

Introduction

Nottingham Crime and Drug Partnership (CDP) delivers National strategies and objectives, at a local level in order to address the significant, wide ranging and costly impact of problematic drug use in Nottingham. The Partnership will ensure local implementation of the Coalition's new Drug Strategy, released 8th December 2010.

Each year the Partnership produces the Adult Drug Treatment Plan which sets out how the partnership will deliver continual improvements to drug treatment provision in order to contribute to the delivery of the wider drug strategy and key partnership targets.

The plan takes recommendations from an annual Drug Treatment Need Assessment which sets out the needs of drug users in Nottingham, emerging trends in drug use and where there are gaps in provision.

The plan supports the partnerships objectives to reduce the harm caused by substance misuse and facilitate real and lasting positive gains for individuals, families and local communities.

Further to this, Nottingham has undertaken a review of local drug treatment provision, generating recommendations for improvements across both treatment systems. These recommendations have been used to develop a new model and implementation plan for 2011 drug treatment in Nottingham.

The main findings

The size of Nottingham's PDU (problem drug use – heroin and crack) is relatively large, Nottingham has a higher than National average Problem Drug User (PDU) prevalence rate per 1,000 of the population in England (14.21 per 1000 compared to 9.41). The city's PDU prevalence is second highest in the region behind Derby. This has changed from 2007/8 when Nottingham had the highest rate in the East Midlands.

Nottingham's Problem Drug Using estimate has reduced significantly from 4020 (2004/5) to 3065.

According to the Home Office prevalence 2008/9 breakdown, the majority of the 3065 PDU's in Nottingham use opiates. The research estimates that 2519 individuals use opiates, equating to 82% of the overall PDU population (a drop of 3% on previous years).

The prevalence rate of opiate users in 2004/2005 per 1,000 of the population (aged from 15 to 64) has also dropped from 17.62 to 11.68.

1950 individuals, 64% of the PDU population, are estimated to use crack (reduced from 70%). The prevalence of crack users per 1,000 of the population (aged from 15 to 64) is has also reduced from 14.45 to 9.04.

The fact that we have seen a reduction in rate and proportion of PDU population across both heroin and crack shows that use has reduced and those using both opiates and crack have also reduced.

It was previously estimate that the 69.4% of PDU's were under 35, this has reduced to 64%.

Further to this, the average age of clients in treatment (especially for heroin) is increasing, confirming the finding from the 2003/4 epidemiological study which reported that **the heroin and crack using population is getting older and stagnating.**

“There are not many people new to PDU. New people are mainly doing legal highs, alcohol and lots of cannabis. The profile has really changed. The same clients are just going round the revolving door, getting older.”

There has been a 50% increase in the numbers in structured treatment since 2003/4.

Year	No. In Structured Treatment	Local Delivery Plan Target	% Change on Previous Year
Baseline Year 2003/4	1,519	N/A	
2004/5	1,656	1,702	+ 12%
2005/6	1,967	1,792	+ 16%
2006/7	2,144	1,971	+ 8%
2007/8	2,173	2168	+1.4%
2008/9	2,221	N/a	+2.29%
2009/10	2,273	N/a	+2.34%

As with previous years, the 2010/11 Need Assessment confirms that, clients with certain demographics are less likely to engage with the structured drug treatment system. Clients less likely to engage with structured treatment and therefore less likely to have effective outcomes, includes:

- Those under 25 years of age who tend to be using 'other' (non-PDU) drugs
- Stimulant users – although there have been some significant inroads made with cocaine users.
- Users from Black and Minority Ethnic backgrounds
- Criminal Justice clients, such as Drug Intervention Programme and Drug Rehabilitation Requirements
- There is also on-going anecdotal evidence that suggests a disproportionately low treatment presentation rate for women.
- There are a higher proportion of males accessing needle exchange than structured treatment.
- There is a cohort of injecting drug users who access needle exchange and drop in's who do not progress through to Structured Treatment. These individuals will not be receiving the same level of intervention and therefore less likely to move towards recovery and re-integration.

Nottingham has seen a change in the profile of those accessing treatment which is in line with the changing drug use:

Substance use

- Nottingham has a lower rate of heroin use reported at the start of treatment; 14% lower than the region and 12.7% lower than the national population in treatment.
- Nottingham continues to have a higher prevalence of crack use reported (29.5% compared to 17% regionally and 24.8% nationally).
- Nottingham also has a higher proportion of clients reporting alcohol use (56.4, compared with 48.9% regionally, and 47.6% nationally).

The majority (60.34%) of the in-treatment cohort is in, primarily for opiate dependence (58.19% illicit heroin + 2.15% 'other' opiates). This represents a total reduction of 1% on the total opiate-using cohort from the last financial year.

The total Cocaine in-treatment cohort has grown by 9.2%. Cocaine is split between Cocaine Powder and Cocaine Freebase (Crack). Treatment episodes for Cocaine Powder have increased proportionally by 14.7%, while Crack has only increased by 2%.

Gender

- During 2009/10 76% of those who accessed structured treatment were male.

There is a different gender split across reported drug use. In particular, there were a smaller proportion of women reporting cocaine use.

- There were a higher proportion of males across all drug use in Drug Intervention Programme, particularly that reporting cocaine use (92%).

“The stability of treatment offers the opportunity to look at other things in life, in particular the things that slide during the chaos of drug use – dental problems, blood borne viruses, debt and welfare etc.”

Ethnicity

Of all those in treatment during 2009/10:

- 80% were White British. For those using heroin, crack, amphetamine and benzodiazepines the proportion who were White British were higher.
- There were higher proportions of Black/ Black British reporting cannabis, cocaine, crack and other drug use rather than heroin use.
- The highest proportions of Asian/ Asian British were found in in other drug and cocaine use.
- There were higher proportions of Black/Black British clients who used crack and cocaine in DRUG INTERVENTION PROGRAMME and Integrated Drug Treatment System and a significant proportion in Integrated Drug Treatment System that reported other drug use (18%).

Age

- 19% were under 25, 40% were 25-34 and 41% were 35-64.
- There is a significant difference in proportion of under 25's accessing Drug Intervention Programme and Integrated Drug Treatment System, where 36% of those accessing Drug Intervention Programme were under 25 and 32% in Integrated Drug Treatment System.
- Of those accessing drug treatment the vast majority of non-heroin and crack users are 15-24; 45% cannabis use and 34% of cocaine use is reported is by this group.

Homelessness

- 87 of the clients in structured drug treatment reported having an urgent housing need; this is an increase of 7 individuals on the previous year (increase in 1%).
- 146 reported having a housing problem which is an increase of 6 individuals on the previous year.
- 22.5% of clients in treatment reported an acute housing problem which was higher than the region and national (18%, 19%)
- There was also a reduction in the number of clients seen in the Drug Intervention Programme who reported living in hostel accommodation. This correlates with the introduction of the Gateway.

Education Training and Employment

- A lower proportion of clients reported paid work (12.5%) than the region (15.8%) and National (16.1%).
- A higher proportion were in education (4.9% compared with 3.1% regionally and 2.9% nationally). This may be due to the Nottingham having a high level of students through the 2 universities.
- 88% of the clients the Drug Intervention Programme who tested positive for heroin only were NEET, Those testing positive for cocaine only had a 72% level of NEET and those testing positive for both had a 92% level of NEET.

Parental use/ family

- 23% of those starting a new treatment journey during 2009/10 had children, this equates to 205 parents/guardians.

Currently Injecting

- Of those starting a new treatment journey during 2009/10 19% were currently injecting, this is a reduction of the previous year of 21% and 2007/8 of 25%.

“When there is a lack of stable housing makes recovery almost impossible and training and employment opportunities give me something to aim for.”

Recommendations for Commissioning

Changes in the national & local context:

Since the development of a new model for drug treatment, there have been significant changes in the local and national context, including: refresh of the CDP Board's strategic vision and high level outcomes in relation to treatment, changing local need in relation to drug use and a new government and changing national landscape.

These changes demonstrated that the original review of the current treatment system and resulting recommendations were still applicable, but the proposed model for a new drug treatment system required refreshing.

The model and implementation have been refreshed, identifying the most effective way to deliver the recommendations of the review within the current climate.

This year's need assessment and implementation plan include the following recommendations for commissioning:

Key Recommendations

The CDP will work towards a three year commissioning strategy to deliver the review through implementation of the new treatment system model. The three year commissioning strategy's priorities are:

- Streamlining routes into treatment
- Delivering interventions in line with clinical guidelines
- Providing treatment options relevant to local need
- Developing stronger, more efficient care coordination
- Developing integrated care pathways to create clear and effective pathways of care
- The workforce will be developed to promote a culture of ambition and a belief in recovery.
- Provide a clear framework to communicate to partners; supporting improved joint working, joint commissioning and communication
- Provide a clear framework to share with stakeholders who were involved in the review (including service users and carers) to evidence how the review will be progressed and the new model implemented

- To improve governance across the whole treatment system through implementation of a robust clinical governance framework focused on minimum standards, roles and responsibilities and information pathways. This will include safeguarding.
- To support delivery of an effective and efficient treatment system through a skilled and motivated workforce, setting clear minimum standards of workforce competence and core skills.
- To support further integration of the client care pathway (current and future) through refresh of the local Standard Assessment Framework, integrated information systems and information sharing.

*Recovery is an individual,
person-centred journey
involving three
overarching principles of
wellbeing, citizenship and
freedom from dependence,
with the ultimate goal of
enabling individuals to
become drug free from
their dependence.*

2010 Drug Strategy

Integrated Drug Treatment System

In March 2010 HMP Nottingham changed status from a local remand prison to a community prison. An extensive building and development process increased the population from 550 to 1060

The advantage of a community prison over a remand prison is that the prison population will remain fairly stable; prior to the change the average stay in HMP Nottingham was 28 days. This figure is based on releases, remands being given community orders and transfers to training prisons. The community prison offers stability for prisoners; short sentences (under 12 years) remaining in HMP Nottingham for the whole of their sentence and those on longer sentences returning to HMP Nottingham three months prior to discharge. This increases the opportunity to engage all prisoners who present with a substance misuse problem at some stage during their sentence and it increases the chance to commence community intervention prior to release.

By quarter 2 2010 the population of HMP had increased significantly and there were 1232 (these will include all prisoners, not just Nottingham City) new receptions during that quarter. Of these 22% (276) were identified as needing treatment and 193 (70%) of these were heroin and/or crack users. 140 went on to engage with CARAT workers, which means 53 PDU's (30%) did not access the psycho-social interventions provided by the CARAT teams.

The local female population is still served by HMP Peterborough. The proximity of HMP Peterborough to Nottingham creates numerous risks for the female prisoners; the main risk with regard to engagement is that female prisoners can be dispersed across the country post sentence and only those who were in contact with drug treatment support pre-sentence will receive a service in Prison, because of the location it is financially not viable to offer a regular in-reach service to prisoners from Nottingham CJIT.

In quarter 2 HMP Peterborough had 407 new receptions (these will include all prisoners, not just Nottingham City), of which 157 (39%) were identified as needing treatment. The 84% of these were heroin and crack users, which is a much larger proportion than the Men's Prison. Of those needing treatment 125 engaged with CARATS, which leaves 32 (20%) not receiving psycho-social interventions.

- To locally commission Integrated Drug Treatment System as a separate entity rather than a part of healthcare
- To agree local targets to measure performance and accountability
- To ensure that all staff involved in the delivery of Integrated Drug Treatment System are trained to a standard that is equivalent to their community counterparts.
- To ensure that a robust governance mechanism is in place to report to the commissioner