ADULT DRUG MISUSE

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Executive Summary

This 2013-14 refresh of the drug misuse chapter for the Joint Strategic Needs Assessment was produced using 2011-12 data and highlights many issues which have been previously identified. Drug treatment services in North Somerset were re-commissioned in 2012, with a single new provider taking over the services which had previously been delivered by two separate services; consequently many of the issues identified in this report have already been addressed.

The problems related to drug use are diverse and wide reaching including, mental and physical health and social and economic problems. These problems not only affect the individual, but also their families and communities.

There remains, at both a national and local level, a desire to address the problems associated with all drug use; however there is a strong focus on tackling the problems caused by heroin and crack use. Establishing the scale of the local heroin and crack problem is difficult. Figures produced by Glasgow University for 09-10 estimate that there are approximately 1,326 opiate and crack cocaine users (OCU's) in North Somerset, (this estimate has not been updated since 09-10). Treatment penetration rates for 2011-12 show that 57% of the estimated OCU population has engaged with local treatment services over the last two years (67% for opiate only users and 40% for crack users). This is lower than the engagement rate in 10-11 (66%) and is likely to be largely the result of the reduction in numbers entering treatment.

As stated above, there is a local ambition to understand and address the problems relating to all drugs (not just heroin and crack) and therefore information is collected on the broadest possible range of drug use; this information is essential in understanding local needs. Some of the drug use trends highlighted by this information include;

- A relatively stable use of crack and benzodiazepines among the North Somerset treatment population over the last 5 years (fluctuating between 27 – 30% and 16 – 19% respectively),
- A spike in steroid use in 09-10 which has not been repeated.
- The main cause of drug related deaths in North Somerset is opiate overdose.
- 2011-12 saw a decrease in the proportion of new clients starting treatment who were injecting (20% in 11-12 injecting compared with 28% in 10-11).
- A change in the pattern of drug seizures with increases in the amount of cocaine and mephedrone and a stabilisation of ketamine seizures following an increase in 2010.

The demographics of the local treatment population have experienced only minor changes for many years. The majority of North Somerset treatment users are white British males; however, there has been an increasing trend of older individuals in treatment. This increasing age is also reflected in the ages of those individuals experiencing drug related hospital admissions and the age of individuals dying from drug related causes.

Local information has shown that there is a concentration of residents from Weston-super-Mare in the numbers of drug related hospital admissions, drug related deaths, and individuals in treatment. This concentration is particularly high within the Central and South wards (these wards are amongst the 20% most deprived areas nationally).

Overall the delivery of drug treatment in North Somerset in 11-12 has been relatively effective with the majority of the National Treatment Agency key performance indicators being met, however there has been an increase in the number of individuals re-presenting to treatment.

Whilst there are no national targets in relation to the amount of time individuals remain in treatment and the numbers of new individuals entering treatment, local information is collected on these elements of treatment. This information shows that the time that individuals are remaining in treatment is getting longer and that there are fewer new clients entering treatment; these factors could indicate that the treatment system in North Somerset, in 2011/12, had become stagnant. The suggestion of a stagnated treatment system contributed to the decision to re-commission North Somerset drug services in 2012, and with the new provider now in place (since 2012), at the time of writing this report there are early indications of progress.

Delivering harm reduction information and reducing blood borne viruses remain key objectives of the North Somerset treatment system, and an important way of achieving these is through the effective delivery of local needle exchange services. Although it is difficult to determine the exact number of clients accessing needle exchanges, it is estimated that in 2011-12 North Somerset's needle exchanges dispensed more than 177,000 clean needles to an average of 220 clients per month. A needle exchange focused consultation, conducted in November 2011 indicated that whilst problems related to inter-personal reuse of needles has declined there is still a problem related to the repeat use of needles by the same individual (intra-personal) which can result in abscesses and septicaemia and therefore needs to be investigated further. Exploring and addressing this issue remains an action for the North Somerset Community Safety Drug Action Team.

The 11-12 data has highlighted that there is a need to investigate the increasing rate of re-presentations to treatment; (this issue has been closely monitored since 2012-13 and in 13-14 re-presentations have fallen to be within the top quartile nationally); the reasons why criminal justice clients and crack clients experience poorer outcomes and to ensure that needs of parents engaged in the treatment system and their children are being met. There is also need to investigate how more non-opiate users can be engaged into treatment and how services for this group can be improved.

Recommendations for Consideration by Commissioners

1. Investigate the high rate of intra-personal reuse of injecting equipment (the average number of times an IDU injects is 5.2 times per day, but the average amount of injecting equipment collected relates to only 2.2 needles per day). This high rate of reuse increases the risk of health problems such as abscesses and septicaemia. There is a need to repeat the needle exchange consultation to establish if there have been any changes
2. Investigate why, in the 2011 consultation, 56% of pharmacy needle exchange users reported that they were currently also accessing treatment services – what is not working for this client group?
3. With a national increase in non opiate use, there is a need to investigate and improve service provision for stimulant and other non opiate users to ensure effective local treatment packages are available
4. With 44% of the treatment population resident within two Weston-super-Mare wards, both of which are areas of high deprivation, there is a need to determine whether there is anything else services can be doing to help these users?
5. Work must continue to improve the perception of individuals in recovery by the local community.
6. Re-integration of service users will continue to be supported.
7. There is a need to engage with service users more frequently to canvas their views of the treatment system and to assist with communicating changes and developments to the wider population.
8. There is a need to review the pathways between hospital and community treatment for individuals admitted or seen in A&E for drug related problems, with the aim of improving the number of individuals referred into community treatment.

Why is treatment important?

Drug addiction can lead to a range of health and social problems (including; accidents, sexually transmitted infections, blood borne viruses, depression, anxiety, psychosis, neglect, crime, exploitation, unemployment and marginalisation). These issues not only have a considerable impact on the individual, but also their families and the communities they live in, resulting in significant costs to public services.

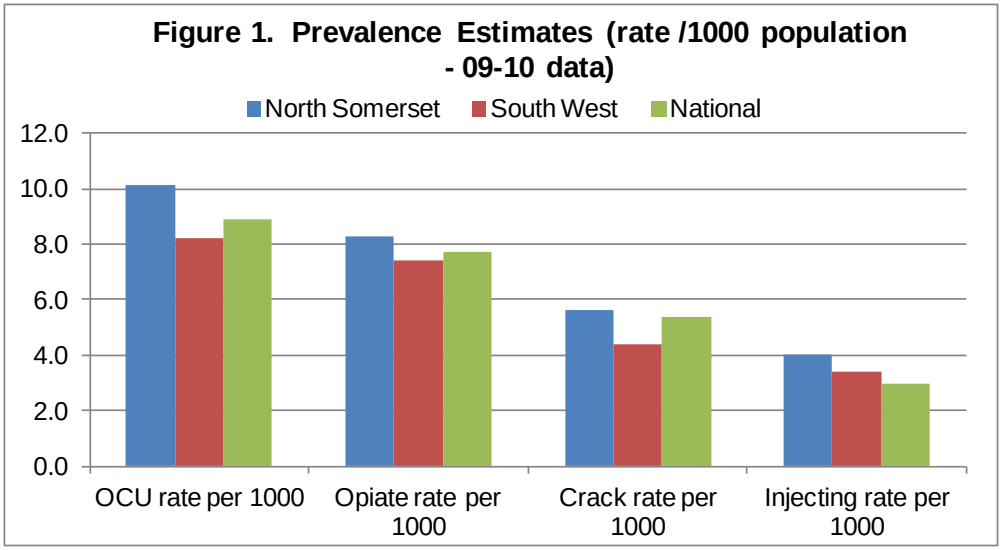
Effective treatment of drug addiction therefore not only benefits the individual and their families but also the wider community. According to the National Treatment Agencies Value for Money Tool[1], for every £1.00 spent on drug treatment in North Somerset there is a net gain of £4.90 in terms of health benefits and crime reduction. This tool also shows that for every £100,000 disinvested in drug treatment there is likely to be an increase of approximately 494 crimes

What are the needs of the population?

Prevalence and treatment penetration

The latest prevalence estimate for North Somerset based on 09-10 data[2] indicated there were approximately 1,326 opiate and crack cocaine users (OCU's); equivalent to a rate of 10.1 per 1,000 head of population (Figure 1). This is higher than the rates for both the South West (8.2 per 1,000) and the national rate (8.9 per 1,000) and represents a 2.7% increase compared with 08-09. This increase is higher than the

0.36% increase experienced across the South West and in variance with a 4.7% decrease across England. It is also estimated that North Somerset's rate of injecting drug users is 4.0 per 1,000 head of population; this is slightly higher than the rates for both the South West (3.4) and England (3.0).



The treatment population data for 2011-12 includes all clients who have been in treatment in 10-11 and 11-12 (Table 1) and when used in combination with the prevalence estimates produce a treatment penetration rate for North Somerset of 57.5% for OCU clients, 67% for opiate clients and 40% of crack clients.

Table 1. Summary of Treatment Population Data for 11-12

	In Treatment 31/03/12	In Treatment 11-12	Known to Treatment but not 11-12	Total known to Treatment system	Prevalence Estimate	Average Treatment Penetration
North Somerset						
OCU total	452	191	119	762	1,326	**57.5%**
Opiate	444	182	111	737	1,096	**67.3%**
Crack	151	88	55	294	736	**39.9%**
South West						
OCU	11,516	3,945	2,799	18,260	27,694	**65.9%**
Opiate	11,411	3,753	2,648	17,812	24,725	**72.0%**
Crack	3,829	1,602	1,067	6,498	14,890	**43.6%**

These rates are not only lower than the averages for the South West; they are also lower than the rates calculated for 10-11 (OCU – 66%; opiate – 77%; crack – 55.9%). These lower penetration rates are likely to be a result of a combination of factors including the reduction in numbers entering treatment, the nationally produced prevalence estimates not having been updated and also possibly the impending change of service provision which may have caused some uncertainty amongst clients during this period. This reduction in penetration rates is concerning and requires monitoring, however calculating prevalence estimates locally is very challenging and therefore the, outdated, national prevalence rates will need to be relied on. An area requiring particular attention is the low penetration rate for crack clients, which

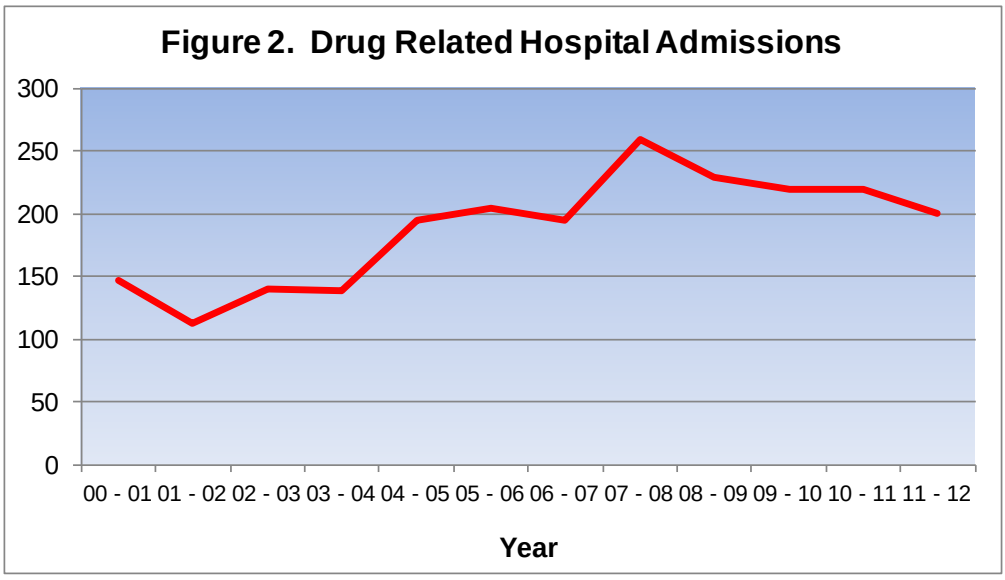
although not considerably lower than the regional rate, is considerably lower than last year and needs to be explored in more detail.

Hospital admissions:

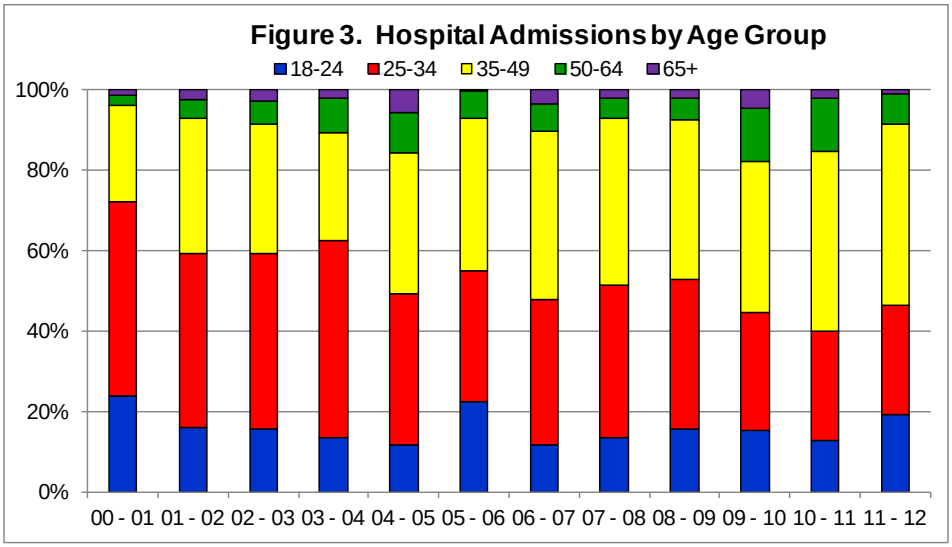
The data contained in this section was supplied by the PCT[3] and ASPIRE[4] and is related to residents of North Somerset admitted to Hospital anywhere in the UK. Drug related admissions are related to ICD10 (International Classification of Disease) codes listed below:

F11	Mental and behavioral disorders due to use of opioids
F12	Mental and behavioral disorders due to use of cannabinoids
F13	Mental and behavioral disorders due to use of sedatives or hypnotics
F14	Mental and behavioral disorders due to use of cocaine
F15	Mental and behavioral disorders due to use of stimulants, including caffeine
F16	Mental and behavioral disorders due to use of hallucinogens
F18	Mental and behavioral disorders due to use of volatile solvents
F19	Mental and behavioral disorders due to use of multiple drug use and use of other psychoactive subs
X42	Accident poison by & exposure to narcotics / psychodysleptics [hallucinogens], not classified elsewhere
X62	Intentional self-poisoning by & exposure to narcotics & psychodysleptics not classified elsewhere
Y12	Poison by & exposure to narcotics and psychodysleptics, not classified elsewhere, undetermined intent

Having stabilised over the three years between 08-09 and 10-11 at approximately 220 admissions per year (following a rising trend over the previous seven years from 113 in 01-02 to 259 in 07-08), the number of drug related hospital admissions fell to 201 in 11-12 (Figure 2), however it is unclear whether this is the beginning of a decreasing trend or just a natural fluctuation.



The proportion of admissions for clients admitted over the age of 35 appears to be increasing from less than 40% in 03-04 to 60% in 10-11 and 54% in 11-12; this largely is in line with the age profile of the treatment population (Figure 3).



The majority of drug related hospital admissions were for individuals who are resident within the Weston area (68%); however there are a disproportionate number of hospital admissions for residents who live in the north of the district when compared with the proportion accessing treatment services from these areas. It is unclear whether this disparity is related to the smaller number of clients or the accessibility of services in these areas. This disparity has been noted over the last few years and does not appear to have changed despite outreach services being available in the northern parts of the district.

Drug related deaths:

There were 11 reported deaths in service during 2011-12, only 5 were classified as drug related following toxicology results and a coroners investigation. This was an increase of 2 drug related deaths compared with 2010-11; however the number recorded in 10-11 was much lower than had been recorded in recent previous years and was thought to have been linked to the limited availability of heroin during this period.

Demographics:

The majority (91%) of clients accessing treatment services in North Somerset were White British; a further 2.6% were recorded as “Other White”, 2.6% were from mixed race backgrounds and 3.3% were from other ethnic backgrounds (Indian, other Asian, Caribbean and other Black), this was consistent with previous years and the South West region. The gender ratio of 71% male to 29% female clients was also consistent with previous years and the national and South West profiles. The age profile of clients appears to be slightly older in North Somerset compared with both the regional and national averages (Table 2) with only 8% of the treatment population in the 18-24 age group compared with 10% but with 41% aged 35-44 compared with 37% across the South West and 36% for the national average.

Table 2. Age distribution of clients accessing treatment services			
Age Group	North Somerset	South West	National
18-24	8%	10%	10%
25-34	34%	36%	37%
35-44	41%	37%	36%
45-64	17%	17%	17%

Needle Exchange:

Pharmacy needle exchanges are the major source of clean injecting paraphernalia for users in North Somerset with more than 85% of clients using the pharmacy needle exchanges compared with the specialist provider. Whilst this is, in part, due to pharmacy needle exchanges being available throughout the whole of North Somerset; more than 75% of clients access the pharmacy Needle exchanges in the Weston and Worle area, with only 11% of clients using the exchanges in the North of the district. This could indicate that there is a need to explore any barriers for clients accessing the specialist provider.

Although it is not possible to determine the exact number of individuals using the pharmacy needle exchanges in North Somerset or their treatment status; during 2011-12 an average of 220 clients per month accessed the services which based on previous local estimates[5] would indicate that approximately between 840 and 950 individuals used the needle exchanges during the year. On average, needle exchange users received 2.2 clean needles per day although there was considerable variation across the district; this average has declined from 2.5 per day in 08-09 and according to a consultation with clients in 10-11, clients reported that they were injecting on average 5.2 times per day; this would suggest clients are reusing their own needles. Results of the consultation with pharmacy needle exchange users also revealed that approximately 56% were also accessing treatment services and that 18% had previously accessed treatment services, although it was unknown how recently. This would suggest that potentially there are between 220 and 420 needle exchange clients who are unknown to the treatment system.

Access - Referrals:

There were 313 new referrals into structured treatment in 11-12, this was a reduction of 10.8% compared with 10-11 and would appear to indicate a decreasing trend in new referrals into treatment (Table 3). This decreasing number of new referrals follows a national trend, although the national rate of decline has not been quite as steep as the local decline. With only 30% of new referrals classified as “treatment naïve” (i.e. had had no previous contact with structured treatment services anywhere in the country recorded by NDTMS), this is lower than both the national and regional averages of 40% and would suggest a high proportion of clients (70%) who have received treatment in the past.

Self referrals still make up the largest single category of referrals into treatment (36%) although this has decreased over the last few years (Table 3). This high rate of self referrals is likely to be linked to the configuration of the services where a drop in clinic

operated by one agency is open most mornings and therefore any clients who feel they need a service can attend and will be seen and referred straight into treatment.

Table 3. Referral routes comparison				
Referral Source	**08-09**	**09-10**	**10-11**	**11-12**
GP	68	68	45	39
Self	225	144	140	114
Drug Services	50	56	47	33
Arrest referral / DIP	14	14	4	40
Probation	13	27	18	21
CARAT	22	18	37	37
CJS other	7	9	32	5
Other	17	46	28	25
Total	**416**	**382**	**351**	**313**
Treatment naive	**142 (34%)**	**142 (37%)**	**105 (30%)**	**94 (30%)**

Criminal justice referrals make up the second largest group at 33%, with arrest referral / drug intervention programme (DIP) now making up 12.8% of total referrals which is more than a 3 fold increase compared with 08-09 and is likely to be the result of more rigorous recording practices. It is likely that some criminal justice referrals are recorded as self referrals due to the lack of facilities for assessing clients at the police station. The remainder of referrals were received from other drug services and health services including GP's

Opiate and Crack Users (OCU's) continue to make up approximately 85% of North Somerset's treatment population, however only 74% of the new referrals into treatment in 11-12 were OCU's; this is a slight reduction compared with previous years (75% in 09-10, 77% in 10-11), and is likely that this lower proportion of OCU's entering treatment compared with the treatment population as a whole, may be the start of a longer term trend away from opiate and crack use, this trend has been seen nationally.

The use of crack as a primary substance continues to remain very low (5-6%), however 24% of the treatment population and approximately 26% of new referrals reported using crack within their drug use profile, which equates to more than 200 individuals using crack when they entered treatment. Other drugs which commonly appear within clients drug using profile predominately as a second or third drug are:- cannabis (22% of the treatment population), benzodiazepines (19%), cocaine (11%), amphetamines (including mephedrone) (10%), and alcohol which is reported as a second or third drug for 32% of the drug treatment population.

North Somerset has a higher proportion of clients in treatment who are parents than the national average (60% compared with 52%), with 29% of these parents living with their children, the CSDAT need to ensure that this groups needs are being met.

Despite there being 200 drug related hospital admissions in 11-12 there were only two direct referrals into treatment services from hospitals and none from A&E departments recorded. Due to the inability to match hospital and treatment data, it is unknown whether any of the drug related hospital admissions were for clients who were already accessing treatment services, therefore it is not possible to determine whether there is

a gap between drug related admissions and referrals to treatment. This requires further investigation to determine what is happening to these individuals and whether they are having their needs met.

Drug Seizures

Although there was a slight decrease (4%) in the number of individuals arrested for drug related offences in North Somerset in 11-12 compared with 10-11; the number of individuals who were charged remained the same. There was however, a slight decrease in the number who were cautioned or warned for drug related offences.

Table 4. Individuals involved in drug related offences in North Somerset

Number of individuals	**1 Jan – 19 Oct 2011**	**1 Apr 11 – 31 Mar 12**
Arrested	580	668
Charged	213	256
Cautioned	144	153
Warned	184	199
NFA	39	60

Historically the pattern of drug seizures in North Somerset has been quite different to other areas in the Avon and Somerset force area. Outside North Somerset stimulants linked to the club scene appear often in seizures, whereas cannabis has been more prevalent in North Somerset (Avon & Somerset police). It appears that this trend may be changing; in 2010 there was a 10 fold increase in the quantity of cocaine seized in North Somerset compared with the previous 12 months for April 09- March 10, and this appears to have been maintained with seizures in North Somerset accounting for 10% of the total for the district. The quantity of ketamine seized in North Somerset has remained at a similar level to last year, however there has been an overall reduction of more than 50% in the quantity seized across the force area and as a result North Somerset accounted for almost 25% of ketamine seizures in 11-12 across the force area. Although there has been an increase in the quantity of mephedrone seized in North Somerset in the last couple of years; amounts are still very small and accounted for less than 0.5% of the total seizures across the force. The amounts of crack, heroin, and other drugs seized in North Somerset are quite small and do not contribute significantly to the total for the force area. It is possible that the changing pattern of drug seizures in North Somerset (increases in mephedrone and cocaine, North Somerset becoming a more prominent ketamine market, and decreases in cannabis) could be a true reflection of drug use in the area or are more linked to police resources and priorities.

Unmet Need:

The 11-12 data matched the previous Needs Assessments in highlighting several potential gaps in service provision and areas which warrant further investigation:

- 44% of the treatment population live in areas of Weston which are amongst the 20% most deprived areas in the UK. This high proportion of clients experiencing social deprivation is likely to produce complex cases faced with numerous additional needs (e.g. poor housing, poor health, unemployment) which are likely to produce barriers to these clients experiencing positive outcomes.

- Approximately 24% of North Somerset's treatment population use crack and 26% of new referrals, however 2011-12 has seen a substantial decrease in the treatment penetration rate for crack users from 56% in 10-11 to 40% in 11-12. This is lower than the regional average and considerably lower than the treatment penetration rate of 67% for opiate users and needs to be fully investigated and responded to.
- With 60% of new referrals in North Somerset being parents; approximately half of whom have at least some their children living with them (higher than the national average); it is important to ensure that there are appropriate services available for these individuals (e.g. childcare, child friendly opening hours).
- Whilst it would appear that the majority of drug users in North Somerset are OCU's, treatment options for non OCUs will continued to be explored to ensure that facilities are available to meet the needs of individuals dependent on other drugs especially in light of the changing patterns of seizures (assuming this is not an artefact of police operations)

In Treatment[6]

Engagement

Treatment services in North Somerset have continued to meet the majority of the NTA key targets during 11-12. Successful completions as a proportion of total numbers in treatment at 17% was just above the top quartile range of 11-16%, and also above the national average of 15%; this was largely attributable to the increased growth in successful completions for opiate clients at 32% compared with the national average of 11%. Opiate clients account for approximately 85% of the treatment population in North Somerset and therefore their performance weight the overall averages accordingly. The number of OCU clients recorded as being in effective treatment increased by 2% compared with a national decline of -4%, however there was an overall decline in the number of total clients in effective treatment of -2% compared with a national average of -3%. TOP completions were fully compliant and showed that 73% of opiate clients within 6 months of treatment had achieved abstinence or reliably improved compared with a national average of 69% and similarly 79% of crack clients had improved compared with 62%.

Treatment Duration:

The overall proportion of clients engaged in treatment for more than 4 years in North Somerset has increased considerably over the last few years and now stands at 25%. Whilst this is not excessive compared with the national average of 35%, this does require some attention to ensure that those who have remained in treatment for very long periods are continuing to have their needs met and are afforded the opportunity to move forward in their recovery. High numbers of individuals in long term treatment may also reduce the capacity to take in new individuals.

Criminal Justice:

Segmentation (Table 3) showed that 33% of clients were referred in through the criminal justice system; the majority of whom were male, with a higher proportion with housing issues when entering treatment. Overall this group appear to do less well in treatment with only 11% achieving a successful outcome compared with 14% nationally and also have a much higher rate of re-presentations to treatment at 27% compared with 10% nationally. The early intervention accommodation project, which is part of IMPACT (North Somerset's Integrated Offender Management Programme)

facilitates accommodation for all offenders in North Somerset and therefore helps to provide a stable background which in turn should assist this group to make improved outcomes.

Representations:
Historically North Somerset has a higher proportion of clients representing to treatment; this can be seen in the low proportion of treatment naïve clients entering treatment in North Somerset (circa 30%) and the high representation rates. Overall in 2011-12, 12% of clients who successfully completed their treatment returned within 6 months compared with a national average of 10%, and for opiate clients the rate was 16% compared with the national average of 15%. Although it is recognised that drug addiction is a chronic relapsing condition and it is important to ensure clients can re-enter treatment unhindered, it is also important that services ensure that individuals are given the maximum opportunity to achieve a sustainable recovery in their first attempt. Data for 13-14 shows re-presentation rates have fallen substantially and at the time of writing this report are within the top quartile nationally.

Data and Recording

The 11-12 data highlighted some issues:

- Due to the re-commissioning of drug treatment services in April 2012 and the consequent data migration for all clients still in treatment on 1 April 2012, the data supplied by the NTA for the Needs Assessment process was not suitable as it appeared that a significant proportion of clients had been in treatment with the new agency which was not the case
- The lack of facilities to assess clients in confidence in police cells continues to affect the proportion of clients who are recorded as criminal justice referrals resulting in a disproportionately high number of self referrals although this practice has been reviewed and the changes are now beginning to be evident, however it is hoped that this will no longer be an issue for 12-13 data
- The lack of identifiable data from partner agencies means that it is not possible to cross reference individuals across several data sets; i.e. perpetrators of serious acquisitive crime or drug related hospital admissions with treatment data. This creates a gap in local knowledge and therefore a gap in meeting the needs of these individuals.

There is a need to continue to work to improve the recording and sharing of information within the partnership to improve our understanding of any gaps.

Service User Voice

Care-planning:

The successful implementation of the Recovery Agenda will require treatment services to address the “holistic” needs of their clients and enable clients to become active participants in their treatment. The fundamental way to achieve this, will be to improve the care-planning process to ensure that all individuals in treatment not only have a

care plan, but have been involved in its creation and that its goals are reviewed regularly. Data for 2011-12 showed that 99% of clients had a care plan.

Service User Involvement:

Due to the re-commissioning process during 2011-12 there were no specific service user consultations, however, there was service user involvement throughout commissioning process and they also attended partnership meetings. A service user consultation was circulated to service users in February 2013 to canvass their views on the new treatment system since April 2012, and the findings will be presented in next years Needs Assessment.

Guidance and legislation

NICE guidance. Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people (PH04)
http://egap.evidence.nhs.uk/PH04/

NICE guidance. Drug misuse: psychosocial interventions http://www.nice.org.uk/CG51
NICE guidance. Drug misuse: opioid detoxification http://www.nice.org.uk/CG52
NICE guidance: Drug misuse: psychosocial interventions
http://guidance.nice.org.uk/CG51

Medications in Recovery - http://socialwelfare.bl.uk/subject-areas/services-activity/substance-misuse/nhsnationaltreatmentagencyforsubstancemisuse/145798medications-in-recovery-main-report3.pdf

National drug strategy - https://www.gov.uk/government/policies/reducing-drugs-misuse-and-dependence

Further Information

NHS Information Centre http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/drug-misuse

Home Office - http://www.homeoffice.gov.uk/drugs/

Public Health England - https://www.gov.uk/government/organisations/public-health-england

References

[1] www.ndtms.net – Value for Money Tool (restricted access)

[2] Estimates of the Prevalence of Opiate and / or Crack Cocaine Use, 2009/10: Sweep 6 report- http://www.nta.nhs.uk/uploads/prevalencestats2009-10fullreport.pdf

[3] PCT data – Data was downloaded in August 2011 from the ABI database

[4] – Information sharing hub – developed to share de-personalised data between signatories to meet the statutory duties imposed on them by the Crime and Disorder Ac 1998 (CDA), the Police & Justice Act 2006; and The Crime and Disorder (Prescribed Information) regulations 2007 No. 1831.

[5] North Somerset Adult Substance Misuse Needs Assessment 2011-12 (10-11 data)

[6] Q4 11-12 NTA DOMES report