Haringey Drug And Alcohol Action Team

Adult drug treatment plan 2008/09
Part 1: Strategic summary

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Section A: Strategic summary

Overall Strategic Direction/Purpose

The purpose of Haringey's drug treatment strategy is to respond to the diverse needs of its drug using population by providing accessible, timely and appropriate drug treatment, delivered by a skilled and effective workforce. Central to this focus is the involvement of service users and carers in the ongoing development of our treatment system. The challenge will be to continue to deliver this against a background of a potential decrease of 27%, (34%) in real terms of the Pooled Drug Treatment budget over the next three years. The changes in the funding formula whereby twice as much funding is awarded for crack and opiate users entering and being retained in treatment could make it difficult for us to respond to new and emerging patterns of drug use. Another potential unintended consequence of the new funding formula is that it could become increasingly difficult to continue to commission services that are not targeted at crack or heroin user's e.g. Cannabis support groups and work with Somali community on Khat. Tier two and some of the wrap-around support services which are crucial to recovery could also be compromised. To safeguard against this, and ensure we are able to respond to the complexity of Haringey's drug using population, we will be working with providers over the coming years to examine how existing services can be delivered in a more cost effective way. In addition the DAAT are working with partners to include wider improvement targets in the LAA which will help with the re-integration agenda e.g. PSA 149, and targets on work lessness.

Haringey has set itself a challenging but realistic target for engaging problematic crack and heroin users in effective drug treatment (New PSA) which has been agreed and will be one of the 35 improvement targets in our Local Area Agreement. We are confident that with the changes made to our drug treatment system over the past two years, engagment and retention of P.D.U's will be greatly improved.

The Drug Interventions Programme continues to be an integral part of our treatment system – acting as it does both as a pathway into Tier 3 treatment and provider of Tier 3 treatment to drug using offenders. However, the needs assessment indicates that improvements need to be made in the engagement and commencement into treatment process of DIP clients. This will be addressed through:

- training on case Managment with DIP staff
- the case management system Mi CASE
- active involvement of the Haringey of Metropolitan Police Service offender management unit who in conjunction with DIP staff are 'chasing up' those clients who have failed to turn up for first appointment.

The continued alignment of the DIP/PPO agenda will further improve the development of an effective referral process into Tier 3 services for PPO's with substance misuse problems. London Probation Service state that at least one third of their clients in Haringey have a substance misuse problem, plans are afoot to ensure that all LPS Haringey clients are linked to the DIP for treatment not just those on drug related orders.

Haringey will continue to commission the DIP Prison Link worker at HMP Pentonville to enhance the referral process to tier 3/4 community based services and aftercare. The DAAT is committed to working more closely with NOMS.

Haringey's overall approach to community re-integration is well established. We have developed an 'aftercare model' which is working effectively. However, the challenge in the years ahead as we move from ring-fenced to non ringed fenced budgets will be to convince the wider partnership of the benefits of co-commissioning some of these re-integration services and how it fits into the boroughs overall approach to tackling workless ness, regeneration etc.

We are working with our partners in Housing to ensure the housing and support needs of substance misusers are reflected in the new Homelessness Strategy and following last years review of SP accommodation services we are hopeful that some of these services will be re-tendered so that we have services that more adequately meet the needs of this client group.

The DAAT Rent Deposit Scheme is up and running and we now have representatives from the treatment agencies working within the Vulnerable Adults Team in Housing. These workers can input into housing assessments for substance misusers and help break down some of the prejudice associated with substance misuse.

The need for effective wrap-around support services has been recognised in the borough's new Community Safety Strategy – which will see a greater joining up of the PPO/DIP agenda and the development of a reducing re-offending action plan – central to which will be the nine strands of the London Resettlement Plan.

The treatment system has been redesigned and expanded over the past two years so that it now better matches the particular local treatment needs. Our key priorities:

- Clinical governance auditing and implementation of the clinical guidelines
- Continued monitoring of performance against targets through provider/DAAT monthly Performance Management Group
- A crack/ Cannabis awareness campaign
- A fully integrated DIP service in Bruce Grove
- A new tier 2/3 crack/poly drug service - EBAN on first floor of DIP building at Bruce Grove to minimise attrition from DIP, and of primary crack users.
- Co-location BUBIC with EBAN – to facilitate engagment into tier 3 services of primary crack users
- Relocation of DASH drop-in to more central location and improved range of treatment options available to primary opiate users
- Commissioning of DASH to provide cannabis support groups.
- Re-tendered young peoples substance misuse service – new provider - Involve and age range extended so that it is in line with leaving care (21)
- Extended the work of SHOC to provide tier 3 services to female sex workers
- Commissioned EBAN to provide a counselling service in response to unmet need in this area

Key Findings of Needs Assessment

The University of Glasgow prevalence study[1] (2004-5) – estimates that Haringey has in the region of 2485 problematic drug users, compared to our own local estimate of 2022 (using the NTA Treatment Bulls eye methodology)[2]. However, if the Home Office figure is agreed as the most accurate then it indicates that in the region 1223 problematic drug users are not in contact with Tier 3 treatment services in Haringey. (For fuller discussion of prevalence see pg 66 of Haringey's 2007 Need Assessment). However, this figure does not readily translate to demand for Tier 3 (as in bourne out by our own needs assessment). At least some of these 1223 individuals will be having their needs meet in Tier Two services – and will therefore not appear in the National Drug Treatment Monitoring System data. The engagement or 'penetration' rate of problematic drug users in 2006-07 was 39%, slightly above the London average of 37% (NTA).

The same study also indicates that Haringey has above the London average rates of primary crack use, coupled with apparent lower rates of opiate use and marginally higher rates of crack and heroin use. This is certainly supported by our own local data in 2006/07. The Glasgow study suggests that Haringey's overall treatment population is younger than the London average of 25% (compared with Haringey's 19%). However, the figures do not appear to have been age standardised and will therefore not have taken into account Haringey's relative young population. Our own local data suggests that whilst we have marginally more 18-24 year olds accessing treatment (17% compared to London average of 16%), but that we also have a slightly higher proportion of over 35 years olds, (47% as opposed to London average of 45% accessing treatment, source NDTMS).

The proportion of women users is estimated at 20% which is lower than London average at 23%. Local data indicates a drop in women accessing treatment from 27% to 24%. Haringey's drug treatment agencies attract more service users from 'non white' backgrounds in comparison to the London average. At least some of these are the primary crack users referred to earlier. This is not 'by accident' but rather by design. Previous Needs Assessments identified that high numbers of younger African Caribbean men being arrested, assessed by the DIP but still not engaging in treatment. Our approach has been to try to intervene further upstream.

[1] Estimates of Prevalence of opiate use and/or crack use 2004/05 – university of Glasgow
[2] Haringey DAAT Needs Assessment 2008-09

We have done this by:

- the commissioning of a peer led, culturally specific service - BUBIC, who aim to prepare potential service users for Tier 3, but also act as a service and meet a need in their own right.
- the commissioning of a specific stimulant/poly drug service that would better meet the needs of those not being retained in treatment - EBAN.

Many of this client group are yet to move from Tier 2 service (BUBIC) to the Tier 3, which has impacted on numbers in effective treatment. The DAAT plan to co locate BUBIC with the new crack service to use their unique ability to engage crack users into treatment.

The Treatment system map shows the referral rates/movement between treatment agencies is low. This may be due to the way the treatment provision is configured whereby most services offer both Tier 2 and 3 services meaning referrals will be low. Equally referrals out to GP's from specialist services is low meaning the treatment system will get silted up if this is not addressed this year.

Our own analysis shows that the following groups were more likely to drop out straight after triage

- Aged18-29 (64% for age group 18-24 and 60% for ages 25-29)
- Primary drug cocaine (67%)
- Residing in N15 (67%)
- In treatment as part of the Drug Interventions Programme (75%).

Retention in drug treatment is particularly poor for:

- Under 25
- Reporting crack only/other stimulants or cannabis

These factors have been addressed by re-tendering, redesigning of existing treatment services and through rigorous performance management. We therefore expect to see a change in these treatment outcome demographics next year in line with the new treatment system.

Summary of key issues

- Stimulant users are accessing BUBIC but not accessing Tier 3
- One third in contact with probation are identified as using drugs problematically
- Two thirds of women testing positive on arrest do not enter treatment
- Though overall crime has dropped the proportion testing positive has not changed
- Yet to see impact of introduction of EBAN and new Young Peoples service - Involve
- Crack and cannabis use higher than London average.
- High attrition rate between clients being assessed by the CJIT and entering the caseload
- High attrition rate in clients referred by CJIT and commencing treatment
- Proportionally number of women in treatment has dropped.
- Housing identified as a problem by 36% of treatment population
- Though there is an increase in numbers in treatment, many have been in treatment for a long time, "silting up" the system
- Retention rate lower for Crack users, where primary use or not, and younger age groups.
- 13% drop out after triage (see above)
- Number of GP referrals is low
- Number of clients accessing Tier 4 is low
- Number of psychosocial interventions low due to lack of skills.

Demand for open access services Open Access -

Haringey's wide range of open access interventions has been improved last year through the commissioning of two new pharmacy needle exchange services, increasing capacity, extending opening times and widening to include the north of the borough, which was previously poorly served. However, since the move of DASH to a more prominent location in Wood Green needle exchange activity has decreased. Therefore this will need to be addressed through better advertising next year.

From our local needs assessment we estimate that in the region of 1247 individuals may be in need of Tier 2 treatment. In addition BUBIC recorded a total of 1873 attendances at their peer support groups. The nature of the service means that we do not know how many of these 'contacts' are already known to Tier 3 services or duplicated. However, we do know that this service is attracting many family members, women carers as well as users themselves. This demand gives access to potential, treatment naïve users which need to be encouraged move through the treatment system.

Tier 2 Priorities

- Implement an outreach and engagement strategy to reduce attrition, improve engagment and retention
- continue to commission BUBIC to deliver Tier two services including outreach, signposting, peer support services, and co locate with EBAN
- Opening of new Tier 2 (drop-in) at tier 3 service EBAN
- Tier 2 services for sex workers (outreach, drop-in etc).
- Exploit the relocation of DASH drop-in service from Finsbury Park to a more central location in Wood Green Shopping City as per geographical client demand.
- Action Plan to increase number of women engaging in treatment across DIP and other tier 2 services
- Increase the engagement rate of offenders testing positive with the DIP
- To reduce the attrition between those referred by DIP and commencement into treatment.
- Improve numbers of offenders in effective treatment with the DIP.
- To ensure clear and effective referrals pathways between DIP and other providers

Harm Reduction Priorities

Despite scoring 4 (excellent) for the Healthcare Commission Improvement Review on harm reduction, we believe there is room for improvement in this area, particularly as the recent Health Protection Agency report, 'Local Estimates of Hepatitis C prevalence among injecting drug users' places Haringey in the high prevalence band. Current targets on testing and offering hep B vaccinations are not being achieved - even if some of this is down to poor recording. The DAAT are working on a borough wide BBV Protocol which will ensure that all services users are able to access BBV screening and vaccination services at all drug services in the borough. This will be lead by the boroughs' BBV Strategic Nurse post. In addition - DASH have been successful in their bid to take part in the NTA Contingency Management Pilot which will help us better understand if this approach works in the U.K. - by facilitating better uptake of BBV immunisation. In addition this year will see the setting up of a Drug Related Deaths Review process – again something which is still outstanding both from the Healthcare Commissions' point of view and our own. The London Health Observatory reported 42 drug related deaths in Haringey during the latest period of available data 2000-4. These are 42 deaths that could have been prevented and unfortunately this is likely to be an underreporting due to the way that deaths are recorded.

The Home Office study on prevalence indicated that 607 individuals were injecting drug users in Haringey in 2004-5. This represents a rate of 3.75 per 1000 population – which is not significantly higher than that of London overall (3.45). The total number deemed to be at risk of BBV's entering treatment was 167. However, given that changes in injecting status is not currently routinely updated by the treatment agencies is difficult to ascertain changes in injecting behaviour that occur in treatment. This will be greatly helped by the introduction of the TOPS tool – which should capture this information. Our own local data indicates that there is more reporting injecting use in the DIP 16% as opposed to non-dip (13%) which indicates the need to ensure effective safer injecting/harm reduction messages are given to DIP clients even if they do not engage in treatment. Given the high rate of crack use it is also of prime importance that we ensure all providers give effective Harm Reduction information to crack users as well as opiate users.

Improvements to Harm Reduction

- Harm reduction information for primary crack users
- Improved screening and vaccination for BBV's
- A borough wide BBV protocol an BBV nurse
- Contingency Managment piloting with the NTA at DASH, with focus on incentivising clients to attend BBV appointments
- Establishing a Confidential Inquiries protocol for drug related deaths

- Revamp advertising materials for pharmacy and fixed based needle exchange
- Ensue that all injecting drug users (and in particular DIP Clients) are given effective safer injecting advice.

Demand for Tier 3 services

The treatment demands of the borough are informed by:

- high rates of primary and secondary crack use,
- high levels of poly drug use
- an upward trend in cannabis use
- Ongoing but stable rates of opiate use.

In the region of 1223 problematic drug users may be in need of structured drug treatment, who are not currently accessing it. There are particular retention issues for primary crack users, 18-24 year olds and 18-29, and for those in treatment as part of the DIP. Good care planning is also a key element of quality treatment and important to outcomes. Whilst Haringey has improved its planned discharge rate (36%), it is still below the London average of 38%. The Healthcare Commission 2005-6 audit also indicated that Haringey has room for improvement in this area, giving the borough a score of 2 – fair. In recognition of this a borough wide care plan audit is currently being conducted and will report back to the DAAT by 1st February 2008. The findings of this and the Service User Group survey on care plans will be a focus in next years plan. The paucity of structured counselling will in part be addressed through the commissioning of EBAN who will be providing a new counselling service as part of the new service provision for poly drug users.

The key commissioning priorities listed below aim to address these gaps and further improve Tier 3 outcomes.

Key priorities:

- **Bedding in of new Tier 3 crack poly drug service EBAN**
- **Development of crack/cannabis awareness campaign**
- **Continued commissioning of DASH to provide prescribing/OSI service to opiate/poly users**
- **Continued commissioning of SHOC to provide prescribing/OSI to female sex workers**
- **Action Plan to increase number of GP's involved in Shared Care**
- **Qualitative annual care plan audits**
- **Setting up of counselling service through EBAN**

Tier 4 Needs and effectiveness

Mapping data for Tier 4 supplied by the NTA did not match information held locally. For example, contrary to what the map shows all drug using clients are assessed for Tier 4 by DASH (as they hold the contract for this). Also only half of the clients in residential rehab appear in the NTA data. A Tier 4 Strategy Group will be devised to address this by examining S.L.A's. with Tier 4 providers and reporting mechanisms.

Referrals to Tier 4 are low when compared to other London boroughs, and most of these referrals are generated by DASH. With the advent of the new services and structures, clarified earlier, the DAAT expects to see an increase in referrals of stimulant users. This year all services users will be able to access Community Care Assessments at all drug services in the borough. Tier 4 referrals from prison dropped in 07/08 due to personnel issue, however the link worker post will be continued to be commissioned and is expected to attain 06/07 levels this year.

Wait times for Tier 4 services are high, even in the cases where we have block contracts. Demand outstrips supply and this is particularly so for complex need cases. Planned discharges at Tier 4 are also low – this is part of a national problem of underreporting on the part of Tier 4, which needs to be addressed by the NTA at a national level. There are a range of recommendations that have come out of our local Tier 4 effectiveness review.

Tier 4 Priorities

- **Commissioning more second stage rehabs places**
- **Improve access to Tier 4 by developing of link worker scheme in all treatment agencies**
- **Commission an additional block contract with Equinox**
- **Pilot of 12 week abstinence based programme**
- **Develop improvement plan for aftercare service**
- **Set up local Tier 4 strategic group**
- **Examine how complex needs can be better met within existing resources**
- **Conduct six additional rehab reviews - to expand improved provider list**
- **Continue with plan to collaboratively commission North London Inpatient detox facility**
- **Improve access to all wrap-around support services housing, ETE etc.**

Workforce

The DAAT has a comprehensive Treatment Sector Workforce Strategy which has targeted poor areas of performance by incorporating them into key DANOS units in our NVQ level 3 in Health and Social Care. Westminster Kingsway College are commissioned to deliver NVQ level 3 to all drugs workers, along with Thames Valley University who are delivering NVQ level 4 in Managment training to managers in the treatment sector, including the DIP. In addition the paucity of trained counsellors in the borough will be addressed by the commissioning of new counselling provision through EBAN. The importance of having a culturally competent workforce in a borough as diverse as Haringey cannot be overstated. However, it is also important to recognise that drug services alone cannot tackle the multitude of issues that these newly arrived communities face. In recognition of this the DAAT are linking in with neighbourhoods, the police and appropriate community organisations to address these issues.

Carers and Family members

Over the past two years the DAAT have moved from a position of having no carer involvement at strategic level to a point where two carers now sit on both our Treatment Task Group and DAAT Board. This means that we can ensure that carers are involved in the planning, commissioning and review of substance misuse service, along with providing services to better meet their needs.

Service Users

The DAAT has a comprehensive user involvement strategy that has now been operational for two years. The strategy outlines how users can be involved at an individual, service and strategic level – including a clear policy for reimbursements of fares and payment for sitting on strategic level meetings/ Boards etc. The involvement of service users, from all providers, including the DIP, at all levels has been invaluable to the DAAT in getting a much wider perspective on the effectiveness of the treatment system.

Summary

Haringey's treatment system ranges from Tier 2 - harm reduction services through to wrap -around support services. When seen as a whole we have a strategy in place for reducing substance misuse/associated offending , halting the spread of blood bourne viruses, improving individuals physical and psychological health and the overall health, wellbeing and safety of the wider community.

NB: Glasgow University prevalence data (2005/06) was published in mid January 2007. The data has been received too late to have been made full use of in this current needs assessment. Haringey's latest estimated number of problematic drug users is 2,690 (up by 205 on the 2004/05 estimate) but not statistically significant at the 95% level.