

# WORCESTERSHIRE SUBSTANCE MISUSE ACTION TEAM

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## Adult drug treatment plan 2009/10

### Part 1: Strategic summary, needs assessment and key priorities

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The strategic summary incorporating the findings of the needs assessment, together with local partnership ambition for effective engagement of drug users in treatment, the funding and expenditure profile, harm reduction and primary care self audits have been approved by the Partnership and represent our collective action plan.

<i>Signature</i>	<i>Signature</i>
<b>Chair, Worcestershire SMAT</b>	<b>Chair, adult joint commissioning group</b>

## **Overall direction and purpose of the partnership strategy for drug treatment**

Worcestershire has a countywide three-year (2008-11) drug and alcohol strategy, which has five locally agreed outcomes:

- Reducing drug and alcohol related deaths and ill health
- Reducing drug and alcohol related crime and disorder
- Preventing the problematic use of drugs and alcohol
- Improving access to drug and alcohol treatment and support
- Increasing positive outcomes from drug and alcohol treatment

The strategic priorities within Worcestershire are in line with indicator 1 of Public Service Agreement (PSA) 25, 'Reducing the Harm Caused by Drugs and Alcohol'. Other indicators within the PSA also impact upon Worcestershire's treatment plan and wider drug and alcohol strategy, including measures of public perception and rates of drug-related offending.

From a wider perspective, this treatment plan links to the following Public Service Agreements:

PSA 2: Improving the skills of the population

PSA 8: Maximising employment opportunities for all

PSA 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training

PSA 18: Promoting better health and wellbeing for all

PSA 19: Ensuring better care for all

PSA 23: Making communities safer

Worcestershire Substance Misuse Action Team (SMAT) is working towards a balanced treatment system, enabling access to treatment for all and ensuring that clients are able to leave the system in a planned way, with access to the necessary wraparound services, relapse prevention and aftercare. The need for a broad range of treatment modalities is recognised, including access to abstinence based interventions and support to help clients maintain drug free lives.

In order to achieve these aims Worcestershire SMAT has committed to:

- Model the treatment system in terms of caseload capacity and total numbers in and completing treatment, to identify what can be provided in each service element or modality
- Ensure equity and equality of access to services across the county
- Improve pathways for service users to ensure movement through to completion of treatment
- Review the provision of psychosocial interventions and increase the range and intensity of provision for both short term and long term interventions
- Improve harm reduction services, including the provision of service user led interventions
- Extend across the county the low threshold prescribing service, to engage hard to reach groups
- Continue the move of clients out of Secondary and into Primary/Shared care treatment
- Continue the development of wrap around services, including development of Floating Support Services, access to accommodation, education, training and employment services
- Continue the evolution and development of advocacy and peer support for users and carers

- Improve family support services and provision for carers
- Improve the links between criminal justice agencies and community based treatment services
- Implement the partnership workforce strategy, incorporating training, development and induction for all staff within the drug and alcohol treatment agencies

**Likely demand for open access, harm reduction and structured drug treatment interventions.**

This section should identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact.

The recent Glasgow prevalence estimate indicates increased usage of crack cocaine in Worcestershire, which is supported by anecdotal evidence from local criminal justice agencies. Worcestershire has traditionally seen high levels of opiate use, and services will need to develop to respond to the changing patterns of drug use if they are to continue to meet the needs of the drug using population

As part of the needs assessment process, local consultation has identified that the needs of some local communities are not being met, due to the lack of treatment services within the immediate locality.

There is continued migration to Worcestershire from Eastern European countries, which is not reflected in the ethnic profile of drug services. Provision needs to be considered for clients from differing ethnic backgrounds.

The travelling community are a significant minority group in Worcestershire, and continue to prove difficult to engage with services.

Homelessness is a significant issue within Worcestershire, particularly among people with drug and alcohol problems. Recent developments have been successful in engaging this traditionally hard to reach group, and the Partnership needs to consider how these can be extended to areas of the county not currently covered.

**Key findings of current needs assessment.** This should be a brief summary of prevalence and penetration levels, treatment system mapping, the characteristics of met and unmet need, attrition rates and treatment outcomes. The full needs assessment report should be submitted with the adult drug treatment plan.

### Prevalence

According to estimates produced by Glasgow University, Worcestershire has an estimated 2,659 problem drug users (PDUs); those using opiates and/or crack. This equates to 7 PDU's per every 1000 in the population, compared with a West Midlands average of 11 PDU's per 1000.

Figures from treatment services reveal that 1012 of these problem drug users have never been in contact with treatment services. This suggests that 62% of the problem drug using population are known to treatment services. A significant number of individuals are also known to other gateway services, such as criminal justice and needle exchange. These findings support the theory that time and attention should be given to increasing the number of referrals from gateway services rather than looking for unknown unmet need.

The last two years data shows an overall reduction in the total problematic drug user figure, with small rises in the numbers using crack/cocaine and injecting.

	05/06 Estimate number	05/06 Prevalence per 1000 population	06/07 Estimate number	06/07 Prevalence per 1000 population
Opiates	2545	7.00	2288	6.34
Crack/cocaine	1316	3.62	1612	4.47
Injectors	974	2.68	1120	3.10

Compared with urban areas within the West Midlands Worcestershire has a lower prevalence level of all the above. Compared with rural areas, Worcestershire's prevalence is broadly in line with other West Mercia areas. This does not cover those who are only using other forms of drugs.

### Criminal Justice

Data from Criminal Justice sources indicates that a total of 21 Prolific and other Priority Offenders have been identified with a drug issue and are not engaged with treatment services. The same situation applies to 48 clients who are in contact with the Drug Intervention Programme (DIP) but not in treatment (46 in prison settings with 2 in community setting).

The number of individuals commencing Drug Rehabilitation Requirements (DRRs) has been low in Worcestershire, but is improving. There have been 62 DRR commencements during the first half of 2008/09, projecting a year-end total of 124, against a target of 135. This compares to 115 commencements during 2007/08 and 120 during 2006/07, which suggests that not all potential treatment clients are being identified during their contact with gateway services.

### Drug using parents

The data shows that 527 individuals were recorded as being a parent on the NDTMS system. Local it is believed that this is likely to be under reported.

Parents	No of parents in effective tx (latest 12 months)	% of parents in effective tx from all in effective tx	Regional %	National %
	527	32	35	31

### National Treatment Agency data:

Data taken from NDTMS returns provided by services for clients in treatment for opiates and/or crack at the end of 2007/08 indicates the following profile of clients:

- Male (73%)
- The largest proportion of clients were aged 25-34 years (53%)
- 33% aged 35-64
- 14% aged 15-24
- White (98%) – this is reflective of Worcestershire’s population as a whole
- 33% currently injecting
- 39% previously injecting
- 26% never injected

### BME

Around 2.5 per cent of the population of Worcestershire is made up of Black and Minority Ethnic (BME) communities. By 2011, it is estimated that BME communities will account for 4.3 per cent of the population of Worcestershire. The Asian community is currently the largest ethnic minority community in Worcestershire, making up 1.1 per cent of the population.

In recent years there has been significant international migration into Worcestershire, particularly from the A8 European Union Accession countries. Since 2002/03, a total of 12,000 new resident migrants have been registered for National Insurance. Over the last 12 months (2006/07), more than half of the migrants have been from Poland.

### Employment

All clients (outcomes)	No of clients reporting TOP employment status (18+)	% reporting working 10 + days	Regional %	National %
	58	17	27	26

### Housing

All clients (outcomes)	No of clients reporting housing problems at start with discharge TOP (18+)	% no longer reporting housing problems	Regional %	National %
	13	38	66	70

### Treatment Exits

The latest 12 months data on treatment exits shows that Worcestershire is performing below the national and regional performance levels with all groups who are recognised as difficult to engage.

All clients	No of clients exiting tx system (18+)	% of clients exiting tx successfully	Regional %	National %
	385	30	29	34

## Recommendations

1. Enhance harm reduction initiatives.
  - A review of harm reduction initiatives across delivery will take place, which will inform how we can improve the range of services that we deliver.
  - The drug related deaths confidential inquiry process has been reviewed and relevant improvement areas will continue to be worked upon in year
  - Review capacity and demand for BBV interventions.
2. Improve the quality and choice within treatment provision.
  - Crack cocaine use is increasing and further work is required to ensure that services are able to meet this treatment demand.
  - Planned discharge rates are improving but significant work is required to improve the quality of treatment delivery; this will be addressed through the NVQ process, service reviews and the Treatment Effectiveness Initiative.
  - Roll out the positive learning from the Rapid Access Methadone Programme (RAMP)
  - The day programme (Experience 24) and the structured daycare programme (Experience 250) will be further developed to ensure that service users have access to a range of developmental and support opportunities.
  - Case management and data management and quality will be enhanced through the roll out of a system-wide electronic case management system.
  - The positive experience and feedback from the RAMP project will be used to enhance countywide service delivery.
  - Greater outreach will be provided in rural areas, using existing facilities and enhancing relationships with existing front line staff.
  - An equality impact assessment of service provision will be conducted, particularly focussing on migrant communities
  - Improve transition arrangements from young persons to adult services.
  - Protocols and procedures for access to, and aftercare from, tier 4 treatment will be reviewed
3. Improve services for families and carers
  - Family services will be enhanced, ensuring that the needs of the family and the children of drug users are central to the treatment process.
  - Work will take place in partnership with the Safeguarding Executive Board to ensure that children and family services work effectively with the drug treatment sector to comprehensively meet the needs of drug using parents and their children.
  - To improve services and support available for carers.
4. Improve wrap around provision
  - A number of housing related initiatives have been identified within the homeless strategic review. In order to support these strategic developments a housing policy

5. Improve partnership working and communications.

- The communications strategy will be reviewed in partnership with the Community Safety Partnerships, reviewing how drug and alcohol messages are communicated across all communities.
- Partnership working with Community Safety Partnerships will be reviewed to improve joint working.
- Greater focus will be placed upon improving partnership working with criminal justice colleagues, including intelligence gathering and trend monitoring.
- Improve how service users and carers are communicated to and enhance opportunities for service users and carers to engage in decision making.
- Widen the net of Mercia Net training delivery and conduct further evaluation of the impact of training received.

**Improvements to be made in relation to the impact of treatment in terms of its outcomes.**

This should cover improvements in individual drug user's health and social functioning, lower public health risks from blood borne viruses and overdose, and improvements in community safety.

**Employability**

The Partnership will be instituting a number of initiatives to improve access to employment for clients in drug treatment, including the mapping of existing mainstream and specialist provision, instigating robust care pathways, and a snapshot of need among the client group. Contribute to Worcestershire's worklessness target and the work of the employability sub group of the LSP.

**Housing**

Consultation with service users has revealed dissatisfaction with housing and housing related support for substance misusers in Worcestershire. Without adequate housing, an individual's chance of successful drug/alcohol treatment is greatly reduced. Working closely with Supporting People, a seamless model is being developed, to ensure that various housing and housing related support options are made available at every stage of a client's recovery.

**Improving positive outcomes from treatment**

A range of initiatives are planned to improve clients' engagement with and journey through treatment. These will include the provision of a new structured daycare service, which will provide range of physical, psychological and practical elements, aimed at improving clients' basic life skills, social functioning, and physical and mental well-being.

**Increased harm reduction work**

In order to improve client health and safeguard the health and wellbeing of the wider community, services will continue to augment the provision of testing and vaccination for BBVs, both through drug treatment services and the specialist BBV team. Equipment and training has been provided to each locality team to enable opportunistic testing and vaccination for all clients attending drug services.

Additional capacity is planned for Worcester to city, to address the seven-fold increase in demand for needle exchange and drop-in occasioned by the move to improved premises. This will include increased collaborative work with the local homeless hostel and daycare centre, to improve pathways into treatment.

The process for confidential enquiries into drug related deaths has been reviewed and revised, to include a review of all DRDs by the Drug Related Deaths group, and wider distribution of recommendations.

### **Strengthen links with prisons.**

Drug related deaths are still occurring when people leave prison and do not receive the correct level of aftercare. It is envisaged that the introduction of Integrated Drug Treatment Systems in our prisons will improve the quantity and quality of drug treatment within prisons, and also integrate prison and community treatment, to prevent damaging interruptions either on reception into custody or on release.

### **Clinical governance**

Ensure that services are safe, effective and clinically sound, by appraising current clinical governance arrangements and instituting a programme of audit and review, including the establishment of a quality assessment framework, implementation of a 3 yearly programme of audit, and development of internal quality control systems.

### **Improved support to families**

Formal links have been established between the SMAT, the drug treatment system and Worcestershire Safeguarding bodies. The recommendations within Hidden Harm are being reviewed against current practice in Worcestershire, and plans have been proposed to increase the capacity of the Family Services team, to improve services to children of drug and alcohol using parents.

### **Communications and Partnership Working**

The work of the SMAT Partnership has been linked with the wider LAA framework, and a reporting process has been introduced which evidences the contribution of the work of the Partnership to a broad spectrum of LAA targets. Further work is planned to raise the profile of drug treatment with the public, the Partnership, service users and carers and other stakeholders, and to improve perceptions of community safety.

**Key priorities for 2009/10** This section should cover the key priorities for developing open access, harm reduction and structured drug treatment interventions to meet local needs during 2009/10 and beyond. This should include any key priorities linked to the government's Drug Strategy and any actions outstanding from the Healthcare Commission/NTA improvement reviews

After consultation with key stakeholders, service users and carers it was agreed that the following will form the key priorities for 2009/10:-

- Improve the quality, efficiency and effectiveness of treatment system delivery
- Increase throughput through the treatment system, improving planned discharge rates
- To increase employability avenues, contributing to the wider worklessness agenda.
- To increase and improve the housing and housing support options available for substance misusers.
- To continue to improve services available for criminal justice clients, delivering the IDTS programme and ensuring seamless links between custodial and community treatment.
- To improve access to and engagement with treatment services for drug using parents and for the families of drug users, particularly children