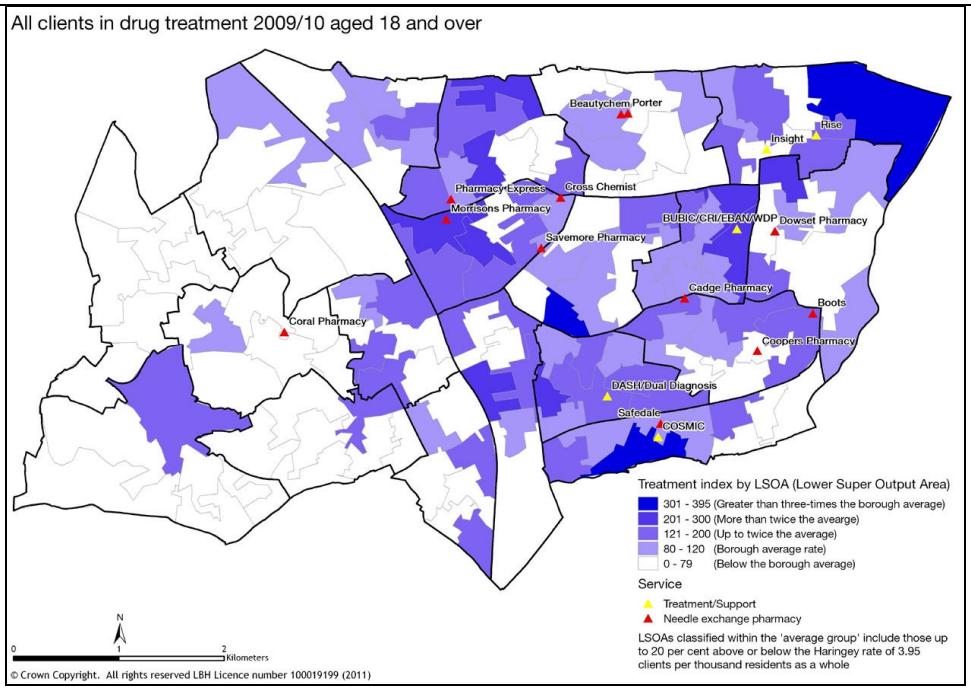
Source: University of Glasgow prevalence estimates

- There are no local prevalence estimates for the use of other drugs as recreational use is difficult to detect and measure, but as an indication, 31 per cent (186) of clients entering treatment in 2010-11 reported using drugs other than opiates and crack cocaine (e.g. cocaine powder, cannabis).

Profile of drug treatment population

- Haringey residents who seek treatment are likely to come from the more deprived, diverse and densely populated east: the highest concentration of 2009-10 drug treatment population were found to be residing in areas around Seven Sisters, Bruce Grove and Northumberland Park. Accordingly, the main drug services are based around those areas (See figure 3).

Figure 3: Index map of drug treatment population in 2009-10 by super output area (n=891[5])



Source: National Drug Treatment Monitoring System (NDTMS) - analysis by Haringey Council Business Intelligence[6]

- Women consistently make up a quarter of the drug treatment population (see figure 5 in the projection section), which is on par with national and regional average
- Almost one third (30%, 187) of new clients in 2010-11 were born outside of the United Kingdom
- The largest group of all clients in treatment in 2010-11 were White British (35%; 473) followed by Black Caribbean and Other White (14%; 191 and 18%; 246 respectively). These two groups were over represented in treatment compared to overall Haringey population. See figure 4.

Figure 4: Ethnicity breakdown of adult clients in treatment in Haringey 2010-11

Ethnicity	Number	%
White British	473	35%
White Irish	64	5%
Other White	246	18%
White & Black Caribbean	37	3%
White & Black African	13	1%
White & Asian	*	1%
Other Mixed	21	2%
Indian	*	1%
Pakistani	*	0%
Bangladeshi	18	1%
Other Asian	28	2%
Caribbean	191	14%
African	74	5%
Other Black	72	5%
Chinese		
Other	45	3%
Not Stated	21	2%

Missing ethnicity code	26	2%

Source: National Drug Treatment Monitoring System – Quarter 4 Adult Partnership report

* Data suppressed for data protection

Current services in relation to need

Haringey has a long standing and evidenced based drug treatment system which has been informed by annual adult drugs needs assessments, research and guidance by the NTA (National Treatment Agency for Substance Misuse) and NICE (National Institute for Clinical Excellence) . Commissioning of drug treatment in Haringey is undertaken by the Drug and Alcohol Action Team (Public Health) on behalf of the Wellbeing Partnership Board and Safer Communities Executive Board.

There is a comprehensive range of services, from low level harm reduction services such as advice and information, needle exchange, outreach services to vulnerable groups such as sex workers, blood borne virus testing and immunisation through to structured drug treatment such as. detoxification, counselling, community day and residential programs. There are also social reintegration programs which address the educational, employment and training needs of this group along with access to supported housing.

Recent research in the drugs field (Cebulla et al, 2004), the drug strategy (Home Office, 2010) and the recent Marmot review into health inequalities (Marmot et al, 2010) recognize that access to meaningful employment is a key factor in addressing health inequalities. Being in employment itself has an intrinsic therapeutic value (South N. et al: 2001). These along with access to secure housing are the main long term indicators of a person's ability to remain drug free. The importance of employment in users' recovery was also borne out by a specific needs assessment undertaken by the DAAT in 2010.

The Drug Intervention Programme is a specific programme commissioned to address drug related offending. Haringey DAAT also commissions services which provides support to friends and family of drug users and children affected by parental substance misuse.

Against the prevalence outlined earlier, a little over half (55%; 1427) of crack cocaine and opiate users in Haringey have accessed treatment services at some point prior to 31 March 2011, and half (50%; 1210)[7] have been in 'effective

[7] Source: NDTMS needs assessment analysed by the University of Manchester, 'bullseye data' report. These figures include clients in treatment 31/03/2011, in treatment in the year prior to 31/3/11 and clients known to treatment, but not treated in 2010-11.

[8] "In effective treatment" includes individuals in contact with Tier 3 or 4 services, during the period in question, who are recorded as having begun a drug treatment intervention and who fulfil either of the following criteria:

- they were retained in treatment for 12 or more weeks from their triage date
- they were subject to a planned discharge following a planned exit from their treatment within 12 weeks of their triage date (for opiate and crack users, planned discharge means that they finished treatment drug free).

Definitions for the National Drug Treatment Monitoring System data and reports are available from www.nta.nhs.uk

[9] Source: National Drug Treatment Monitoring System (Monthly drug treatment performance report). Figure refers to individuals leaving treatment year to date (April – November 2011) and is accurate as of 19 January 2012.

treatment' as defined by the NTA[8]. Waiting times for services are rated as excellent; no one waits for more than 72 hours for an assessment and treatment starts within three weeks. At 37 per cent (n=90)[9] Haringey is rated in the top quartile in the country for crack cocaine and opiate users leaving treatment free of drug dependency. More information about all drug services available for Haringey residents is available from add link.

Service users and carers opinion

The input of people affected by drug use is important in the development of services. Service users and their friends or families can influence how services are run and commissioned in a number of ways: by attending regular service user meetings at local services, attending meetings with commissioners, and being part of the Recovery Champions Group – a group set up to tackle the stigma associated with substance misuse and help build the 'recovery capital' of those in drug and alcohol treatment. Carers have set up a group with the help of the DAAT and providers, (Chrysalis as it is known) also has its own newsletter. There is also an annual service user survey. The findings from the 2010 survey which was completed by 191 service users were very positive showing a high level of confidence in treatment services; over 90% thought their treatment plan would work. The following service improvement suggestions were made:

- To continue to promote treatment through Job Centres and GPs
- Individual care plans should focus on aftercare and consider the role of education, training and employment as part of treatment to overcome loneliness and lack of purpose.
- Ongoing support after treatment helps service users move on with confidence
- Managers/commissioners should monitor the regularity of keywork sessions
- Managers should support staff and service users to set aspirational goals
- To consider how alcohol use is addressed by drug services
- Explore whether services can be more generic and focus on all of the needs of their local area[10].

At the time of writing the current service user survey is out to consultation. Its findings will inform the specification for a new integrated substance misuse treatment system in 2013/14.

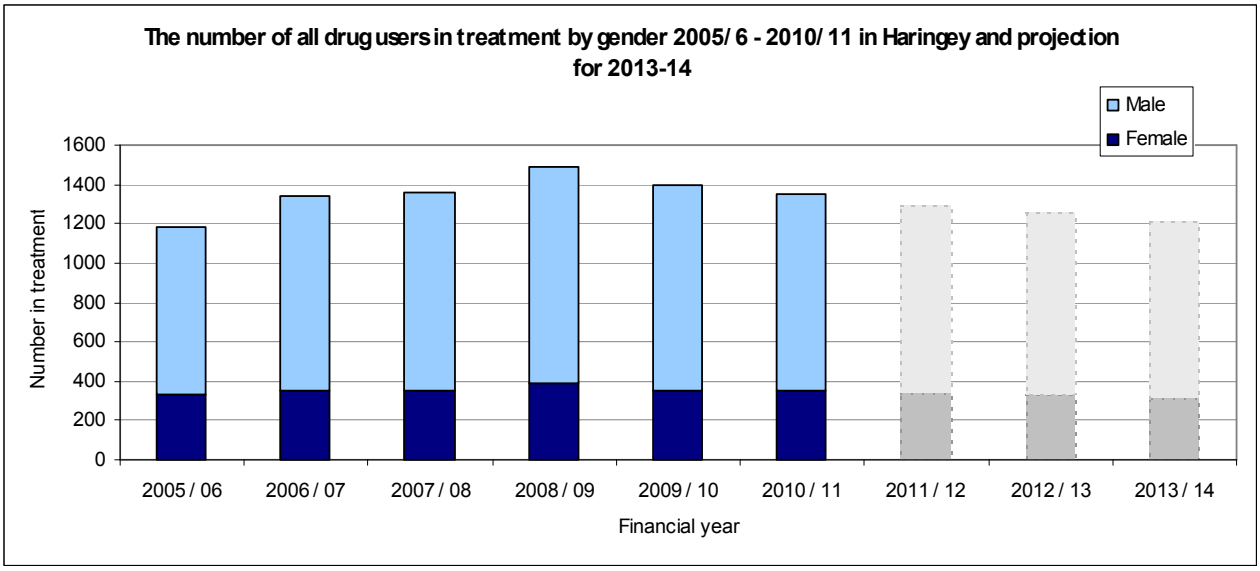
Projected service use in 3-5 years and 5-10 years

In Haringey the total number of drug users in treatment peaked at 2008-9. If the downward trend continues at a similar rate it is likely that by March 2014 the yearly figure for Haringey residents in treatment will be around 1214 (see figure 5)[11].

Figure 5

[10] Surveys were completed by Haringey services users currently in treatment in Haringey or completed treatment within the last 3 months.

[11] The projection is based on an average decline by quarter in the number of new clients coming to treatment since quarter 1 in 2010-11 financial year.



Source: National Drug Treatment Monitoring System report: Generated by NDEC, University of Manchester, 07/12/2011. Projection by Haringey Council Business Intelligence.

The decline in the number of crack and heroin users can be partially attributed to the increase, and the improved quality, of drug treatment services in the last decade. There also appears to be fewer young people getting involved in crack and heroin use (NTA:2010). By June 2014, the number of crack and opiate users in effective treatment in Haringey is likely to decrease around 11%, from 872 to 772 [12].

It is not possible, however, to accurately predict trends or the demand for drug treatment. For example the impact of the economic downturn on the level of drug use is unknown. New drugs coming in to the market (e.g. legal highs) and the availability of drugs also has an impact - which in turn depends on police activity, not only in the UK but in the source countries.

Expert opinion and evidence base

The effectiveness of the specific harm reduction[13] and drug treatment interventions[14] outlined in the Models of Care (2006) and various NICE guidelines is well established. Treatment effectiveness is monitored through the National Drug Treatment Monitoring System (NDTMS) and evidenced in other national research projects (Davies et al. 2009, Jones et al: 2010, Millar et al: 2008, Webster et. al: 2009). Research studies on the overall cost of illicit drug use to society suggests that drug treatment provides value for money (Davies et al: 2009, Godfrey et al: 2002). Cost benefit estimates by the National Treatment Agency for Substance Misuse (NTA) show that our local treatment provision provides good value for money: in Haringey every pound spent on drug treatment saves £5.02 in crime and health costs. The estimated net benefit is £46.1 million in total for the 2010 spending review period (2011-12 to 2014-15)[15].

[12] Ie the total number of clients in a 12 month period. The projection assumes effectiveness remains the same, ie 85% as at 7th Dec (latest available report on www.ndtms.net). This estimate is based on an average monthly changes in the last two years in Haringey.
[13] eg. needle exchange, hepatitis C & B testing, advice and information
[14] eg. substitute prescribing, residential rehabilitation, counselling
[15] Source: Value for Money Tool. National Drug Treatment Monitoring System. These estimates include both, the cashable cost benefit for the public sector in crime and health savings, as well as non cashable natural benefits, e.g. quality of life years (QALYs). The cost of and spend on the drug treatment system is shown in real terms, during the spending review period, and is discounted and adjusted for market forces. The baseline data is from

Studies have highlighted a relatively high prevalence of mild and moderate mental health problems in drug treatment population (Strathdee et al., 2002 cited in NTA 2010, Daddow, Broome: 2010). Accordingly those who received help for particular mental health issues as part of their drug treatment strengthened their chances for recovery (Daddow, Broome: 2010).

The NTA guidance (NTA:2010) highlights the need to have a balanced treatment system that seeks to reduce the associated harm by stabilising the drug use, helps people to become drug free and achieves better social reintegration. Given the broad range of problems drug users face (i.e. physical and mental ill health, family dysfunction, offending) such a process can take a long time or require several attempts. National guidelines, including clinical guidelines from NICE, that are implemented locally are available from the National Treatment Agency website: www.nta.nhs.uk/guidance.aspx

Unmet needs and service gaps

- Services for children affected by parental substance misuse are not adequately resourced storing up potential for intergenerational substance misuse
- Care pathways into drug (and alcohol) treatment need to be simplified (see recommendations)
- Further and ongoing work with the Somali Community re khat use and TB
- Social exclusion factors/stigma which prevent people with former histories of drug and alcohol use from accessing meaningful employment and stable housing.
- Further development of mutual aid, peer support and user led services
- Wider coverage of blood borne virus screening and immunisation services
- Parenting support for drug using parents

2010-11 financial year but the estimates for the 2010 spending review period are based on a number of assumptions, for example, the reductions in offending (evidenced in other studies) were assumed to be caused by the treatment itself and not by other factors associated with treatment entry. Therefore the figures should be treated as indicative only.

Recommendations for commissioning

- Re-tender existing substance misuse provision to create an integrated, recovery focused substance misuse treatment system by 2013/14.
- Respond to changing trends in drug misuse, non class A drug use and needs of particular communities e.g. khat use in the Somali community
- Continue to ensure fast access to a wide range of prevention and treatment services to meet changing drug trends, along with services for carers and families and children affected by parental substance misuse.
- Ensure wider coverage and better uptake of Blood borne viruses screening and immunisation
- Continue to tackle the wider determinants of health inequalities in this group such as access to housing and employment by working with colleagues elsewhere within the council and through national government initiatives such as the Work Programme, Supporting People programme and locally commissioned education, training and support services.

Recommendations for further needs assessments

Haringey drug and alcohol needs assessment is an ongoing process. The planned work during 2012 is to include:

- Map how long opiate users are staying in drug treatment and profile the needs of those staying in specialist prescribing services for over 12 months
- Understand the needs of those who drop out of treatment early or who are not progressing in treatment. .
- Improve knowledge about the impact of powder cocaine, legal highs and cannabis use on local health services
- Monitor the success of social reintegration

Local agencies should focus on completing treatment outcome data and improve the data quality on the number of children who live with clients in drug treatment so as to accurately estimate the number of children affected by parental problem drug use.

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