
FINAL DRAFT (submitted 20/3/09 for NTA approval)

Adult drug treatment plan 2009/10

Part 1: Strategic summary, needs assessment and key priorities

<p>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.</p>	
<p><i>Signature</i></p>	<p><i>Signature</i></p>
<p>Chair, partnership name</p>	<p>Chair, adult joint commissioning group</p>

Part 1a) Overall direction and purpose of the partnership strategy for drug treatment

Suffolk's Drug and Alcohol Action Team is a partnership responsible for the local delivery of the National Drug and Alcohol Strategies.

Our task is to reduce the harm drugs and alcohol causes individuals, families and our communities. Our key measure for adults is linked to the Local Area Agreement Two and is PSA 25 - Reduce harm caused by alcohol and drugs

This overarching Local Area Agreement target is further qualified through the National indicator set as follows:

NI 39 - Alcohol related admission rates

NI 40 - Perception of drunk behaviour as a problem

NI 41 - Perception of drug dealing as a problem

NI 38 - Reduction in supply of class A drugs measured by a reduction in Class A drug related offending

NI 32 - reducing domestic violence

We will contribute to these themes by:

- Improving access to, and the quality of, drug treatment using clear performance managed contracts with commissioned services.
- Reduce drug and alcohol related crime by working closely with Suffolk's Community Safety Partnerships, Suffolk Constabulary and Suffolk's drug treatment agencies and measured by our crime statistics.
- Delivering improved workforce competence through the DAAT training strategy and supporting other professional development activities.
- Ensuring drug using offenders are effectively engaged in treatment from arrest through incarceration and in returning to the community. Delivered by the Drug Intervention Programme, Prolific and other Priority Offender scheme and the Integrated Drug Treatment System.

The Adult treatment plan contains the key aims, priorities and detailed actions required to successfully deliver the Adult treatment component of our over-arching strategy.

The Broad outcomes that Suffolk DAAT wishes to achieve in relation to Adult Treatment over the next 3 years are:

- Reduce the harmful impact of drug use on families and affected others by providing education and support
- Reduce the harmful impact of drug use on communities by targeting treatment to individuals whose offending is drug-related
- Assist more people with Problematic Drug Use to stay as healthy as possible while unwilling/unable to access structured treatment and while accessing treatment
- Enable more people in Suffolk with Problematic Drug Use to be motivated to access structured treatment to meet their needs
- Assist more people with Problematic Drug Use to reach 'self-assessed' recovery¹ (TBC)
- Enable more people using drugs other than heroin or crack cocaine (non PDU's) to access appropriate help and support

¹ 'Recovery' as defined by UK Drug Policy Commission: The process of recovery from problematic substance use is characterised by voluntarily sustained control over substance use which maximises health and well-being, and participation in the rights, roles and responsibilities of society. Suffolk DAAT to consider adopting this statement.

Tender exercise 09-10

While performance of existing structured treatment provision has steadily improved, there is a need to ensure that a full treatment *system* is commissioned that meets the needs of the population of Suffolk. It is recognised that the existing treatment system in Suffolk needs to be rationalised to ensure a clear, effective treatment journey for every service user.

Provision of treatment during 2009-10 (planning for tender)

In light of the planning that needs to take place in relation to the longer-term model, the DAAT Board (Nov 2008) agreed that the focus for 09/10 will be consolidating existing provision and sustaining the improvements already made in addition to working towards the longer-term plans, where possible. It should therefore be noted that there will be limited new commissioning in 2009-10 outside of the comprehensive tender process which is due to be concluded by end of March 2010.

There are a number of actions required in relation to developing commissioning structures with the DAAT Partnership to support the existing drug treatment system. These are included as an appendix to this document for local use and in Part 3 ATP, Grid 1.

Part 1b) 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.

Likely demand for Open access interventions (Tier 2)

The Needs Assessment identified that Tier 2/open access provision in Suffolk is limited for clients not ready for structured treatment or for as a safety net for when people are discharged from structured treatment. The need for *distinct* Tier 2 provision was raised by service users.

Likely demand for Harm Reduction Services

Evidence indicates that around a third of treatment clients interviewed (N=44) received medical treatment from their GP or A&E for problems relating to injecting. These should be able to be preferably prevented or treated via open access harm reduction services, which are likely to be currently insufficient to meet this need. While needle exchange equipment is widely available, a greater focus is needed on the provision of harm reduction advice in tandem (as per new DAAT contracts). There are an estimated 707 injectors aged 15-64 in Suffolk² (2006/07). 192 (27%) current injectors were known to the *structured* drug treatment system in 2006/07. These increased to 467 (66%) in 07/08. A significant number of other injectors will be accessing Tier 2 needle exchange and hence will not be reported to NDTMS. A substantial number of blank records in relation to injecting status may mean these penetration figures are under-represented. The prevalence rate for drug injectors in Suffolk is estimated to be 1.58 per thousand population

Just over two thirds of interviewed clients had overdosed (Needs Assessment, page 23). Similar rates of overdose were reported by non-clients although 77% of clients and 31% of non-clients recalled having received advice about preventing and dealing with overdose. This may indicate that provision of harm reduction advice needs to be regularly reinforced for those in touch with treatment services and shared more

² Hay G., Gannon M., MacDougall J., Millar T., Eastwood C., Williams K. and McKeganey N. (2008) *Estimates of the prevalence of opiate use and/or crack cocaine use (2006/07) East of England Region*

widely with the general community, in addition to educating friends and families in dealing with overdose. The Needs Assessment also identified a mortality rate for treatment clients in the East of England that is approximately 50% above the expected rate for a population with a similar age profile. A third of treatment deaths are directly drug related (Needs Assessment, page 5). In 2006 there were 27 drug related deaths in Suffolk, a third lower than the previous year (36 in 2005) and the lowest recorded figure using the data system that has been operational since 2002. There was also a more even split between males and females in 2006 compared to previous years.

HIV prevalence rates in injecting drug users for the East of England have increased in the last 10 years, from a rate of 0 (1996/97) to 0.7 (2006/07), although this rate is significantly below that of other regions (Health Protection Agency). Suffolk's estimated Hepatitis C prevalence rate amongst injecting drug users (for 2005/07) has been identified as having 'medium' risk in a national study by the HPA and NTA that categorised DAATs into bands (i.e. high, medium or low risk), i.e. a prevalence rate of between 25% and 50%.

Likely demand for harm reduction services by diverse groups

Data is limited in relation to Harm Reduction and diversity. Two thirds of overdose call outs to ambulances in 2006 were for males. Males also account for slightly more drug related deaths in the county compared to females (59% male and 41% female). While this may be linked to higher rates of male drug use, this might also suggest women are more at risk of drug-related death, possibly due to lower use of treatment services.

In relation to females working in the sex industry and prevention of harm, it is estimated that existing demand may be up to 100 individuals, a significant proportion of whom are already benefiting from treatment provision.

Likely demand for Structured drug treatment interventions

Demand for structured drug treatment interventions is expected to increase, with information on the numbers of people coming into treatment in the county continuing to rise year on year, and penetration rates (see below in relation to PDU estimates) also indicating a significant demand for these interventions (NDTMS data).

In relation to Tier 4 treatment interventions, indications are that numbers being referred to and accessing services have reduced since 03/04, although completions appear to have increased. It is difficult currently to assess the extent that this pattern relates to need per se, or other factors such as assessment, funding restrictions etc. There is a need to improve data collection in respect of clients accessing Tier 4.

Likely demand for structured drug treatment interventions by diverse groups

Gender:

In 2007/08, 32% of clients in treatment for opiates/and or crack cocaine were female, slightly more than the proportion for all structured treatment clients, which was 30% (NDTMS data). More males tend to enter treatment, but evidence indicates there is a more even gender split for those attending hospital with drug issues. This may suggest that women are subject to barriers to treatment that men are not.

Age:

Using the same HES data, younger age groups (those under 24) are under-represented within treatment services in comparison to drug-related admissions. For interviewed clients and non-clients the mean age of first use for substances may also support this (Needs Assessment pages 34-35). However, this may be illustrative of a

need for harm reduction interventions in the first instance to address accidental overdosing from recreational use.

2006/07 prevalence estimates suggest an estimate of 260 people aged 15-24 in Suffolk using crack and/opiates. In 2006/07 there were 138 PDU's in treatment in this age group indicating a penetration rate of 53%. In 2007/08, this increased to 167 PDU's (64% penetration). The prevalence rate estimated for Suffolk for 15-24 year olds using opiates and/or crack cocaine is 3.23 per 1,000 population.

Race:

Black and Minority Ethnic drug misusers are well-represented within Suffolk treatment services (NDTMS data), and analysis of performance management data suggests that the level of representation of BME clients across all areas is good compared to the general population. Use of translation services by treatment providers has recently fallen which requires further investigation.

Parents:

Suffolk stakeholders felt that parents were an under represented group within local services (Needs Assessment, page 88) although this requires further investigation and comparison to general population. Estimates from NDTMS suggest that there may be over 1000 children in Suffolk who have at least one parent/carer who is receiving treatment for drug use each year.

Stimulant Users:

Stimulant users generally were also felt to be under-represented in treatment services (Needs Assessment, page 88). In 2008/09 to date, 203 people came into treatment with a primary drug being a stimulant, 15% of the total (NDTMS data). It is currently difficult to assess the validity of this perception due to a lack of information about the extent of total stimulant use within the general population. In relation to crack users specifically, there were estimated to be 1,254 within Suffolk³ in 2006/07. Treatment figures for the same year indicate that 46 individuals were in treatment for crack as their primary substance in 2006/07 (4% of the estimated total number of 1,254) although this figure rises to 232 (19% of the total) when crack as a secondary substance is included (NDTMS data). Figures for 2007/08 were marginally lower. This suggests that there may be significant demand for crack-specific treatment that is not currently being met.

Part 1c) 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.

Treatment penetration rate

Estimates for the number of drug users in Suffolk vary significantly, from between 1,636⁴ to 3,812⁵. Calculating penetration rates using these estimates and NDTMS data suggests a penetration rate of over 100% using the lowest estimate but using the highest estimate a penetration rate of 41% is suggested. Based on these figures, a single estimate for PDU treatment penetration of 74% is suggested (Needs Assessment, page 56). This would mean an estimated 458 PDU's are unknown to the treatment system. As identified above, about a fifth (19%) of estimated crack users in the county were in treatment in 2006/07.

³ Hay G., Gannon M., MacDougall J., Millar T., Eastwood C., Williams K. and McKeganey N. (2008) *Estimates of the prevalence of opiate use and/or crack cocaine use (2006/07) East of England Region*

⁴ As footnote 2.

⁵ Hickman and Frischer (2004). This includes all drug users and not just PDUs.

The estimate of 3,812 includes all drug users in Suffolk, not just those using opiates and/or crack cocaine. Considering the total number of people in treatment in Suffolk in 2007/08 of 1,462, this suggests a penetration rate of 38%.

Penetration rates for PDUs and non PDUs can be crudely estimated using 2007/08 treatment figures, and estimates of PDU and non PDU populations. Treatment figures for 2007/08 show there were 946 PDUs in treatment and 516 non PDUs in treatment. Taking these figures as proportions of their respective estimates suggests a minimum penetration rate of 58% for PDUs and a penetration rate of 24% for non PDUs.

Access/Treatment system mapping

Interviews with clients and non-clients identified a lack of awareness of the help that treatment services can provide, and illustrates a need to raise the profile of treatment services within Suffolk. Most referrals into the treatment system are self referrals (56%), although a fifth are from DIP/CJiT (2007/08 treatment mapping data). The total number of referrals rose by 49% between 2006/07 and 2007/08.

Graphical mapping of the residence of clients in treatment (based on partial postcode) indicates significantly wider coverage of the county in 2007/08 compared to 2006/07 (Needs Assessment, pages 19 and 20). This reflects the significantly higher number (approximately 200) of clients seen within Suffolk treatment system in 2007/08 compared to 2006/07.

Despite this increase, a number of agencies have more than a quarter (and in the case of two agencies, more than a third) of their clients in treatment for more than two years. There is clearly room to increase capacity and so further increase penetration rates. Keeping clients on prescriptions rather than them moving through the system is a key factor in relation to this. The role of shared care and the philosophy of the treatment system requires further exploration.

Referrals between agencies increased between 2006/07 and 2007/08 although are considered to still be too low/under reporting the true extent of the movement of clients between agencies.

Attrition rates and Treatment completion

The proportion of successful completions from treatment rose from 20% to 38% between 2006/07 and 2007/08. The needs assessment identified that clients who had an urgent housing need were less likely to exit treatment with a successful outcome. Individuals referred to treatment via CJiT are more likely to have an urgent housing need than other clients and much more likely to be unemployed.

Over a fifth (21%) of all discharges of clients in treatment in 2007/08 were for those who had completed their treatment and were drug free (NDTMS data). In total 32% of clients completed their treatment (in comparison to 38% at a regional and 36% at a national level). Other discharge reasons shed light on why clients do not go on to complete treatment. A quarter of clients dropped out/left treatment, and a further 11% had their treatment withdrawn. The Needs Assessment sheds more light on this, as interviews with treatment clients indicates that some of the reasons for disengaging from treatment include too rapid a reduction in prescriptions, distances to services make low prescriptions not worthwhile, and continued use of street drugs made treatment pointless (Needs Assessment, page 101).

Treatment Outcomes

Other than completions, which are a proxy measure, it is useful to be able to measure client qualitative outcomes and the outcomes that services are achieving with clients. The Treatment Outcome Profile (TOP) tool is the main tool currently that Suffolk DAAT are using to do this. Current performance in Suffolk on the *completion* of TOPs is moderate to poor and remains a focus for 2009/10.

On an agency level, there are some attempts to collect information in relation to client outcomes, but the standard tool that has been adopted is TOPs. Currently this is the only recognised tool to measure a reduction in criminal activity, improvement in housing and employment status. Etc.

NDTMS figures from 2007/08 suggest that 45% of clients are unemployed with a further 29% classified as 'other' (likely to include a high proportion of people claiming incapacity benefit).

Summary of Met and unmet needs

Clients from BME groups are well represented in treatment services compared to the general community although only ethnic origin is recorded.

The following groups are identified as potentially having unmet needs:

- 18-24 year olds (and 35-44 year olds)
- Females (over-represented in HES compared to NDTMS)
- Crack users (in comparison to University of Glasgow estimates)
- Families/carers of substance misusers (inequity of service provision across county)
- Those with mental health needs (in relation to treatment attrition)
- Those with urgent housing needs (in relation to treatment attrition)

Part 1d) 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.

Reduce the harmful impact of drug use on families and affected others by providing education and support

We will do this by:

- Increasing services available for carers:
- Services for carers will be commissioned following completion of the Suffolk Carer's strategy and resources have been identified to take this forward.
- Targeting carers for the basic drugs awareness training and overdose training

Reduce the harmful impact of drug use on communities by targeting treatment to individuals whose offending is drug-related

We will do this by:

- Increasing referrals through the Criminal Justice System and engagement in Tier 3 treatment
- Improve community perception of drug use/drug dealing compared to those areas considered to be similar to Suffolk (i.e. those in Suffolk's 'Most Similar Group')⁶.
- Reducing Drug-related crime statistics (NI 38 – Reduction in Class A drug –related offending

More people with Problematic Drug Use are assisted to stay as healthy as possible while unwilling/unable to access structured treatment and while accessing treatment

We will do this by:

⁶ These areas being Cheshire, Cumbria, Norfolk, North Yorkshire, Warwickshire, West Mercia, and Wiltshire.

- Improving Harm Reduction to those accessing treatment services
- Increasing harm reduction messages in the community generally
- Improving the quality of harm reduction services provided following specific service user consultation (Nov 2008)

More people in Suffolk with Problematic Drug Use are motivated and able to access structured treatment to meet their needs

We will do this by:

- Motivating individuals to access treatment via promotion of client success stories
- Reducing Waiting times:
- Training the workforce of non-substance misuse agencies to increase referrals
- Working closely with IDTS and DIP to ensure that clients are fed through into the treatment system
- An increased focus on provision on Tier 2 interventions:
- Improving the 'flow' of the treatment journey:
- Increasing number of Problematic Drug User's in effective treatment :
- Increasing access to services for specific groups currently identified as potentially underserved (young people, crack users, women, parents):.

More people with Problematic Drug Use are assisted to reach 'self-assessed' recovery⁷ (TBC)

We will do this by

- Providing training to the workforce via DAAT Training programme
- Monitoring outcomes of treatment for service users.
- Continued focus on treatment goals/discharge planning
- Clarifying treatment outcomes required with DAAT Board and JCG
- Improving Clinical Governance
- Responding to the Healthcare Commission/NTA Improvement Review – Tier 4 and Diversity
- Monitoring and feeding in Service users experience of treatment:
- Improving access to wider support services outside of treatment, including training and employment

More people using drugs other than heroin or crack cocaine (non PDU's) are able to access appropriate help and support

We will do this by:

- Increasing the number of non-PDU's in effective treatment:

Part 1e) 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.

The key priorities for 09/10 will contribute towards the overall direction specified in Part 1a. Each priority is linked to specific measurable actions in Adult treatment Plan Part 3. Priorities are:

- Continue to improve performance across DAAT Partnership on numbers in effective treatment (targets in ATP Part 2), retention PDU's – 85%, non PDU's - 78%. Planned discharges to achieve and maintain a position within the top quartile of national performance. Waiting times 90%, Care plan completion 95% harm reduction indicators (Healthcare assessments 90%, Hep B vaccination

⁷ 'Recovery' as defined by UK Drug Policy Commission: The process of recovery from problematic substance use is characterised by voluntarily sustained control over substance use which maximises health and well-being, and participation in the rights, roles and responsibilities of society. Suffolk DAAT to consider adopting this statement.

follow-up 90%, Hep C test follow-up 90% and TOPs completions 85% at each stage.

- Increase, enhance and monitor the delivery of distinct open access interventions available to service users in Suffolk
- Deliver agreed elements of Action Plan in relation to HCC review on Tier 4 and Diversity by year-end
- Continue to obtain Service users experience of to feed into and inform provider management of services, performance management of provider services (service reviews) and planning frameworks (JCG and Tender Sub-group)
- Continue to promote treatment services and client success stories via delivery of DAAT Partnership communication plan
- Increase percentage of CARATs referrals picked up by CJIT via IDTS. DIP transfer into Tier 3 treatment to reach 75% engagement by year-end.
- Increase numbers of primary and secondary crack users in treatment from baseline (Target in ATP Part 2)