

Warwickshire Adult Drug Treatment Services Needs Assessment 2011/12

Recovery

**TACKLING
DRUGS
& ALCOHOL
CHANGING
LIVES
IN WARWICKSHIRE**
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Warwickshire*

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Introduction

This needs assessment focuses on the drug use of adults in Warwickshire and the recovery needs of drug treatment clients. It is designed to assist local partners, particularly the Drugs and Alcohol Management Group, in targeting work and in planning for the future.

Information about the drug situation in the county is available from a range of sources, including:

- The National Drug Treatment Monitoring System (NDTMS) provides monthly reports on numbers in treatment, retention figures etc
- Local service providers commissioned by the Warwickshire Drug and Alcohol Action Team provided quarterly figures during 2010/11 on their activity and client demographics
- Drug Intervention Record Information
- Police Intelligence
- Job Centre Plus
- Supporting People.

The assessment also forms part of the Joint Strategic Needs Assessment, the purpose of which is to analyse and examine the current and future health and well-being needs of the local population, to inform and guide the commissioning of health, well-being and social care services.

What this report does not cover:

- Alcohol - This is the subject of a separate needs assessment carried out by Warwickshire Drug and Alcohol Action Team and the Warwickshire Observatory.
- Young People - This is the subject of a separate needs assessment carried out by the Young Person's Substance Misuse Commissioner.

Warwickshire Drug and Alcohol Action Team and the Warwickshire Observatory would like to thank the partners and providers who have contributed to the production of this needs assessment.

1.0 Executive Summary

Key Findings

- A new national drug strategy was launched in December 2010 which signals a major change to government policy and sets out a fundamentally different approach to preventing drug use in our communities, and in supporting recovery from drug and alcohol dependence. A new treatment service ('The Recovery Partnership') has been commissioned across Coventry and Warwickshire to help implement the recovery agenda locally.
- Locally, success has been seen for the number of problematic drug users (PDUs) in effective treatment in Warwickshire. The number remained over target throughout 2010/11, with 1,103 PDUs in effective treatment in the period April 2010 to March 2011, against a target of 1,074.
- A range of information about drug treatment performance has been analysed for this assessment. Headline facts for 2010/11 include:
 - 336 adults started a new drug treatment journey in Warwickshire, a significant reduction on figures for the previous year.
 - 197 adults successfully completed treatment, representing almost 16% of the treatment population over the course of the year.
 - 22% of service users had been in treatment for more than four years
 - Outcomes for drug treatment service users were positive across a range of indicators including substance use, physical and psychological health, overall quality of life and housing. Employment outcomes were more mixed, reflecting the current economic situation.
- This assessment has seen hospital admissions data relating to drugs analysed for the first time. The assessment reveals that the highest level of admissions for drug related conditions in the three year period between 2008/9 and 2010/11 were for patients aged between 25-34 years and 35-44 years (66% of the total patients). The highest level of admissions was in Nuneaton and Bedworth Borough.
- Mosaic is a customer insight tool which gives a comprehensive view of consumer demographic data. Warwickshire Drug and Alcohol Action Team can use the findings from the Mosaic analysis to effectively target messages in relation to drug use and also use it to help raise awareness of The Recovery Partnership's services. The analysis demonstrated that by focusing attention on three key Mosaic Groups (lower income workers in urban terraces in often diverse areas, young people renting flats in high density social housing and families in low-rise social housing with high levels of benefit need), 34% of drug treatment clients could be targeted by engaging with just 9% of households in the county. By targeting these Mosaic groups, we may also be able to engage with people who are using drugs but are not in treatment.
- This year's Global Gathering festival in Stratford District saw a shift in the number of people admitting to using cannabis, with this figure almost doubling when compared with the information collected at the festival in 2010. The number of people who admitted to using MDMA also doubled, along with an increase in the number of people who admitted they were using mephedrone (previously a legal high). Interestingly, the number of people using powder cocaine reduced by almost half.

- Consultation with treatment providers revealed that drug treatment service users face barriers to successful recovery, with the highest concerns being the lack of affordable accommodation and the lack of suitable employment opportunities.
- Consultation with practitioners revealed a number of emerging issues relating to drug misuse in the county. Significant areas of concern are the regular mixing of substances and alcohol and also the fear that mental health issues are being masked by people using drugs and alcohol.
- The findings from the consultation should be considered alongside the results for the alcohol treatment needs assessment consultation as there are some common issues that may benefit from a coordinated response.

Recommendations

- The Recovery Partnership to assess the alcohol and cannabis use of drug treatment service users at Review and Exit TOP and provide suitable treatment interventions where required.
- The Recovery Partnership to monitor the length of time clients spend in treatment and take appropriate action to reduce this by providing support to enable them to complete their recovery journey.
- The Recovery Partnership to build closer links with, and provide advice on appropriate prescribing to, GPs who prescribe opioid substitutes.
- NHS Warwickshire to pursue transfer of funding for Shared Care to Warwickshire Drug and Alcohol Action Team and work with GPs to increase the rollout of Shared Care across the county, starting with practices with 10 or more clients in drug treatment and those who prescribed significant numbers of opioid substitutes in 2010/11.
- Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to undertake a strategic mapping exercise of needle exchange outlets and GPs prescribing opioid substitutes to identify any geographical gaps in provision and enable treatment outreach services to be established in the most suitable locations.
- The Recovery Partnership and Voices 4 Choices to encourage service users to set up recovery networks in the north of the county.
- Warwickshire Drug and Alcohol Action Team to use the Mosaic analysis to work with partners to effectively target messages in relation to drugs in the community and help raise awareness of The Recovery Partnership's services.
- The Recovery Partnership to monitor the number of people entering treatment services for mephedrone and MDMA use.
- Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to publicise treatment services to people likely to be using these substances e.g. clubbers and young people. Regular campaigns aimed at this group promoting harm reduction messages and highlighting the dangers involved in using these substances should also be implemented.
- Warwickshire Drug and Alcohol Action Team to undertake a detailed analysis of employment opportunities and barriers for service users. This should include an evaluation of the employment, training and apprenticeship options currently available, an assessment of the partnership links between treatment providers and JobCentre Plus, focus groups with employers to determine what information they would like to receive about employing (ex) service users and discussions with service users to establish the barriers to employment they face and how these can be overcome.
- Warwickshire Drug and Alcohol Action Team to establish a Recovery Forum consisting of Commissioners, drug and alcohol treatment providers, partners in the recovery agenda and service user/carer

representatives. Key issues of concern for the Forum should be housing, employment, health and wellbeing and support available for family members and carers of those with drug and alcohol problems.

- Commissioners and The Recovery Partnership to take into consideration the results from the treatment provider and practitioner surveys when implementing the new recovery focused service. A follow-up survey should be carried out next year to see how and if things have improved.
- Warwickshire Drug and Alcohol Action Team to extensively promote the new treatment service to all partners, to ensure practitioners are aware of referral routes for clients requiring specialist support.
- All partners to take into consideration feedback from the practitioner survey and barriers identified to the implementation of the recovery agenda that are relevant to their service.
- The Recovery Partnership to look to identify cases where alcohol and drug use is becoming intergenerational across families and liaise with relevant services to ensure that all family members are appropriately supported.
- Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to address the key findings and recommendations emerging from the Voices 4 Choices research through the development of an action plan aimed at removing barriers to drug treatment for women with children.
- Warwickshire Drug and Alcohol Action Team to undertake/commission further investigative work into the area of prescribed medication addiction.
- All partners to monitor the use of Ketamine amongst their clients and report this to the Drug and Alcohol Action Team.
- Warwickshire Drug and Alcohol Action Team to undertake/commission research into the nature and extent of sex working in the county.

2.0 About Warwickshire

Warwickshire lies to the south and east of the West Midlands conurbation, and has established links with Coventry, Birmingham and Solihull in the West Midlands region, but also with the South East. Despite the focus of population within the main towns of the county, a significant part of Warwickshire is rural in nature. Warwickshire lies at the heart of Britain's transport network and several key strategic routes pass through the county.

Warwickshire has a two-tier local authority structure and comprises five boroughs and district areas: North Warwickshire Borough; Nuneaton and Bedworth Borough; Rugby Borough; Stratford-on-Avon District and Warwick District. At the most recent general election in 2010, new parliamentary boundaries came into effect in Warwickshire, moving from five to six constituencies: North Warwickshire; Nuneaton; Rugby; Kenilworth and Southam; Warwick and Leamington and Stratford-on-Avon.

Current Population

The latest estimates¹, for mid-year 2010, suggest Warwickshire is home to 536,000 people. Warwickshire's population has been growing for the past four decades and the county is now home to 78,000 (17%) more people than at the start of the 1970s. Growth has been particularly rapid in recent years, with continued in-migration from the urban areas of Coventry and Birmingham a key factor behind this trend. However, growth has not been consistent across Warwickshire's five districts. From the 2010 mid-year population estimates, the combined population of Rugby Borough and South

¹ Population is only measured at ten year intervals, by means of the Census. In intervening years, the Office for National Statistics makes estimations of population development.

Warwickshire (Stratford-on-Avon and Warwick Districts) was estimated to have increased by 8.3% since the 2001 Census, compared to 1.7% in North Warwickshire and Nuneaton and Bedworth Boroughs combined.

Population Change, 1971-2010

Population ('000s)	Population ('000s)					Change 1971 – 2001	Change 2001 – 2010
	1971	1981	1991	2001	2010		
North Warwickshire	58.4	60.0	61.0	61.8	61.9	6.0%	0.2%
Nuneaton & Bedworth	107.9	113.9	117.5	119.2	122.2	13.1%	2.5%
Rugby	84.5	87.5	85.0	87.5	94.2	10.4%	7.7%
Stratford-on-Avon	95.6	100.7	105.4	111.5	119.0	24.4%	6.7%
Warwick	111.7	115.5	118.1	126.1	138.8	24.4%	10.1%
Warwickshire	458.1	477.2	487.1	506.2	536.0	16.8%	5.9%
Coventry	339	319	304	303	316	-7.7%	4.3%
Solihull	192	199	200	200	206	6.9%	3.0%
West Midlands	5,146	5,186	5,230	5,281	5,455	5.5%	3.3%
UK	55,928	56,357	57,439	59,113	62,261	10.5%	5.3%

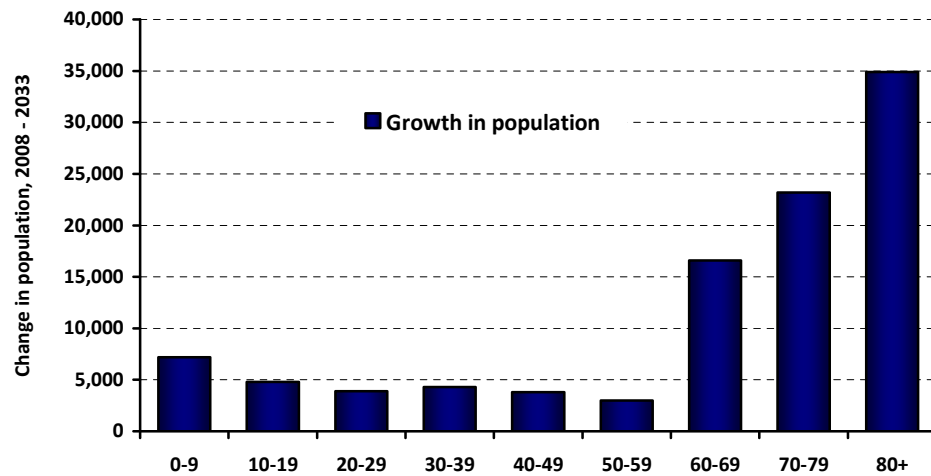
Source: National Statistics (www.statistics.gov.uk) © Crown Copyright 2010.

The population of Warwickshire is projected to reach a total of 634,900 by 2033 – an increase of 101,700 people or 19.1% on the 2008 ONS mid-year estimate. This increase over the 25 year period is higher than the projected regional and national population growth rates of 14% and 18% respectively.

Within Warwickshire, the south of the county is expected to experience the highest rates of population growth. Growth will continue to be most rapid in Warwick District with an overall increase of 24.7% between 2008 and 2033, bringing the total population in the district to 172,400.

Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 and over. The rate of growth increases with age, with the oldest age group (those aged 85 and over) projected to almost treble in size (from 12,000 to 35,000) by 2033. This trend is reflected across all the boroughs and districts.

Projected population change in Warwickshire by age group, 2008-2033

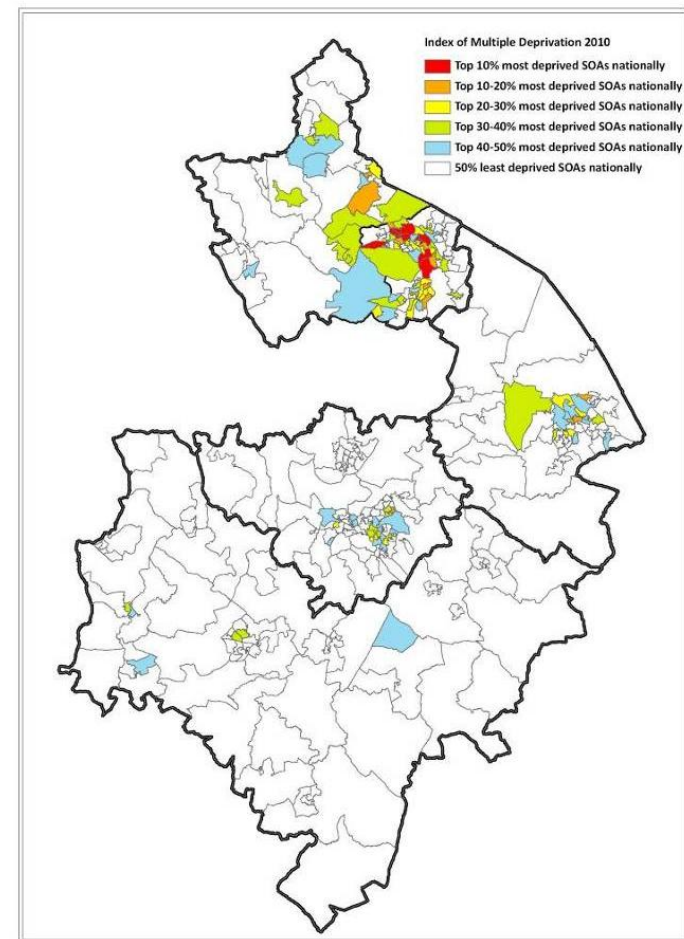


Source: 2008-based Sub-National Population Projections, National Statistics (www.statistics.gov.uk) © Crown Copyright 2010.

Deprivation

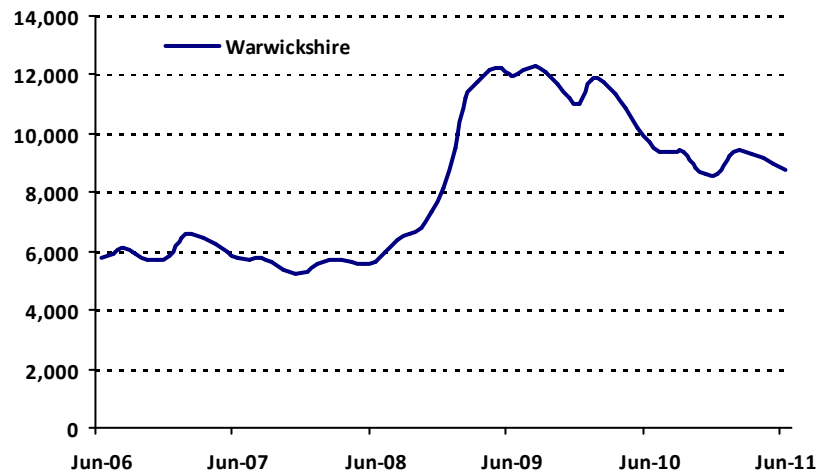
Nuneaton and Bedworth Borough has the highest levels of deprivation in the county. The borough ranks as the 108th most deprived Local Authority District (out of 326), and falls within the top third most deprived Local Authority Districts in England. Stratford District is the least deprived in Warwickshire with a national rank of 278th.

With data available for Lower Layer Super Output Areas, it is possible to identify pockets of high deprivation that may otherwise be hidden at a local authority district level. There are nine SOAs in Warwickshire ranked within the top 10% most deprived SOAs nationally on the overall Index of Multiple Deprivation in 2010. These are all located within Nuneaton and Bedworth Borough. This compares with six SOAs in IMD 2007.



Unemployment

The Job Seekers' Allowance (JSA) claimant count level in June 2011 was 8,736 in Warwickshire; a rate of 2.6% of the resident working age population. This represents a fall of 242 claimants or -2.7% from the previous month. The claimant rates during the same period were 3.7% across the United Kingdom and 4.6% across the West Midlands.



Mosaic

Mosaic is a tool for understanding household and customer types, and allocates every household in the county to one of 69 categories. It is built from Experian's *UK Consumer Dynamics Database* and uses a total of 400 data variables. All of this information is updated annually and used to replenish the classification each year.

Mosaic operates at two levels – Groups and Types. There are 15 Groups, which are then sub-divided into 69 Types. The table presents the distribution

of Warwickshire's households across the Groups, and clearly illustrates the county's diversity.

Mosaic Groups 2010

Percentage of Households in Mosaic Groups		Warwickshire
Total All Groups		237,829
A - Residents of isolated rural communities		4.7%
B - Residents of small and mid-sized towns with strong local roots		11.4%
C - Wealthy people living in the most sought after neighbourhoods		4.5%
D - Successful professionals living in suburban or semi-rural homes		15.3%
E - Middle income families living in moderate suburban semis		11.6%
F - Couples with young children in comfortable modern housing		8.9%
G - Young, well-educated city dwellers		4.5%
H - Couples and young singles in small modern starter homes		5.9%
I - Lower income workers in urban terraces in often diverse areas		4.5%
J - Owner occupiers in older-style housing in ex-industrial areas		7.9%
K - Residents with sufficient incomes in right-to-buy social houses		6.6%
L - Active elderly people living in pleasant retirement locations		4.9%
M - Elderly people reliant on state support		5.1%
N - Young people renting flats in high density social housing		1.6%
O - Families in low-rise social housing with high levels of benefit need		2.5%

Source: Experian, Warwickshire Observatory, 2010

3.0 The Current Picture

3.1 Opiate & Crack Users (OCUs) in Warwickshire

Studies undertaken by researchers at Glasgow University provide estimates of the prevalence of Opiate and Crack Cocaine (OCUs, formerly Problematic Drug Users or PDUs) use, for every Drug Action Team area.

The latest Glasgow University figures are for 2009/10 and estimate that there were 2,084 OCUs aged 15 to 64 years in Warwickshire (a rate per thousand population of 5.97). Of these 2,084 OCUs, 1,803 were believed to use opiates and 985 used crack cocaine. Warwickshire has the lowest estimated rate of OCUs in the West Midlands and reports a rate of 5.97 per thousand population, compared to the West Midlands average of 9.74 per thousand population.

3.2 Treatment Services

There are currently four tiers of treatment in the Substance Misuse System, although it is likely that this model will change in 2012 with the implementation of a new framework for treatment, provisionally entitled 'Building Recovery in Communities'.

The current tiers of treatment are described below:

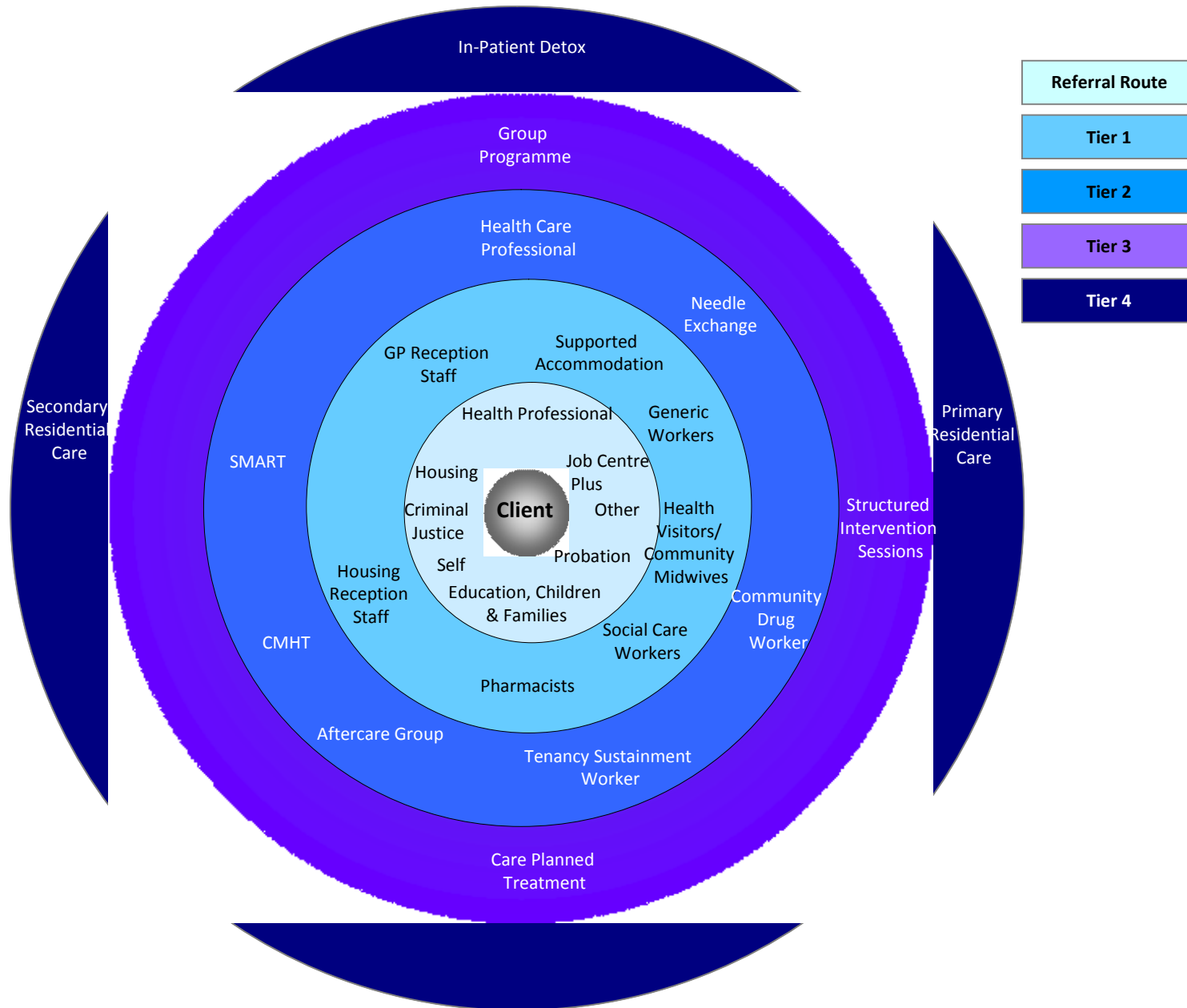
Tier 1 - Drug-related information and advice, screening, assessment and referral to specialised drug treatment interventions.

Tier 2 - Open access, non-care-planned drug-specific interventions. Interventions comprise drug-related information and advice, screening, assessment, referral to structured drug treatment, brief psycho-social interventions - harm reduction interventions (including needle exchange) and aftercare.

Tier 3 - Structured, care-planned drug treatment. Interventions comprise of community based specialised drug assessment and coordinated care-planned treatment.

Tier 4 - Drug specialist inpatient treatment and residential rehabilitation. Interventions comprise residential specialised drug treatment which is care planned and care co-ordinated to ensure continuity of care and aftercare.

The current tiers of treatment, including examples of work undertaken and agencies involved in each tier, can be seen visually in the diagram on the following page.



Current Treatment Services in Warwickshire

Until 30th November 2011, community drug treatment services in Warwickshire were provided by Cranstoun Drugs Agency and Coventry and Warwickshire Partnership NHS Trust (CWPT). Cranstoun provided mainly Tier 2 (open access) interventions and operated from bases in Leamington, Nuneaton and Rugby. CWPT provided mainly Tier 3 (structured treatment) interventions through four Community Drug Teams based in Leamington, Nuneaton, Rugby and Stratford.

The Drug Interventions Programme (DIP) aims to direct adult drug-misusing offenders into treatment and reduce offending behaviour. DIP work has previously been undertaken in Warwickshire by Addaction and the Probation Trust.

Tier 4 inpatient assessment, detoxification and stabilisation were available for drug users in Warwickshire (and the surrounding areas) at Woodleigh Beeches, based at Warwick Hospital and run by CWPT.

Following a competitive tendering process, The Recovery Partnership won the contract to provide support and recovery focused treatment for people affected by drug and alcohol misuse across Coventry and Warwickshire from 1st December 2011. This new service replaces the previous community, DIP and inpatient detoxification provision across the two areas.

There are no residential rehabilitation centres in Warwickshire so clients go out of the county to access this treatment. Applications for funding are made via treatment providers and assessed by a Residential Rehabilitation Funding Panel, co-chaired by Commissioners from the Warwickshire Drug and Alcohol Action Team and 'People' Group at Warwickshire County Council.

Work is also underway to replace the current spot purchase arrangements for residential rehabilitation with more formalised provision, potentially through a framework agreement.

National Drugs Strategy 2010

In December 2010, the government launched its new drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'.

The strategy represents a major change to government policy and sets out a fundamentally different approach to preventing drug use in our communities, and in supporting recovery from drug and alcohol dependence.

The national strategy aims to reduce drug use and dependence through three main themes:

- Reducing demand
- Restricting supply
- Building recovery in communities

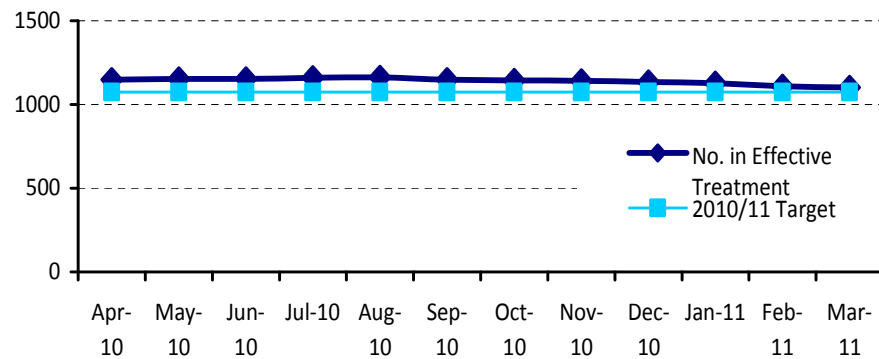
Following the commissioning of the new treatment service, partners in Warwickshire are now well placed to implement the recovery agenda.

3.3 Health

Numbers in Effective Treatment

The headline indicator previously used to measure the success of drug treatment providers was National Indicator (NI) 40 – problematic drug users (PDUs) in effective treatment. This measured the number of PDUs in drug treatment for twelve weeks or more. The 2010/11 Local Area Agreement (LAA) target for this was 1,074. The numbers remained above this target during each rolling 12 month period for 2010/11.

Numbers in Effective Treatment 2010/11



Source: NDTMS

New Presentations

During the 2010/11 period, 336 people started a new treatment journey. Of these, 286 (85%) were PDUs. These figures represent a considerable reduction in numbers starting new treatment journeys compared with 2009/10 where 482 did so. This links with the reduction in the number of Opiate and Crack Cocaine (OCUs) in the county (Glasgow estimates) and also to anecdotal evidence which suggests that the patterns of drug use may be

changing with fewer people using the more ‘problematic drugs’ and more young people using stimulants.

Of the adults who commenced new treatment journeys in 2010/11, 82% (277) were retained for twelve weeks or more and were therefore considered to be engaged in effective treatment.

Treatment Outcomes and Completions

In 2010/11, 373 adults left the drug treatment system. Of these, 297 (80%) were problematic drug users. Of the total number of exits, 53% were planned exits. Information on the exit status of adults in different types of treatment in 2010/11 is shown in the table below.

Treatment Type	Planned Exit		Unplanned Exit	Intervention withdrawn/no exit status	Total*
	No.	%			
Inpatient drug treatment	6	86%	1	0	7
Residential rehabilitation	5	56%	3	4	12
Specialist prescribing	341	78%	94	11	446
GP prescribing	32	89%	3	1	36
Structured day programme	13	68%	4	3	20
Structured psychosocial interventions	132	73%	49	7	188
Other structured treatments	226	90%	22	6	254

Source: NTA, Partnership Adult Performance Report, 2011

*Total exits, in some cases, exceed the number of adults leaving the drug treatment system because individuals may have accessed and exited a particular treatment more than once during the twelve month period.

Although volumes are quite small in some cases, the above data indicates that 'other structured treatments', GP prescribing and inpatient drug treatment had the highest proportion of planned exits from drug treatment. Whilst based on very small numbers, the data shows that residential rehabilitation saw the smallest proportion of clients exiting in a planned fashion.

The 'Treatment Exits' data, released by the NTA, reveals a further breakdown of people leaving drug treatment. In 2010/11, 63% of women who left treatment did so in a planned fashion, compared to 49% of men. 21% of men dropped out of treatment, compared to 14% of women. No women dropped out of treatment because they were sent to prison, whereas 2% of men exited treatment for this reason.

The highest proportion of planned exits were for the 18 to 24 year age group (66% of all those in the age group exiting treatment) followed by the 45 to 64 year age group (63%). The age groups which had the highest proportion of people drop out of treatment were the groups aged 45 to 64 years (25% of all those in the age group exiting treatment) and 35 to 44 years (21%). Relatively few 45 to 64 year olds were referred onto other treatment providers. If the Warwickshire population ages as significantly as predicted over the new 20 years, the different treatment needs and expectations of older people will need to be given further consideration.

Treatment Outcomes Profile (TOP)

In 2008 the National Treatment Agency (NTA) introduced the Treatment Outcomes Profile (TOP) nationwide. The aim of the TOP was to discover the

outcomes for those in drug treatment across a range of measures including substance use, health, housing, employment, crime and overall quality of life.

The TOP form, a one page form that asks all the relevant questions, was circulated to all drug services nationwide and its use was made mandatory. TOP is used with all clients going through structured treatment (Tier 3 & 4) who are over the age of 16. TOP is completed at three stages of the client's journey:

- Stage One – when they start treatment (Start TOP)
- Stage Two – on an ongoing basis during treatment (Review TOP)
- Stage Three – when they complete treatment (Exit TOP)

Outcomes data is circulated to Drug and Alcohol Action Teams if providers achieve an 80% TOPs completion rate. Warwickshire agencies achieved over 80% for both Review and Exit TOPs for each quarter of 2010/11, enabling us to access the annual outcomes report produced by the NTA. This enables us to look at linked data, comparing the responses provided by clients at their 6-month Review or Exit TOP to those given in the Start TOP. It does not enable us to compare the responses provided by the same clients at Start, Review and Exit TOP.

This data shows that progress of Warwickshire clients in treatment is positive across a range of indicators including substance use, physical and psychological health, overall quality of life and housing. However, employment outcomes for clients are mixed, reflecting the current economic situation.

Drug Use – Mean Days Participation at Start and Review TOP

Drug	No. Citing Drug as Problematic	No. Using at Baseline	Mean Days Use at Baseline	No. Using at Review	Mean Days Use at Review	% Abstinent	% Improved	% Deteriorated	% Initiated
Opiates	295	244	20.8	133	12.3	49	23	4	18
Crack	105	70	10.3	44	9.0	51	9	6	29
Cocaine	35	18	9.5	5	3.4	72	11	0	0
Amp'mines	14	9	8.7	4	11.8	67	0	0	20
Cannabis	102	71	18.3	59	16.0	34	14	6	39
Alcohol	43	39	16.7	34	17.1	21	13	8	75
Injecting	-	86	19.0	46	14.4	56	13	2	3

Source: NTA

The TOP form asks clients to state the number of days they have used substances in each of the four previous weeks. This is then used to give a total amount of participation days for each substance, up to a maximum of 28. This data shows that the number of clients using every substance declined when comparing Start and Review TOPs. The average number of days clients are using the problematic drugs (opiates and crack) also declined.

Please note that one of the major caveats with the TOPs data is that it presents self-reported data. It is possible that clients don't report using a substance when they commence treatment, but then report using at Review TOP because they have grown to trust their keyworker. This may explain why 29% of clients are shown to commence using crack cocaine whilst in treatment, and 75% are shown to start drinking alcohol.

Clients are asked to rate their psychological health, physical health and overall quality of life on a scale from 1 to 20, where a higher number is positive. Outcomes against these measures are positive, with improvements in the mean scores being seen for all three at Review TOPs.

Health and Quality of Life at Start and Review TOP

Measure	Start TOP – number of clients	Start TOP – Client's rating	Review TOP – Client's rating
Physical Health	348	11.1	12.6
Psychological Health	347	10.1	12.1
Quality of Life	340	10.2	12.6

Source: NTA

Drug Use – Mean Days Participation at Start and Exit TOP

Drug	No. Citing Drug as Problematic	No. Using at Baseline	Mean Days Use at Baseline	No. Using at Exit	Mean Days Use at Exit	% Abstinent	% Improved	% Deteriorated	% Initiated
Opiates	90	75	22.5	3	6.7	96	3	0	0
Crack	28	20	13.7	0	0.0	100	0	0	0
Cocaine	25	17	7.3	4	2.8	76	12	0	0
Amp'mines	10	7	8.4	1	8.0	86	0	0	0
Cannabis	58	43	17.5	29	13.3	44	16	2	33
Alcohol	23	19	14.6	15	11.8	32	11	5	50
Injecting	137	24	17.6	3	11.3	92	0	0	1

Source: NTA

This data shows that the number of clients using every substance declined when comparing Start and Exit TOPs. The average number of days clients are using the problematic drugs also declined for every substance.

A number of clients either started using cannabis or alcohol or increased their use whilst in treatment. It may be that they replaced their use of problematic, 'harder' drugs with cannabis and/or alcohol. The Recovery Partnership will provide integrated drug and alcohol treatment services and should therefore be well placed to assess and provide interventions designed to reduce the alcohol use of drug treatment clients where required.

Recommendation

The Recovery Partnership to assess the alcohol and cannabis use of drug treatment service users at Review and Exit TOP and provide suitable treatment interventions where required.

Clients are asked to rate their psychological health, physical health and overall quality of life on a scale from 1 to 20, where a higher number is positive. Outcomes against these measures are positive, with improvements in the mean scores being seen for all three at Exit TOPs.

Health and Quality of Life at Start and Exit TOP

Measure	Start TOP – number of clients	Start TOP – Client's rating	Exit TOP – Client's rating
Physical Health	138	11.9	14.7
Psychological Health	138	10.8	15.1
Quality of Life	137	10.9	15.1

Source: NTA

Employment

Employment outcomes are mixed. Clients are asked to state the number of days paid work they have undertaken in the previous four weeks. Of the 348 clients completing 6-month Review TOPs in 2010/11, the number who had undertaken ten days or more paid work in the previous four weeks increased from 51 at the Start TOP to 57 at the Review TOP. However, the number of clients completing Exit TOPs who had undertaken ten days or more paid work in the previous four weeks fell slightly, from 29 to 26 (out of 138).

It is likely that this mixed employment picture is a reflection of the current economic situation, rather than the performance of treatment providers.

Housing

The housing status of clients is also measured via the TOP form. Of the 348 clients completing 6-month Review TOPs during 2010/11, the number reporting an acute housing problem fell from 61 to 44. The number reporting an acute housing problem at their Exit TOP fell from 21 to 5 (out of 138).

Crime

The TOP form measures any criminal activity undertaken by clients. However, the numbers recorded are very small and figures for drug selling, other theft and assault cannot be reported with any degree of statistical reliability. Clients are asked to report the number of days in the previous 28 they engaged in shoplifting. The number reporting engaging in shoplifting at Review TOP fell from 17 to 6, with the mean number of days they engaged in this activity falling from 17.4 to 5.8. The number reporting engaging in shoplifting at Exit TOP fell from 6 to 0.

Treatment Completions

During the 2010/11 monitoring period, 197 adults completed treatment successfully*. The table below shows the successful completion rates for PDUs and non PDUS.

	Number of clients in treatment	Number exiting treatment successfully	% Exiting treatment successfully (Last year's figures in brackets)
Problematic Drug Users	1138	134	11.8% (8%)
Non PDUs	98	63	64.3% (58%)
Total – All Adults	1236	197	15.9% (13%)

Source: NTA, Local Performance Management Summary, 2011

*Defined as treatment exit with the NDTMS discharge codes of either 'treatment completed – drug free or treatment completed – occasional user (not heroin or crack)'.

The data suggests a slight improvement in the rate of successful completions by both PDUs and non PDUs when compared with 2009/10 figures.

The NTA also release figures on the length of time people spend in treatment and, in Warwickshire for the period 2010/11, 22% of people in treatment had been there for more than four years. This picture has continued into the current financial year. During quarter 2 of 2011/12, Warwickshire drug treatment clients had been in treatment for an average of 3.2 years, compared to a national average of 2.7 years. This is of particular concern to Warwickshire Drug and Alcohol Action Team as people should not remain in treatment forever. This data adds further weight to support the implementation of the recovery agenda across the county.

Recommendation

The Recovery Partnership to monitor the length of time clients spend in treatment and take appropriate action to reduce this by providing support to enable them to complete their recovery journey.

Residential Rehabilitation

Looking at the trend data for those people entering residential rehabilitation the numbers have doubled over the past three years, although they do remain low. In 2008/9, 7 clients entered residential rehabilitation (1% of all clients) compared to 2010/11 when 14 clients entered residential rehabilitation (1% of all clients). Of these, 23% successfully completed this treatment. Where clients dropped out of residential rehabilitation and returned to Warwickshire, efforts were made by treatment providers to re-engage them in community drug treatment.

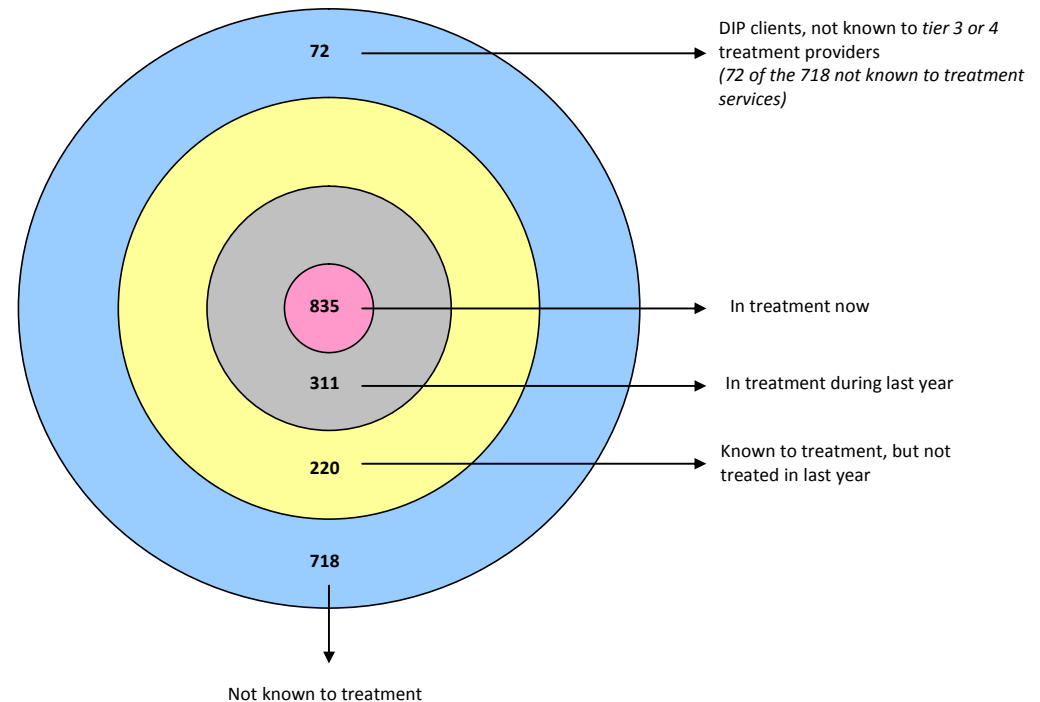
Drug Users Not Known to Treatment Services

The latest Glasgow estimates suggest that there are 2,084 Opiate and/or Crack Cocaine Users (OCUs) in Warwickshire. Work has been undertaken by staff at the National Drug Treatment Monitoring System (NDTMS) to breakdown this figure down into individuals who, as of the 31st March 2011:

- Are in tier 3 or 4 treatment now
- Were in tier 3 or 4 treatment during the last year
- Are known to tier 3 or 4 treatment services, but were not in treatment during the last year
- Are not known to tier 3 or 4 treatment.

These figures suggest that there are 718 heroin and/or crack cocaine users in Warwickshire who are not known to treatment services, as illustrated in the following bullseye diagram. This figure has decreased since the last needs assessment where it was estimated, using the previous set of Glasgow figures, that 833 OCUs were not known to treatment services.

The number of clients in contact with the Drug Intervention Programme but not the treatment system has also fallen, from 147 in March 2010 to 72 in March 2011.



Primary Care

GP Practices with Community Drug Team (CDT) Clients

Shared Care enables service users to receive treatment for drug and/or alcohol in a primary care setting (for example a GP Practice) with support from specialist treatment services. Currently 15 GP practices provide shared care for drug users, a number unchanged from the previous year (two in North Warwickshire Borough, one in Nuneaton and Bedworth Borough, five in Rugby Borough, four in Stratford District and three in Warwick District).

While 15 practices are signed up to Shared Care, 18 practices who are not part of the Shared Care scheme had ten or more clients in drug treatment with the Community Drug Teams (CDTs) registered with them during quarter one of 2011/12. A total of 351 CDT clients were registered with Shared Care GPs but, overall, a larger volume of CDT clients were registered with GPs not signed up to Shared Care.

The majority (92%) of items prescribed were done so by the 15 GP practices signed up to the Shared Care scheme. However, it also highlights a number of practices who prescribed relatively high numbers of opioid substitutes but who are not signed up to Shared Care, particularly in the areas of Bidford-on-Avon and Southam and collectively among practices in Nuneaton.

The prescribing of opioid substitutes by non shared care GPs does raise some concerns, most notably relating to clinical governance and training for the GPs involved. It suggests the need for ongoing dialogue between drug treatment providers and these GPs to ensure prescribing is appropriate in all cases.

The following recommendations featured in last year's needs assessment, but remain relevant given that there are still non Shared Care GP practices prescribing opioid substitutes.

District / Borough	GP Practices with 10+ CDT Clients	Shared Care GP Practices with 10+ CDT Clients	Non Shared Care GP Practices with 10+ CDT Clients
North Warwickshire	2	1	1
Nuneaton & Bedworth	7	0	7
Rugby	9	4	5
Stratford	5	3	2
Warwick	6	3	3
Total GP Practices	29	11	18

Source: Warwickshire HALO Database, 2011

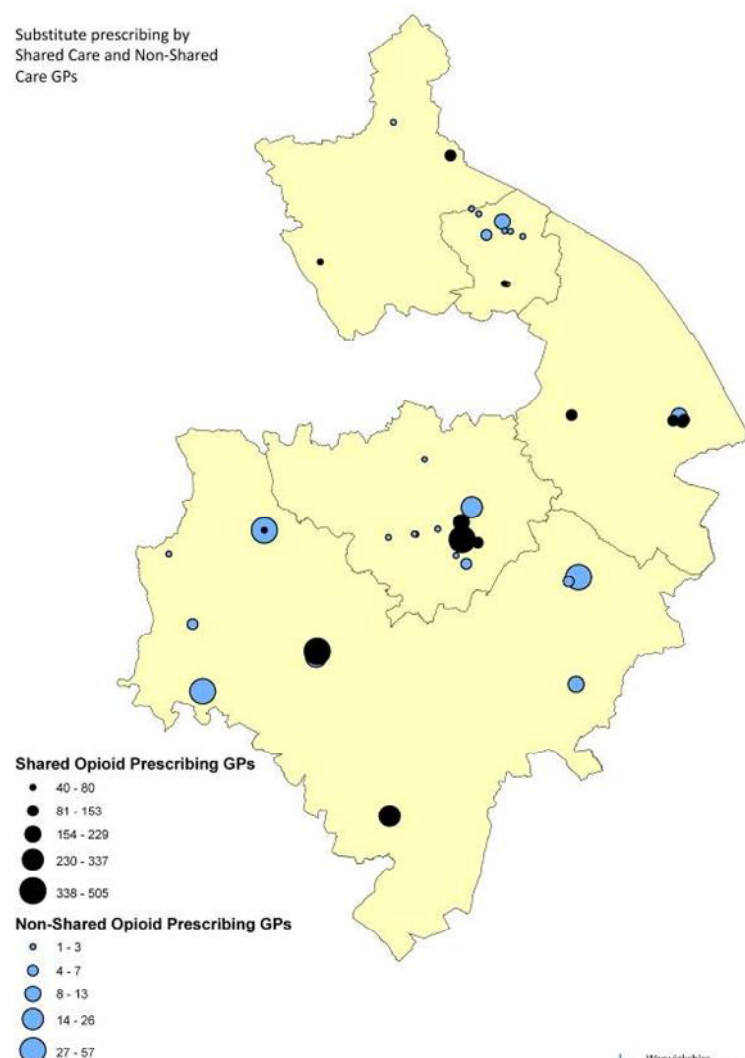
Opioid Substitute Prescribing

NHS Warwickshire data reveals that opioid substitutes were prescribed by 43 GP practices in 2010/11. The map overleaf shows the location of all GP practices who prescribed opioid substitutes in 2010/11.

Recommendations

- The Recovery Partnership to build closer links with, and provide advice on appropriate prescribing to, GPs who prescribe opioid substitutes.
- NHS Warwickshire to pursue transfer of funding for Shared Care to Warwickshire Drug and Alcohol Team and work with GPs to increase the rollout of Shared Care across the county, starting with practices with 10 or more clients in drug treatment and those who prescribed significant numbers of opioid substitutes in 2010/11.

Substitute prescribing by
Shared Care and Non-Shared
Care GPs



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Hospital Admissions

In Warwickshire, 1,204 adults (aged 18 years plus) were admitted to hospital with drug related conditions in the three year period between 2008/9 and 2010/11. Information on the definition of drug related admissions can be found in the Appendix. The highest volume of admissions are in the age groups 25-34 years and 35-44 years. These age groups account for two thirds of all admissions (66%).

The highest volume of drug related admissions are in Nuneaton and Bedworth Borough where 335 people were admitted in the three year period. Warwick District had a similar level of admissions at around 321 followed by Rugby Borough with 265.

In 2010/11, the number of patients admitted to hospital with a primary diagnosis of drug-related mental health and behavioural disorders in Warwickshire was the highest in the West Midlands region (although numbers for all areas were fairly small). Work is ongoing to understand the reasons behind this and this data will be monitored over future years, with appropriate action taken if a trend develops.

Accident and Emergency Department (A&E) Presentations

A&E departments in Warwickshire record information on the presenting complaint of patients. Information on the number of people who presented with a complaint of 'poisoning' (including illicit, over the counter and prescription drugs, alcohol and household substances such as bleach) is available for 2010/11. The number of adult presentations was as follows:

- George Eliot Hospital, Nuneaton – 895
- Warwick Hospital – 508
- University Hospitals Coventry and Warwickshire (Rugby site) – 154.

Needle Exchange

Warwickshire operates a needle exchange scheme from a range of outlets around the county. These include pharmacies, drug treatment providers and a hospital Accident and Emergency department. An indication of the volume of activity of these outlets around the county is illustrated in the following table.

Area	Packs Distributed	Returns	Contacts	Estimated No. of Regular Scheme Users
Rugby	2054	763	1772	59
South Warwickshire	6461	3078	4823	178
North Warwickshire	4493	2724	3772	126
Warwickshire Total	16008	6565	10367	363

Source: Needle Exchange Coordinator CWPT, 2011

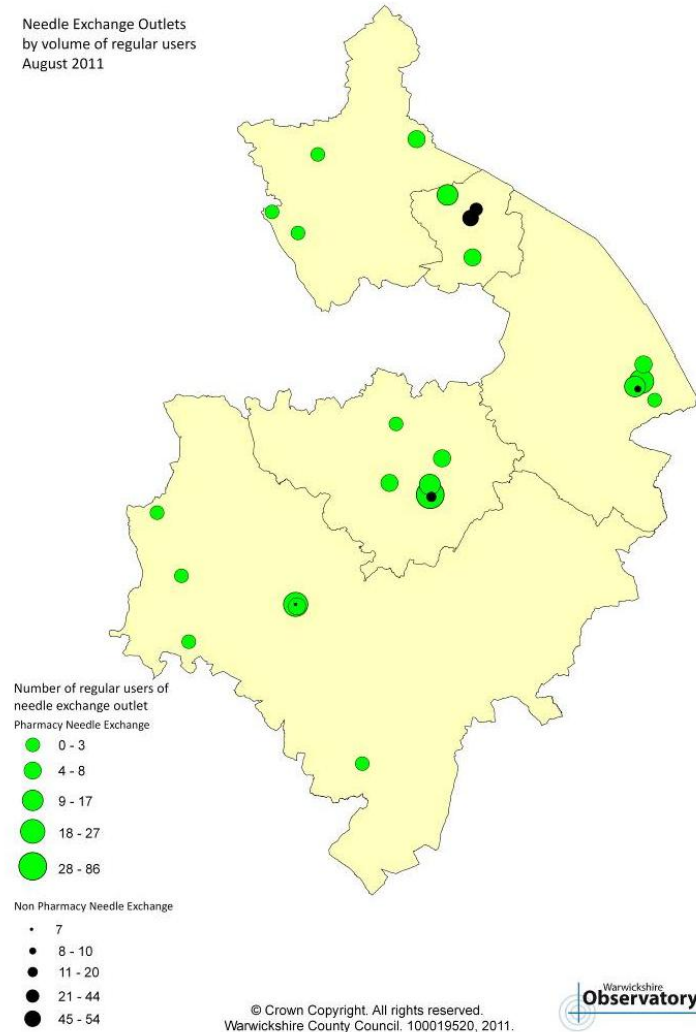
More specific levels of activity at each outlet are illustrated on the map overleaf. The number of regular users of any outlet varies considerably from just a few users at many outlets to one outlet with 86 regular users. As might be expected, outlets with higher numbers of regular users are located in the county's urban centres.

Cross referencing needle exchange information with data available showing which GPs are prescribing opioid substitutes would enable any geographical gaps in provision to be identified and treatment outreach services to be established in the most suitable locations.

Recommendation

Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to undertake a strategic mapping exercise of needle exchange outlets and GPs prescribing opioid substitutes to identify any geographical gaps in provision and enable treatment outreach services to be established in the most suitable locations.

Needle Exchange Outlets
by volume of regular users
August 2011



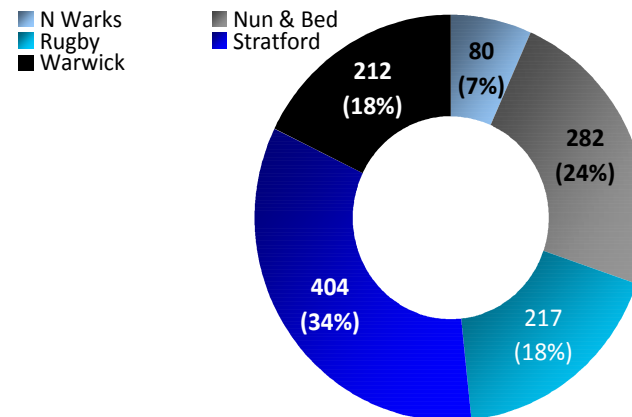
3.4 Crime & Disorder and Enforcement

Drug Offences in Warwickshire

There were a total of 1,195 drug offences in Warwickshire recorded for the period July 2010 to June 2011. Approximately half of these offences were for the possession of cannabis (55%). These figures are directly influenced by pro-active Police operations and also large scale events that take place in the county such as Global Gathering and the Bulldog Bash (both in Stratford District).

The following chart shows the split of drug offences by district and borough and it clearly shows that Stratford District recorded the highest level of offences. The district reported the highest proportion of possession offences, with a large number being the result of Police operations at the Global Gathering and Bulldog Bash annual events. Almost three-quarters (72%) of the total drug offences recorded for Stratford District were recorded in the months of July/August when the events are held.

Drug Offences – July 2010 to June 2011, split by Borough and District



Source: Crime Information System, Warwickshire Police

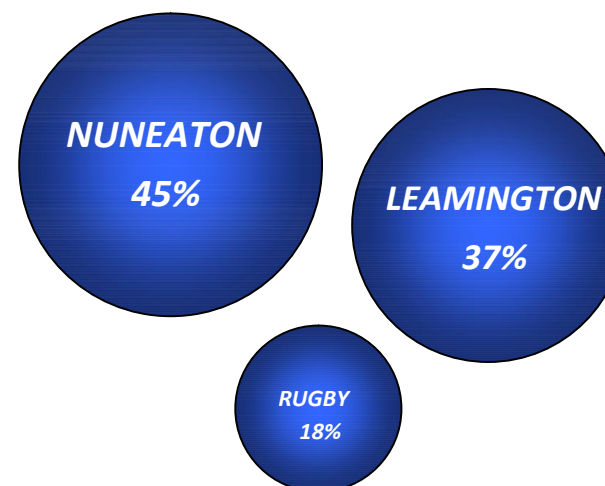
In November 2011, Warwickshire Police implemented Operation Laser. A series of early morning raids took place in Rugby and represented the Police's biggest ever operation to tackle serious organised crime. Arrests were made in Rugby and around the country, the vast majority of these being on suspicion of supplying Class A drugs. The total number of people arrested and/or questioned as part of Operation Laser was 55 (information correct as of 2nd December 2011).

Trigger Offences

Offences with strong links to drug use are often classified as 'trigger' offences. These are primarily acquisitive crimes where the offender may acquire property or goods to sell or exchange for drugs. Begging and possession of/intent to supply specified Class A drugs are also trigger offences.

In the period July 2010 to June 2011 there were 2,623 arrests for trigger offences in Warwickshire. The visualisation shows the split of arrests by custody suite, with Nuneaton reporting the highest proportion of trigger arrests (45%). It is important to note that Rugby custody suite closed during this period.

The level of trigger arrests has reduced over the past three years. In the period July 2008 to June 2009 there were on average 255 trigger arrests per month in Warwickshire, eight per day. In the most recent period of July 2010 to June 2011 this has reduced to an average of 218 trigger arrests per month, seven per day.



Source: Addaction 2010/11 Drug Yellow Report

Fixed Penalty Notices

Fixed Penalty Notices (FPNs) are used by Police to deal with low level offences on the spot. Warwickshire Police record this information by offence type but are not able to determine which may be either alcohol or drug related. The FPNs have an 'alcohol/drug' marker which combine the two.

In the twelve month period July 2010 to June 2011, 466 FPNs were issued in Warwickshire of which 30% (139) were alcohol/drug related. This has reduced by over one third when comparing the FPN's issued in the period April 2009 to March 2010. Of the types of offences that alcohol/drug related FPNs have been issued for, the top three are listed below:

- Public fear, alarm and distress (48%)
- Possession of drugs – Cannabis (28%)
- Shoplifting (11%)

Almost half of the offences saw FPNs issued for public fear, alarm and distress. This type of offence will most likely link to alcohol and possibly drug use and will primarily include offences that have occurred in the night-time economy.

Global Gathering Festival

In Warwickshire, Stratford District (Long Marston Airfield) plays host to the annual Global Gathering music festival. This festival is the primary reason behind the high drug offence figures recorded for Stratford every July. In July 2011, a total of 252 people were questioned in relation to drug offences at the music festival which is spread over two days. Over the weekend, 157 people received cautions or fixed penalty notices for possessing drugs. However, to put this into context, over 40,000 people attended the weekend event.

Drug Intervention Programme (DIP) Client Information

The Drug Intervention Programme (DIP) in Warwickshire has an aim of developing and integrating measures for directing adult drug-misusing offenders into treatment and reducing re-offending behaviour. The programme was carried out by Addaction and the Probation Trust until 30th November 2011 and is now run by The Recovery Partnership.

Data from the DIP Coordinator revealed that for the period July 2010 to June 2011 there were 283 clients on the programme in Warwickshire. This represents a fall of 16% on the corresponding period of 2009/10 when there were 338 clients on the programme. This reduction suggests that there may have been some success in getting users into treatment. This is supported by the bullseye data, which shows that the number of clients known to the DIP

service but not treatment providers halved when comparing 2010/11 to 2009/10. It is likely that the reduction in arrests for trigger offences has also had an impact on the number of clients on the DIP programme, as there are now fewer people in the custody suites for arrest referral workers to engage with.

Over one third of clients were aged between thirteen and sixteen years when they first started taking illegal drugs (35%). The age that saw the highest number of clients first take drugs is sixteen years. In fact, 55% of clients started taking drugs aged six to seventeen years which highlights the importance of educating young people about the risks of drug use from an early age.

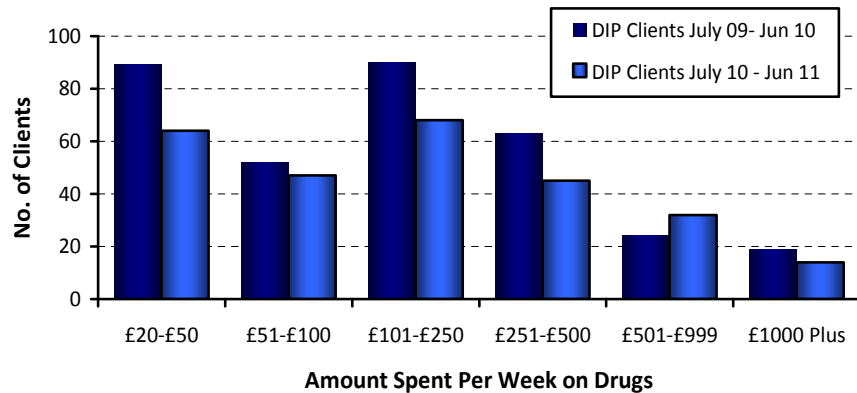
There has been a notable reduction in the number of clients admitted to the programme for theft offences. In the period July 2009 to June 2010, one quarter of clients (26%) had been admitted due to a theft offence. In the most recent period of July 2010 to June 2011 only 16% of clients had been admitted to the programme as the result of this type of offence, a ten percentage point reduction. There has been an increase in the number of clients that were admitted to the programme due to a violent offence. There was a 7% percentage points increase when comparing the period July 2010 to June 2011 with the corresponding period of 2009/10.

These trends have continued into 2011/12, with violence being the crime for which the highest proportion of clients on the DIP scheme were arrested between November 2010 and October 2011, alongside drugs offences. These were followed by domestic burglary, theft (shoplifting) and theft (other).

There has been little change in the weekly spend of clients on drugs, with the highest number advising they spend approximately £101 to £250 per week to

support their habit. The chart shows a comparison between two client years. Of the clients that advise they spend between £101 to £250 per week on drugs, over one third (35%) were admitted to the programme as the result of either a burglary or shoplifting offence. It is likely that these crimes are being conducted primarily in order to fund their drug habit.

Weekly Spend on Drugs – DIP Clients



Source: Drug Intervention Programme Client Data

Probation Clients

Warwickshire Probation Trust use OASys (Offender Assessment System) to identify and classify the need of the offenders that they work with. A client who scores 4 or above in the drug misuse section of the assessment is deemed to have a problem with drugs. In 2010/11, a total of 86 Warwickshire clients scored 4 or above and are considered to have a drug problem. Information on whether these clients were in drug treatment cannot be accessed via current systems. However, close working relationships will need to be built between Probation and The Recovery

Partnership to ensure that all Probation clients requiring drug treatment are referred into the new service.

3.5 Wraparound and Recovery Services

A range of additional services are available for people in drug treatment and the availability of effective wraparound provision will be a key component of the successful implementation of the recovery agenda.

Employment

Job Centre Plus (JCP) provide a wide range of information and services to clients in Warwickshire including information on benefits, loans and grants and help with finding a job. As part of their service they assist with referring clients to a treatment provider.

For the period July 2010 to June 2011, the teams in Warwickshire referred 67 clients to treatment that advised they had a drug problem. The highest proportion of the clients referred were from Stratford District but this is most likely due to the pro-active approach of one advisor. The levels are lower in other boroughs and districts but this does not mean they do not have an issue with clients having drug problems, only that advisors may not approach the subject with the clients. It is believed that clients are less willing to discuss drug problems with advisors than alcohol issues because their activity is illegal. Of the 67 clients that were referred to drug treatment providers, 63% were registered at the Stratford office, 18% with Nuneaton, 7% with Rugby, 6% with Warwick and 6% at the North Warwickshire office. However,

these figures must be treated with caution, as even though clients have been referred to treatment providers it does not mean that they actually commenced treatment.

Coventry and Warwickshire Partnership Trust did not record any commencements following a referral from JCP in 2010/11 (although there were 2 referrals with the source recorded as 'other' and it is possible that one or both of these came from JCP). 8 referrals from JCP were recorded by Cranstoun over the same period. A joint working protocol between JCP and drug and alcohol treatment providers was implemented nationally in early 2011 and it is hoped that this will formalise referral routes and links between the agencies. By the time of the next needs assessment, data should be available to measure how successfully this protocol has been implemented in Warwickshire.

Housing

Housing support for offenders and substance misusers is commissioned by Supporting People. The two main types of housing related support are:

Accommodation Based Support: The accommodation and support are linked as part of the service. An accommodation-based service can include shared housing and self-contained flats or houses.

Floating Support: With this type of support, the support worker travels to the person's home to provide housing related support and it can be provided in any tenure of accommodation. If the person moves home then the support worker can visit them at their new home.

Currently, in Warwickshire, the majority of housing related support services for offenders and substance misusers is provided by floating support. Floating support accounts for 69.3% of the total housing related support provided by Warwickshire.

In 2010/11 there were 42 new service users who entered services for people with drug problems (compared to 24 in 2009/10). The data shows that the majority of referrals were for the 20 to 29 (29%) and 30 to 39 (38%) age bands and predominantly from male clients. Where ethnicity was recorded, 83% of service users were White British. There has been a clear shift in 2010/11 to the slightly older client groups, aged 30 to 39 and 40 to 49 years.

Supporting People does not commission any accommodation-based services for people with a primary need of substance misuse problems in the county. There is, however, one single homeless accommodation-based service (based in Rugby Borough) that has a secondary client group of alcohol misuse. Other accommodation-based services will assess referrals on an individual basis and may accept people with substance misuse issues. However, direct access accommodation for service users with an immediate housing need is in very short supply.

Service User Involvement and Peer Mentoring

Voices 4 Choices is a user and ex-user led service for people who have used drug or alcohol services in Warwickshire. The service seeks to encourage and enable people to become involved in the way services are planned, commissioned, delivered and evaluated.

Voices 4 Choices implemented a peer mentoring scheme in 2010/11. During its first year, the service provided training to enable 15 volunteers to become peer mentors. A total of 55 individuals were referred to the service for peer mentoring. Of these, 25% successfully completed drug or alcohol treatment, 22% were receiving ongoing mentoring (as at March 2011) and 20% were waiting to start on the scheme. The majority of early volunteers to become peer mentors were in the south of the county, but this geographical split has become more balanced in recent months.

Recovery Networks

Narcotics Anonymous (NA) groups enable recovering drug users to support each other in recovery. In Warwickshire, there are currently meetings in Rugby and Leamington Spa.

Co-Dependents Anonymous (CoDA) is also a set of informal self-help groups made up of people with a common interest in working through the problems of co-dependency. Currently, a group meets regularly in Leamington Spa.

The gaps in recovery networks in the north of the county identified during the last needs assessment are still apparent.

Recommendation

The Recovery Partnership and Voices 4 Choices to encourage service users to set up recovery networks in the north of the county.

Support for Family and Friends

A range of organisations provide support to the family and friends of drug users in Warwickshire. However, this provision is fairly ad-hoc, with no one agency commissioned specifically to provide comprehensive support to family and friends across all stages of the drug user's journey. A process is underway to commission an integrated user and carer service and this service is due to commence on 1st April 2012.

ESH works (Experience, Strength & Hope) is an independent user and carer support and involvement organisation. It particularly seeks to use ex-service users and families who have their own experiences to provide mutual support. They provide a range of services including running a number of support groups for family members and carers of those with drug and alcohol problems.

4.0 Mosaic Analysis

The aim of this section is to profile clients in treatment for drug misuse using Mosaic (see page 9), identify where they are located across the county and identify which engagement techniques would prove most effective in communicating with these groups.

Data was provided from the HALO database by the Warwickshire Drug and Alcohol Action Team, showing the postcodes of clients receiving drug treatment in the community from all providers from 1st July 2010 - 30th June 2011.

The following table below illustrates the *propensity* for each Mosaic Group in Warwickshire to be in treatment for drug use, based on index values. An index value above 100 means that the Mosaic Group is more likely than 'average' to be in treatment for drug abuse, for example the percentage of existing drug treatment clients in this Group is more than the percentage in the overall Warwickshire population. Conversely, a value below 100 means that this Mosaic Group is less likely than 'average' to be in treatment for drug abuse.

Propensity to be in Drug Treatment

		Drug Client %	Warks %	Index
	A - Residents of isolated rural communities	1.2	4.7	25
	B - Residents of small and mid-sized towns with strong local roots	4.8	11.4	43
	C - Wealthy people living in the most sought after neighbourhoods	1.9	4.5	43
	D - Successful professionals living in suburban or semi-rural homes	3.3	15.3	22
	E - Middle income families living in moderate suburban semis	8.0	11.6	69
	F - Couples with young children in comfortable modern housing	2.8	8.9	31
	G - Young, well-educated city dwellers	8.5	4.5	187
	H - Couples and young singles in small modern starter homes	7.8	5.9	130
	I - Lower income workers in urban terraces in often diverse areas	14.3	4.5	317
	J - Owner occupiers in older-style housing in ex-industrial areas	7.5	7.9	95
	K - Residents with sufficient incomes in right-to-buy social houses	12.9	6.6	197
	L - Active elderly people living in pleasant retirement locations	1.4	4.9	28
	M - Elderly people reliant on state support	6.0	5.1	118
	N - Young people renting flats in high density social housing	8.8	1.6	568
	O - Families in low-rise social housing with high levels of benefit need	10.7	2.5	419

Source: Experian, 2010 (percentage figures may not sum due to rounding)

Targeting Volume or Risk?

VOLUME	Groups	RISK
I, K & O		N, O & I
38%	% of drug clients	34%
14%	% of all households	9%

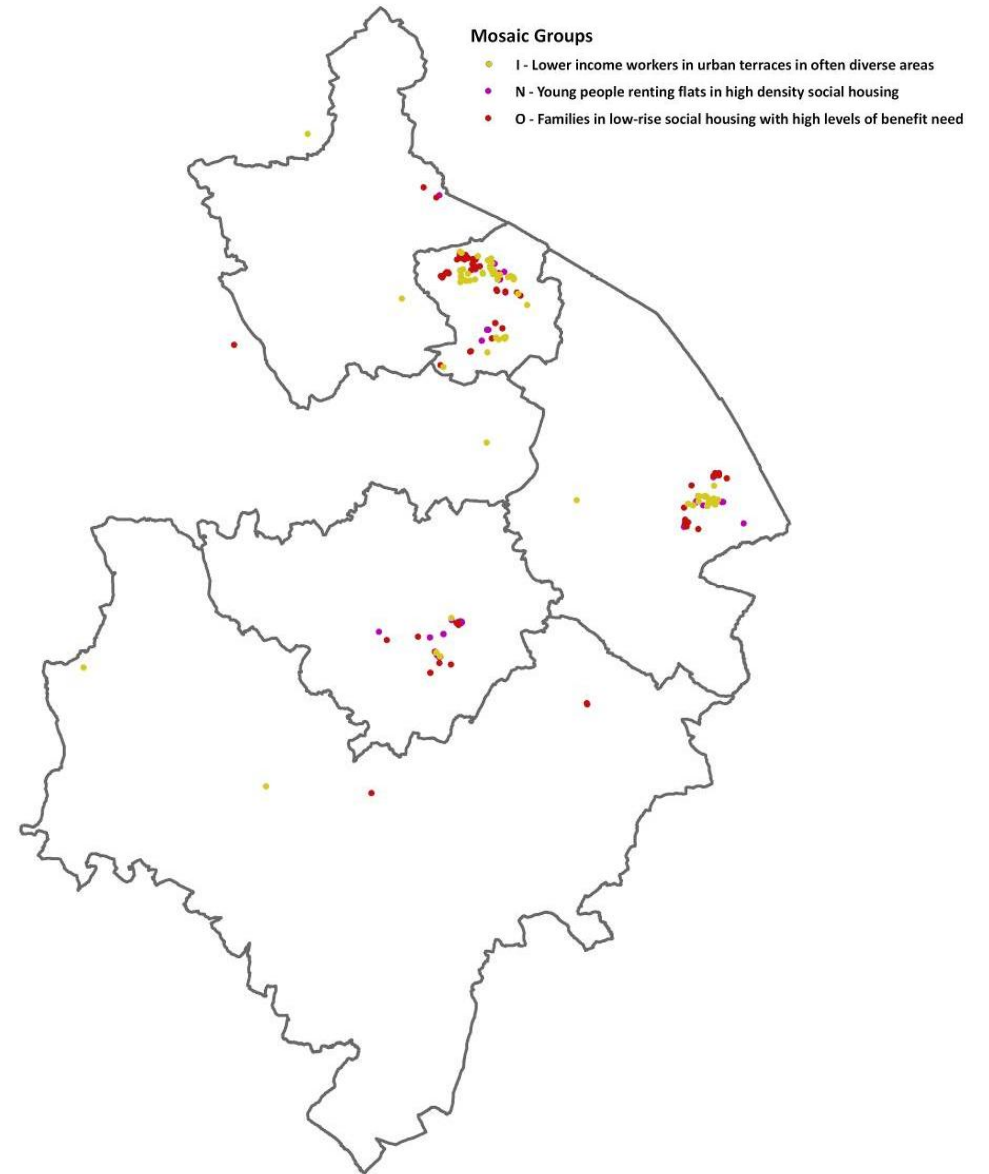
Source: Mosaic 2010

The analysis demonstrated that by focusing attention on three key Mosaic Groups (N, O and I), 34% of drug treatment clients could be targeted by engaging with just 9% of households in the county. By targeting these Mosaic groups, we may also be able to engage with people who are using drugs but are not in treatment.

Where?

Top five wards for people in Mosaic categories most 'at risk' of being in drug treatment

Ward	Borough/District
Wem Brook	Nuneaton & Bedworth
Benn	Rugby
Newbold	Rugby
Brownsover South	Rugby
Camp Hill	Nuneaton & Bedworth



Communication Messages

The types of households that are most likely to be in drug treatment are also the type of households that are most likely to have the following characteristics:

- Council/housing association**
- Low household income**
- claim benefits / be unemployed**
- high levels of deprivation**
- Have children 0-4 years old**
- Public transport**
- smoker**
- High expenditure on alcohol/tobacco/narcotics**

- Deprivation levels are high. This will mean there is likely to be some dependence on the public sector for services.
- In terms of engaging with people from these groups, there are some clear messages from the Mosaic data. Internet-based publicity would, generally, not be effective, neither would telephone or post communication in terms of service channels. Channels that would engage residents in Group O are face-to-face communication.
- As shown in the following table, Groups N and O have weak relationships with the majority of service channels which makes developing a communication strategy with these households difficult.
- However, when looking at the best ways to communicate in terms of information channels, the Mosaic analysis is more helpful.

Communication Channel Preferences – Service Channels

Group	Service Channels				
	Internet	Telephone	Mobile phone	Post	Branch/Face-to-Face
N	Weak	Weak	Weak	Weak	Neutral
O	Weak	Weak	Weak	Weak	Strong
I	Neutral Negative	Neutral Negative	Neutral	Weak	Neutral

Source: Mosaic 2010

- For the three target groups, the preference for accessing information is SMS text and national newspapers.

The above section, along with the full report on the analysis of those in drug treatment using Mosaic, should help Warwickshire Drug and Alcohol Action Team to effectively target messages in relation to drugs and also assist in helping to raise awareness of the new treatment provider’s services.

The full Mosaic report can be obtained by contacting the Warwickshire Drug and Alcohol Action Team.

Recommendation

Warwickshire Drug and Alcohol Action Team to use the Mosaic analysis to work with partners to effectively target messages in relation to drugs in the community and help raise awareness of The Recovery Partnership’s services.

5.0 Areas for Further Exploration

5.1 Substances Used in Warwickshire

The majority of individuals in treatment in Warwickshire in 2010/11 recorded heroin as their primary drug of choice. The most common secondary drug used was crack cocaine. The table below reveals users' primary and secondary drugs of choice:

Primary Drug		Secondary Drug	
Drug	No. Recorded	Drug	No. Recorded
Heroin	989	Crack	266
Methadone	68	Cannabis	98
Cannabis	65	Methadone	75
Other Opiates	45	Alcohol	63
Crack	22	Heroin	40
Cocaine	20	Cocaine	36
Amphetamines	18	Benzodiazepines	32
Benzodiazepines	4	Amphetamines	18
Other Drugs	3	Other Opiates	11
Poly Drug	1	Ecstasy	5
Major Tranquilisers	1	Hallucinogens	1
		Solvents	1
		N/A	590
TOTAL	1,236		1,236

Source: NTA - Partnership Adult Performance Report 2010/11

For the 266 users that have crack as their secondary drug of choice, 99% of them are using heroin as their main drug. There are several reasons why users may be using both drugs. Some clients use both heroin and crack together which is known as 'speedballing' or 'snowballing' (injecting both drugs together). Some crack users may use heroin as a 'come down' drug to counteract the adverse affect of crack and reduce the withdrawal symptoms (it should be noted that these clients are more likely to have crack as their primary drug, with heroin as a secondary substance).

A further group of users may be using crack as an alternative to heroin on completion of treatment as it has been reported that there has been a change in the market due to the success of the methadone programmes. Dealers have had to find new markets where users are no longer buying heroin. This analysis suggests that treatment for this group of drug users, whilst addressing their heroin use, failed to address the psychological aspects of addiction.

(The Crack Report, Turning Point)

For information on emerging substances being mis-used in Warwickshire please see section 6, 'Emerging Issues'.

Drug Intervention Programme (DIP)

Data from the DIP Coordinator revealed that for the period July 2010 to June 2011, almost half of the clients on the programme admit to using cannabis (45%) but this is usually used in conjunction with other drugs. Over one third of clients use heroin (38%) and other popular drugs are powder cocaine (28%) and crack cocaine (27%). There has been an increase in the proportion of clients admitting to using powder cocaine, a four percentage points

increase when compared to the clients on the programme in the corresponding period of 2009/10.

The word visualisation shows the drugs that clients in Warwickshire are mis-using. Cannabis and heroin are shown to be the largest because more clients admit to mis-using these drugs.



Source: Wordle

Global Gathering Festival

Addaction attend the festival every year to talk to people that use drugs about harm minimisation and staying safe. They advertise their range of free services and the support that they offer for both drug users and also their friends and family.

"A lot of them didn't realise the risks they were taking. For example, if you use cocaine and drink alcohol at the same time, you'll create a mix in your body called cocaethylene - which is very, very dangerous."

Kirsten Lord, Addaction

Addaction spoke to 114 people at the festival in July 2011 in relation to their drug use which is an increase of 28% on 2010 (89). This year has seen a shift in the drugs that people have been using at the festival. A higher proportion were using cannabis which almost doubled from the information collected in 2010, 25 (28%) people in 2010 compared to 49 (43%) people in 2011. The number of people using MDMA also doubled, from 9 (10%) in 2010 to 19 (17%) in 2011. Interestingly the use of mephedrone (previously a legal high with a similar effect to MDMA and ecstasy) has also increased. In 2010 only two people that Addaction spoke to were using it (2%) but in 2011 seven people advised they were using it (6%).

Another interesting find is the reduction in the number of people using powder cocaine at the event. In 2010, of the people Addaction spoke to, 21 (24%) were using cocaine. In 2011 only 11 people advised they were using it, a reduction to 10% of the total people seen. This may link to an article published by the Daily Mail in October 2010 reporting that clubbers may be snubbing cocaine in favour of legal highs. It is possible that users may be turning away from poor quality cocaine and turning to 'new' synthetic compounds such as the now-banned mephedrone.

Recommendations

- The Recovery Partnership to monitor the number of people entering treatment services for mephedrone and MDMA use.
- Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to publicise treatment services to people likely to be using these substances e.g. clubbers and young people. Regular campaigns aimed at this group promoting harm reduction messages and highlighting the dangers involved in using these substances should also be implemented.

British Crime Survey (BCS) Results 2010/11

In July, the latest results from the crime survey were released in relation to drug use. The survey mainly covers questions on experiences of crime victimisation and perceptions of crime related issues but also poses questions on illicit drug use. The most recent results include interviews conducted for the period April 2010 to March 2011. BCS estimates are based on a sample of the population which is considered large for a government household survey, with the survey having a 69% response rate. The data is weighted to ensure the figures reflect the age and sex distribution of the population under study.

Estimates from the 2010/11 BCS show that around **one in three adults** aged 16 to 59 years in England and Wales (36%) **have used illicit drugs** in their lifetime. Cannabis is the drug most likely to be used by 16 to 59 year olds, with around one in 15 adults (7%) having used it. Powder cocaine is the next most commonly used drug with an estimated 2% of adults reporting having used it.

The year 2010/11 was the first time that the BCS asked respondents about their use of legal highs, specifically the drug mephedrone (which has now been made illicit). This drug has had high media coverage over recent years and it is interesting to see how many people have been using it. The BCS estimates that the proportion of people that have taken mephedrone is at a similar level to ecstasy (1.4%).

The BCS also looks at estimates for adults aged 16 to 24 years and the survey reveals that around **one in five had used one or more illicit drugs in the last year** (20%). The statistics do reveal that the use of illicit drugs has fallen amongst young people (aged 16 to 24 years), with a fall from 30% in the 1996 BCS to 20% in the 2010/11 BCS. It is believed that the decline is largely due to the reduction in the use of cannabis.

The survey results also reveal that mephedrone use for those aged 16 to 24 years is at a similar level to that of powder cocaine (4.4%) which is the second most used drug by young people. Mephedrone appears to be a popular drug choice among young people, perhaps because it has similar effects to ecstasy and MDMA and at one point was widely available (when it was legal) to buy in large quantities from research chemical companies over the internet.

5.2 Consultation – Treatment Providers and their views on Recovery Needs

In July 2011, a survey was issued to all Warwickshire drug and alcohol treatment providers for completion by keyworkers and managers. This survey was primarily focused on identifying the housing and employment needs of drug and alcohol clients and closed with 29 respondents. The findings relating to responses for those members of staff working with drug treatment clients (18 respondents) will be discussed further in this section.

Housing Needs

Providers were asked whether they work with clients that have housing needs and every respondent advised that they do have clients with these needs. The table below shows a number of barriers identified that clients encounter when they are trying to secure stable accommodation.

Barrier	Number of Respondents	% of Total Respondents
Lack of affordable accommodation	14	78%
Landlords/housing providers not accepting housing benefit	7	39%
Attitudes of landlords/housing providers	7	39%
Clients don't know where to go for help in securing housing	6	33%

Source: Treatment Provider Survey, Survey Monkey, August 2011

The lack of affordable accommodation came out as the main barrier that clients encounter when trying to secure stable accommodation. Over three-quarters of respondents (78%) felt this was a problem. There were also further barriers highlighted by respondents in the survey which included clients being in debt and having rent arrears. It has also become apparent through consultation that some private rented housing providers have a blanket 'no' policy on accepting people on housing benefit. They may have possibly had bad experiences in the past and now refuse to accept people that may be using or have previously used drugs.

In the survey providers were also asked what type of housing their clients are most likely to be looking for. All clients are looking for council/social housing (100%) and two thirds are looking for supported housing (67%). Unfortunately there is a shortage of these types of property which can be very frustrating for clients.

Also, the majority of clients (89%) are looking to stay in the same geographical area.

Employment Needs

Providers were asked whether they work with clients that are actively seeking employment and 94% of respondents advise that they do. They were also asked to comment on the barriers that clients face when attempting to seek employment. The table shows the main barriers and reveals that a lack of suitable vacancies is a key problem for clients. There is also an issue where the jobs available to clients are not in accessible locations and may not be reached easily by public transport.

Barrier	Number of Respondents	% of Total Respondents
Lack of suitable vacancies	14	82%
Jobs available are not in accessible locations	11	65%
Attitudes of employers	7	41%
Hours of jobs available do not fit with other commitments	1	6%

Source: Treatment Provider Survey, Survey Monkey, August 2011

Other comments that providers made regarding barriers to employment needs were that:

- Clients may lose their benefits if they are working.
- Some clients have never worked and do not have the relevant experience or skills.
- Clients may not have a permanent home address.
- Clients may have a criminal record.
- Lack of translation services.

The survey also asked what types of jobs clients are most likely to be looking for. A large proportion of respondents (94%) advised that clients are usually looking for jobs in manual labour. Also retail jobs (41%) and skilled trade jobs (29%) are favoured by clients.

In the period of consultation, an information gap was identified in relation to employers and how they could be targeted to promote the benefits of employing (ex) service users.

‘From my experience, talking to employers about employing drug service users does work. Many are happy to give people a chance, and offer service users a job on a trial basis. I’ve known several service users who have been offered permanent jobs following a trial period that I arranged with an employer.’ Paddy Regan, Cranstoun

It has been recognised that we do not fully understand what information employers would like to receive about drug and alcohol treatment and the recovery journey undertaken by service users. It is recommended that face to face interviews and/or focus groups be conducted with employers to determine their views about how they would like to be communicated with and what sort of messages they would find most impactful.

Recommendation

Warwickshire Drug and Alcohol Action Team to undertake a detailed analysis of employment opportunities and barriers for service users. This should include an evaluation of the employment, training and apprenticeship options currently available, an assessment of the partnership links between treatment providers and JobCentre Plus, focus groups with employers to determine what information they would like to receive about employing (ex) service users and discussions with service users to establish the barriers to employment they face and how these can be overcome.

Childcare Needs

A further section in the provider survey asked whether they thought clients with children had to overcome different barriers to accessing treatment to those without children. Every respondent believed this to be the case.

Two-thirds of respondents (67%) advised that their clients have to overcome childcare problems as a barrier to accessing treatment. Unsurprisingly, almost all of the respondents feel that clients worry about 'Social Services' becoming involved in their situation. Keyworkers also suggest that the following provide barriers to accessing treatment when a client has children:

- No appropriate support in the family.
- The client's partner may be unaware of their drug use.

Emerging Substance Misuse Issues

Providers were also asked within the survey if they were seeing any emerging substance misuse issues in Warwickshire. A number of key issues have emerged based on their responses, relating to drug use:

- Nights out drinking alcohol and using cocaine are being seen as the 'norm' and appear to be becoming more socially acceptable.
- Increase in clients with compromised liver functionality.
- There is only one bed available in Warwickshire for the homeless therefore clients have no option but to sleep on the streets if they have nowhere to go.
- Many users are in long-term unemployment and young users have either never worked or see no prospect of working in the future.
- Problems with the attitudes of some workers regarding a lack of understanding of the twelve step approach to recovery.
- Misuse of prescribed medication.
- More synthetically produced drugs may become a danger in the future alongside well established substances becoming cheaper and of increasingly questionable quality.

Barriers to Fully Implementing the Recovery Agenda in Warwickshire

Finally, providers were asked if they were aware of any barriers in fully implementing the recovery agenda in Warwickshire. A number of key issues were raised:

- No encouragement for family participation in the recovery plan with family needs not being considered. Families are also very often not aware what services they can access for themselves.
- Resources are limited in Warwickshire, funding issues are a concern and geographically the area to cover is very wide.
- A need for dry-houses in Warwickshire.
- A need for more one-to-one support for clients and also for greater multi-agency working.
- Lack of emergency housing available.
- Fear of change in relation to the way that staff have always worked (referring to the harm minimisation approach).
- Having long term treatment in place to aid recovery. Recognising that recovery is a life long commitment for a service user.
- Attitudes of staff – they need to be committed to the recovery agenda.

Whilst the new treatment service will provide greater support for service users through their recovery journey, both the information provided by key workers and that presented in section 3.5 above shows that there are gaps in key elements of provision that are required for service users to fully reintegrate into society. At present, it is felt that these gaps in provision and the wishes of service users are not fully understood. All partners involved in the recovery agenda need to work closely together to assess these gaps and ensure appropriate provision is in place to meet the needs of service users.

Recommendation

Warwickshire Drug and Alcohol Action Team to establish a Recovery Forum consisting of Commissioners, drug and alcohol treatment providers, partners in the recovery agenda and service user/carer representatives. Key issues of concern for the Forum should be housing, employment, health and wellbeing and support available for family members and carers of those with drug and alcohol problems.

5.3 Consultation – Practitioners and their views on Recovery Needs

A second survey was issued in July 2011, for completion by a range of practitioners in Warwickshire who may work with clients using drugs or alcohol. This survey was primarily focused on identifying what drugs clients are using and the patterns that practitioners are seeing locally, including any emerging substance misuse issues.

The survey closed with 95 responses from practitioners that work with clients aged 18 years and over in Warwickshire.

Of the 95 respondents, 88 work with people that use drugs and/or alcohol. The practitioners advised that the drugs clients are most likely to be using are cannabis (88%), heroin (51%) and methadone (45%). The breakdown of responses is shown in the following table.

Types of drugs Warwickshire clients are most likely to be using

Drugs Used	Number of Respondents	% of Total
Cannabis	77	88%
Heroin	45	51%
Methadone	40	45%
Crack Cocaine	35	40%
Cocaine (Powder)	33	38%
Amphetamines	31	35%
Ecstasy	19	22%
Solvents	9	10%
Legal Highs	8	9%

Interestingly, legal highs feature within the responses with 9% of respondents advising that these are drugs that their clients use. Ketamine was mentioned by two respondents as a drug their clients are using.

Several respondents advised that their clients are using drugs that they did not know existed twelve months ago. Five respondents (6%) have clients that are using mephedrone (previously a legal high) which has effects similar to ecstasy and amphetamines.

Respondents were asked to comment on patterns in drug use they see amongst their clients. Feedback included:

- Drug and alcohol abuse appearing to run in families. Concerns that there may be a link between the beliefs and morals that are taught to a child at a young age and then the behaviour of that child in teenage years and in their early twenties.

- Cannabis is being used more widely, particularly by young males who think that smoking cannabis makes them look 'cool' and is not harmful to their health.
- An increase in the number of referrals to Children's Centres for support.
- People not getting adequate support for mental health issues, thus increasing their need to misuse drugs and alcohol.
- Substance misuse as a result of spiralling debts and unemployment.
- Less ecstasy being used.

The survey also asked practitioners whether they are confident that they know where to refer clients to for the appropriate specialist services. Over two thirds (77%) advised they are confident in referring clients but 13% (11) advised that they are not confident that they know which specialist service to refer them to.

The survey also focused on the recovery agenda and asked whether practitioners saw any barriers to implementing the agenda in Warwickshire. Of the people that answered this question, only one fifth of respondents (22%) said that they do not see any barriers but a further 43% said they were 'unsure' and 34% think there will be barriers to implementing the agenda. There were a number of barriers that respondents identified:

- Lack of supported housing for those in recovery.
- Lack of funding available to agencies.
- Lack of information sharing between agencies.
- Lack of coordinated diversionary activities.

- Lack of involvement by named responsible authorities e.g. Health. Not all agencies are working together.
- Difficulties in trying to secure mental health support.
- Client/user's lack of self-respect and interest in achieving a higher standard of living.
- Permanent exclusion from school for young people – it is feared this is rarely a wake up call.
- Cuts to youth services will lead to limited forums to discuss issues with young people. PSHE (Personal, Social and Health Education) classes are also planned to be scaled back by schools.
- Workers to focus on the family and children not just on the user/client.
- Inconsistencies exist across Warwickshire in relation to access to treatment and prevention services. Reasons for this include demographics, rural areas and transport issues.
- Lack of outreach services in rural areas.
- Issues with the volume of clients and local staffing which can mean that appointments are inflexible. There can be a lack of available appointments, frequent change of key workers and a lack of enforcement.
- Problems in accessing resources, such as counselling.
- Treatment providers not being challenging and proactive in emphasizing the benefits of integration back into society via employment.

A final question asked in the survey was in relation to whether the practitioners were seeing any emerging substance misuse issues across the county. A number of issues are being seen by practitioners and have been flagged to the Warwickshire Drug and Alcohol Action Team as a concern:

- Mental health issues that are being masked by drugs and alcohol.
- Mixing of drugs and alcohol.
- Gradual increase of drugs and alcohol misuse in pockets of 'affordable housing' around the county.
- Children as young as ten drinking alcohol and smoking cannabis. High use of cannabis in the mid to late teen age group.
- Number of different legal highs available to purchase on the internet.
- Main substances being mis-used by clients are being used as a coping mechanism and users need to be made more self-aware. There can be too much emphasis on the substance and not enough on the person.

Recommendations

- Commissioners and The Recovery Partnership to take into consideration the results from the treatment provider and practitioner surveys when implementing the new recovery focused service. A follow-up survey should be carried out next year to see how and if things have improved.
- Warwickshire Drug and Alcohol Action Team to extensively promote the new treatment service to all partners, to ensure practitioners are aware of referral routes for clients requiring specialist support.
- All partners to take into consideration feedback from the practitioner survey and barriers identified to the implementation of the recovery agenda that are relevant to their service.
- The Recovery Partnership to look to identify cases where alcohol and drug use is becoming intergenerational across families and liaise with relevant services to ensure that all family members are appropriately supported.

5.4 Voices 4 Choices Consultation – Do barriers exist for mothers who choose to access drug treatment?

In the 2010/11 needs assessment for drug treatment, a recommendation was made for the Warwickshire Drug and Alcohol Action Team to commission further research into whether or not added barriers to treatment exist for those mothers who would like or need to access services.

Voices 4 Choices conducted the consultation by using a questionnaire format to gather opinion. This was deemed the most effective way to conduct the research through speaking with commissioners, staff and service users. The team visited women in a variety of settings with the intention of providing a non-judgemental, open and friendly atmosphere where women could talk freely about their experiences. The information in this section has been extracted from the report titled 'An investigation to determine if barriers exist for mothers who choose to access drug treatment in Warwickshire', produced by Voices 4 Choices.

Voices 4 Choices made contact with a wide variety of organisations and services throughout the county that may have also helped mothers who misuse drugs but received a disappointing response rate. The researchers felt that this may have been due to a lack of time, or workers not feeling comfortable raising the issue of drugs with their clients. Nevertheless, the team completed 20 questionnaires of which 11 women were aged between 31 to 40 years old. Nineteen women identified themselves as 'White-British' (95%) and one identified herself as 'Black-British'. Of the women, two lived in Warwick, seven lived in Nuneaton and Bedworth, five were from Leamington, two were from Stratford and four lived in Rugby. Nineteen of

the women were living in rented accommodation and one was living in a dry house.

Twelve of the women (60%) were lone parents whose children lived with them. The remaining eight women (40%) had children either living with the other parent and/or family member or their children were older and lived independently. Only two women had a child/children living in care (both of these women also had another child or other children living with them).

Key Findings from the Research

- 60% (12) of the women found it easy to access services, 15% (3) felt access was 'ok' and 10% (2) found it difficult to access. 3 women had never accessed treatment services. The main concerns in relation to access were more about the lack of information on what to expect.
- Many of the women expressed fears about accessing treatment. Over half of the sample were primarily concerned about the involvement of social services and the impact this would have on their family. Social services seemed to be perceived as a threat to the family rather than a source of help. The fear of being judged was also a recurring theme throughout the consultation.
- The majority of women expressed fear about accessing treatment because of the impact on their children, a fear of people finding out they were in treatment and a fear of seeing people they knew in the service. Childcare was problematic for eight of the female respondents, travel time for five and travel costs for four of the women. The impact on friends and family was also mentioned.

The women were asked if anything could be done to make it easier for them to access services. Eleven out of the 20 women interviewed (55%) said no.

Three women did not answer and six mothers gave some suggestions as to how to make access easier for them. These ideas included:

- a drop-in centre solely for women.
- information on the internet about the services available with a separate section included for parents.
- a leaflet available explaining the social services procedure and explaining that the services will not immediately take your children into care when you engage with the service.
- a less judgmental attitude towards mothers with a drug problem needs to be adopted.
- no waiting list for treatment.

There were mixed views on what women perceived to be the most important thing they needed from a service. Having a prescription was seen to be important along with support, guidance and motivation. Some other responses were:

- No threats to continued custody of my children, a guarantee that by accessing treatment I don't risk losing them.
- Help given to ensure I keep my children and reassurance that I am not a bad mother and that I'm doing the right thing.
- To hear the truth, straight talking facts about my children and any risk, no paperwork banter.
- I needed help with housing for me and my children and would have liked to have had some help with that.
- I would have liked some family support and to have involved my mum in my treatment.

- Physical and mental intervention to encourage and maintain abstinence.
- No help is given/suggested for the children.
- Help and advice.
- Stability.

Voices 4 Choices noted that throughout the interviews it was clear that, although there are some additional barriers for mothers who wish to access services, generally women's experiences were very positive and they spoke highly of services and staff. In the future it is hoped that a study of a similar kind, with more respondents, could be undertaken to gauge a wider representation of the barriers faced by this client group.

The report makes a number of recommendations to be taken into consideration by commissioners and service providers.

Recommendation

Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to address the key findings and recommendations emerging from the Voices 4 Choices research through the development of an action plan aimed at removing barriers to drug treatment for women with children.

6.0 Emerging Issues

6.1 Prescription Medication

An area raised as an issue in consultation for the needs assessment is addiction to prescribed medication. In Warwickshire there are concerns that this may be an issue for a large number of people yet the scale of the problem is unknown.

The issue recently hit the headlines in July 2011 when BBC News advised that more than one million people in the UK are estimated to be addicted to prescription drugs such as benzodiazepines. Research was released by the 'All Party Parliamentary Group on Involuntary Tranquiliser Addiction' (APPGITA). The National Treatment Agency (NTA) in its publication 'Addiction to Medicine' reported that there had been a significant increase in the prescribing of opioid analgesics over the last nineteen years.

It is believed that prescription medication addiction is a growing problem that people feel is different to 'illegal street drug' use as the medication was prescribed by a doctor. The fact remains that people can still become addicted to prescribed medication in the same way that users can get addicted to heroin or crack. The NTA reported that in 2009/10, 16% of people in drug treatment services nationally reported problems with their use of either prescription medicines or over the counter medicines (out of a treatment population of 206,889). However, only 2% of those in drug treatment services reported their primary drug problem as being with either prescription medicines or over the counter medicines. This may be because

drug treatment services are not commissioned to treat addiction to over the counter medicines.

Locally in Warwickshire, the HALO database advises that for the period April 2010 to March 2011, 11 clients presented with a primary drug problem of opiate based analgesics and three with benzodiazepines.

This issue is currently an intelligence gap within Warwickshire and there is very little information available on the subject. Unfortunately, nationally, there is no central software system available for recording prescriptions. There will also be issues in the future if GP practice boundaries change as people may find opportunities for shopping around for prescription drugs across the local area. A further potential area of concern is people who may be obtaining prescription medicines illicitly, and whose use will therefore not be monitored by their GP.

It is recommended that the area of addiction to prescribed medicines be investigated further. One avenue to consider is a consultation exercise on the subject with Medicines Management at NHS Warwickshire and pharmacists which may help to gather intelligence.

Recommendation

Warwickshire Drug and Alcohol Action Team to undertake/commission further investigative work into the area of prescribed medication addiction.

6.2 Ketamine

A further area that has emerged as an issue in consultation with practitioners is the use of Ketamine in Warwickshire.

Ketamine, which is used in human and veterinary medicine, is a short-acting but powerful anaesthetic. It is a Class C drug that has been seen to be replacing cocaine as the substance of choice amongst some drug users across the country. Several years ago, there were concerns in the media about the increase in use of Ketamine and the danger it poses when mixed with ecstasy and amphetamines resulting in a high blood pressure. When mixed with depressant drugs such as alcohol or heroin it can shut down the body to such an effect that the lungs or heart can stop functioning.

Warwickshire has not historically seen problems with Ketamine but recent consultation with practitioners for this assessment has seen it raised as an area of concern. Unfortunately there is no evidence to support this emerging concern but it is important to raise this as an issue to monitor over the next twelve months.

Recommendation

All partners to monitor the use of Ketamine amongst their clients and report this to the Drug and Alcohol Action Team.

6.3 Butane Gas

The misuse of butane gas has emerged as an issue of potential concern in the consultation for the needs assessment. Historically it has been thought that solvent abuse is a problem for young people but a recent case in Warwickshire of a thirty year old man abusing butane gas has sparked concern. Sadly, the young man died from his addiction last year.

People misuse solvents as they can produce effects similar to alcohol or anaesthetics when vapours are inhaled. Many solvents can be found in a typical household and solvent misuse is, whilst extremely harmful, not in itself illegal. However, it is illegal for shopkeepers to sell a person intoxicating substances if they think they are likely to misuse them. It is also an offence to supply gas lighter refills to anyone aged under 18 years.

At this stage there does not seem to be any evidence to suggest that the misuse of butane gas is a widespread problem around the county. This will be assessed again during the next assessment to ensure any emerging trends are picked up, and action taken if appropriate.

6.4 Sex Workers

During the consultation for the needs assessment, the nature and extent of women engaging in sex working, and the links between this activity and drug use, has emerged as a gap in knowledge across the partnership. It is recommended that initial exploratory work is undertaken into the nature and extent of this activity, and appropriate actions put in place to minimise the risks to those involved.

Recommendation

Warwickshire Drug and Alcohol Action Team to undertake/commission research into the nature and extent of sex working in the county.

7.0 Conclusion

7.1 Summary

The Warwickshire picture of drug treatment needs has not changed significantly from the last assessment which was conducted in early 2011. However, Warwickshire is entering into a new era with the commissioning of a new treatment provider, The Recovery Partnership, that will service both drug and alcohol treatment across the county, with an enhanced focus on recovery. It will be interesting to see how this develops over the next twelve months and the impact it has on the drug using community. The next drugs needs assessment will assess the impact of the new treatment provider on both clients and the wider practitioner community.

7.2 Update on recommendations in 2010/11 Needs Assessment

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
<p>Ambulance Data Work with West Midlands Ambulance Service to establish what additional data can be provided to enable:</p> <ul style="list-style-type: none"> - additional specific information relating to drugs to be extracted - the cross referencing of cases seen by the ambulance service with those known to treatment providers and information on drug overdose incidents to be passed onto the relevant treatment provider. 	<p>Ambulance recording systems will not allow specific data relating to drugs to be extracted on a regular basis. However, a one off exercise was undertaken in July 2008 to identify the proportion of poisoning incidents relating to illicit drugs, and this can be used as a proxy measure with all subsequent data.</p> <p>Ambulance service regionally are very reluctant to share data as they feel that individuals or their friends and family will not call the next time they need an ambulance if their information is shared without their knowledge / agreement. Advice from the NTA is that we would be better off pursuing this information sharing angle with A&E departments.</p>
<p>A&E Data Recording NHS Warwickshire to explore the possibility of establishing recording systems which enable A&E presentations related to illicit drugs to be reliably identified.</p>	<p>PCT data comes from a national data set with specific codes in place. It is not currently possible to break illicit drugs into other categories. Providers may have broken the data down previously, and it may be worth revisiting this with them.</p>

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
<p>Police Data Recording Warwickshire Police to explore the possibility of establishing recording systems which enable drug and alcohol related offences to be separated.</p>	<p>This has been explored before and it's not something the Police can do, as the whole process of recording crime is not set to be able to differentiate, not just the crime recording system.</p> <p>The way it could be done is for the forms to change and all systems relating to the recording of crime to change, but there could be a significant cost involved, so the case to do this would have to be strong. If these changes were agreed they would not be able to be backdated and applied to old crimes, as a resource would have to be allocated to manually make the amendment or make a judgement call.</p>
<p>Data Requirements DAAT and Warwickshire Probation Trust to liaise on data requirements to enable accurate information on the Throughcare & Aftercare service to be produced.</p>	<p>Work ongoing to resolve issues with obtaining accurate data from HALO. Probation's own database to be used to record and provide data from 2011/12 Qtr 1 onwards.</p>

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
<p>Further Research DAAT to undertake/commission further research into levels of unmet need, the reasons why people in Warwickshire choose not to engage in drug treatment and barriers to successful treatment completion.</p>	<p>Voices 4 Choices undertook research on behalf of the DAAT, looking at experiences of, and barriers to, drug treatment amongst women with children. Although the response to the research was disappointing, the findings are included in this year's needs assessment.</p>
<p>Probation Referrals Warwickshire Probation Trust to ensure that all individuals identified as misusing drugs are referred onto appropriate treatment.</p>	<p>OASys shows over 300 offenders with scores of 4+ in 2009/10. Existing processes being revisited and this should see such offenders being considered for a DRR assessment - however where an assessment does not lead on to a DRR it may be unclear as to whether or not the offender is formally recorded as being known to the treatment provider. The other route for contact would be through custody/CARAT teams and then into the TCAC service. There may be a couple of issues here - Offender Managers may be encouraging a proportion of offenders to self refer to CDT/Cranstoun and they don't, or there is a proportion of those that do attend treatment services but have limited engagement and contact is not recorded. Solution being looked for.</p>

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
<p>Action Plan – Young People DAAT and young people’s commissioners to consider the recommendations within the ‘looking back, the adult viewpoint’ report and implement as appropriate.</p>	<p>Action plan developed to ensure recommendations within the report are implemented.</p>
<p>Job Centre Plus Stratford Job Centre Plus team to share good practice in referring clients into drug treatment with colleagues around the county.</p>	<p>Training being provided to JCP staff looking at how to ask clients about substance misuse. New joint working protocol developed between JCP and NTA to support closer collaboration between agencies, to promote more effective action to address the employment-related needs of substance misusers and to contribute towards more positive treatment outcomes.</p>
<p>Recovery Networks Nuneaton CDT, Cranstoun, Addaction and Voices 4 Choices to encourage service users to set up recovery networks in the north of the county.</p>	<p>Cranstoun and CDT teams made aware of recommendation within needs assessment. Action included for new service provider and Voices 4 Choices in drugs implementation plan</p>
<p>Carers Needs Assessment DAAT commissioners to consider the outcomes of the carers’ needs assessment and implement as appropriate.</p>	<p>Outcomes of needs assessment to be built into the spec for a new user and carer service for Warwickshire (to commence in 2012/13).</p>

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
<p>Conditional Cautioning Warwickshire Police to explore opportunities to deliver conditional cautioning across the county for relevant drug and alcohol related offences.</p>	<p>Recommendation being explored through the Offender Management County Steering Group. Results of Ministry of Justice ‘Breaking the Cycle’ consultation now known – the government will be creating a clear national framework for dealing with offences out of court, to be published later this year. Police will be given power to authorise conditional cautions without referral to CPS. Action to be progressed once national framework is available.</p>
<p>Shared Care NHS Warwickshire to pursue transfer of funding for Shared Care to Warwickshire DAAT and work with GPs to increase the rollout of Shared Care across the county, starting with practices with 10 or more clients in drug treatment and those who prescribed significant numbers of opioid substitutes in 2009/10.</p>	<p>Meeting between DAAT and NHS Warwickshire to take transfer of budgets forward held in mid September.</p>

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
<p>GP Prescriptions Community Drugs Teams to build closer links with GPs who prescribe opioid substitutes, to ensure that this prescribing is appropriate in all cases.</p>	<p>CDT Managers have discussed the list of non Shared Care GPs prescribing opioid substitutes and are checking with surgeries to establish the number of clients they are prescribing to. Appropriate action will be implemented based on the findings of these checks. Managers will also look at those in the SC scheme to identify if other clients are being prescribed outside the SC agreement. If this is happening they will explore this with the GP's.</p> <p>Teams are now approaching GPs who are prescribing outside the SC scheme to offer support and advice. Practice in Bidford may be willing to let CDT staff hold a surgery on site.</p>
<p>Feedback DAAT Commissioners to take feedback from providers and service user representatives, and the outcomes within the new national drugs strategy, into account when developing the specification for the service modernisation process.</p>	<p>Feedback and recovery focused outcomes built into the specification. New service commenced on 1st December 2011.</p>

8.0 Appendix

8.1 Sources

Addaction, Drug Yellow Report, Global Gathering Festival Statistics
 British Crime Survey Results 2010
 Coventry and Warwickshire Partnership Trust
 Cranstoun
 Job Centre Plus (JCP)
 National Drugs Strategy 2010
 National Drug Treatment Monitoring System (NDTMS)
 National Statistics (www.statistics.gov.uk)
 National Treatment Agency, Partnership Adult Performance Report, Local Performance Management Summary, TOPs reports
 NHS Warwickshire – A&E Data
 Public Health Intelligence Team – Hospital Drug Related Admissions
 Supporting People
 Turning Point, The Crack Report
 Voices 4 Choices, 'An investigation to determine if barriers exist for mothers who choose to access drug treatment in Warwickshire',
 Warwickshire HALO Database
 Warwickshire Drug Intervention Programme (DIP)
 Warwickshire Observatory - Warwickshire Quality of Life 2011, Mosaic Analysis Experian
 Warwickshire Police, Crime Information System, Fixed Penalty Notices
 Warwickshire Probation, OASys (Offender Assessment System)
 Warwickshire Trading Standards

8.2 Drug Related Hospital Admissions

Hospital Episodes Statistics are classified using the International Classification of Diseases (ICD). The tenth revision of this classification is currently in use.

The following ICD-10 codes are used to calculate drug related hospital admissions figures:

Admissions for mental and behavioural disorders due to psychoactive substance use

- o F11 Mental and behavioural disorders due to use of opioids
- o F12 Mental and behavioural disorders due to use of cannabinoids
- o F13 Mental and behavioural disorders due use of sedatives or hypnotics
- o F14 Mental and behavioural disorders due to use of cocaine
- o F15 Mental and behavioural disorders due use of other stimulants including caffeine
- o F16 Mental and behavioural disorders due to use of hallucinogens
- o F18 Mental and behavioural disorders due to the use of volatile solvents
- o F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances

Admissions for primary diagnosis of poisoning by drugs

- o T40 Poisoning by narcotics and psychodysleptics (Hallucinogens)
- o T43.6 Poisoning by psychotropic drugs not else classified
- o T40.0 (Opium)
- o T40.1 Heroin
- o T40.2 Other Opioids
- o T40.3 Methadone
- o T40.4 Other synthetic narcotics
- o T40.5 Cocaine
- o T40.6 Other and unspecified narcotics
- o T40.7 Cannabis
- o T40.8 Lysergide
- o T40.9 Other and unspecified psychodysleptics (hallucinogens)