



CROYDON DAAT

ASSESSMENT OF LOCAL NEED

FOR ADULT SUBSTANCE MISUSE SERVICES

Context and Executive Summary

January 2007

Croydon DAAT
Croydon PCT (Public Health)
Croydon Council (Community Safety)



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1. INTRODUCTION

Consultation

Croydon Drug and Alcohol Action Team (DAAT), working closely with Public Health at Croydon Primary Care Trust (PCT) and the Community Safety Unit in Croydon Council has undertaken an assessment of local need of substance misuse clients and those affected by someone's substance misuse across the borough. The purpose of this is to inform the commissioning process for the next year, i.e. 2008-2009 and the development of the 2008-2009 Adult Treatment Plan. In addition this work will contribute to other local strategies and plans, *i.e. the Drug and Crime Audit*. A short-term working group – The Expert Panel – was re-convened to oversee and steer the work and review and comment on the findings.

Data

This needs assessment has used a variety of data sources, such as NDTMS data which has been analysed by the DAAT Data Team, information from Public Health, Health Protection Unit, and the Community Safety Department. It also includes intelligence gathered from previous work undertaken such as the Harm Reduction Strategy, Diversity and Outreach strategy, a housing and aftercare needs assessments which were undertaken in 2007.

As information on drug misuse is available from a variety of different sources, it should be noted that some discrepancies in some of the figures quoted may occur. For example NDTMS does eliminate 'double-counting' but when mapped against Tier 2 activity it is difficult to ensure that there is no repetition in the number of clients. Problems have also been encountered when mapping NDTMS data to that collated by the Home Office DIR web data base.

In addition in recent months the DAAT has become aware of a number of data quality issues regarding NDTMS reporting and therefore cannot solely rely on data supplied to NDTMS for the period in question i.e. April 2006 to March 2007. In recent months the DAAT has worked intensively with providers to improve data quality and as a result data refreshes have been carried out. It is therefore wise to consider this fact when reviewing the data in this local needs assessment, which was mainly based on 06-07 NDTMS data.

2. CONTEXT

This 2007 Local Needs Assessment is seen as an addition to the Needs Assessment conducted in December 2006 and some of that data is still applicable or unable to be updated. The Strategic Review of Services carried out in 2005 was another comprehensive piece of work which has also contributed to the DAAT's knowledge of local need for adults and young people. There were many recommendations from the Strategic Review, some of which were prioritised for the 2007-08 Plan and others such as the provision of aftercare and peer led support provision for service users will be priorities in the 2008-09 Treatment Plan.

In looking at local need for services during 2008-09, the DAAT have focussed on diversity issues and geographical location of need. The DAAT wish to ensure that 'diversity' is embedded in treatment service delivery and that services recognise and respect the needs of individuals. It is important that services are always aware of the changing needs of Croydon in terms of diversity and value the contributions made by people from different backgrounds or with different experiences or perspectives.

In the 2007 the DAAT have continued to take 'ownership' for analysing the need of individuals in Croydon with alcohol- related issues and as such have included information from the PCT and the Safer Croydon Partnership. This year the DAAT have been required to undertake a separate Young Person's Local Needs Assessment and this will be submitted separately.

In summary, from recent analysis, a local need has been identified for:

- Improved outreach to engage with those hard to reach problematic drug users (PDUs) not known and not engaged with Treatment Services. (Recent data, received too late for inclusion in this LNA, has indicated a smaller proportion of PDUs – however it is still important that we strive to increase our penetration into this cohort of people)
- Improved access to and retention of clients in treatment
- More planned discharges and people successfully completing treatment
- A greater number of seamless referrals to structured treatment
- Continued floating support /accommodation for the homeless drug users.
- Improved harm reduction initiatives and better recording of existing HR work
- Improved links to services for children.YP, families, carers and significant others to take forward the Hidden Harm Agenda and transitional arrangements for YP. If funding allowed, a family support worker.
- Continued support for clients in the criminal justice system around rapid access to treatment
- Better aftercare services, i.e. improved relapse prevention across the partnership, peer-led aftercare groups and a drug-alcohol free environment for evenings/weekends
- Better infrastructure and administration for services – efficiencies will be needed as funding is unlikely to be increased

3. EXECUTIVE SUMMARY

- Croydon is the largest London borough with a population of 337,000.
- Croydon has a large Black and Minority Ethnic (BME) population 40% compared with 42% in London and 15% in England.
- The age profile is slightly younger the national average and Croydon has more 10-17 year olds than other London boroughs.
- Croydon's numbers in treatment YTD figure for 2006-07 was 1256 of which 509 were new presentation but only 63% of the 509 were retained for longer than 12 weeks. Retention is key to effective treatment and has been treated as a priority and will continue to remain one.

- Data for 06-07 shows that 29% of the people treated for substance misuse were women, which is an increase of 3% on 05-06 figures. National Treatment Agency (NTA) data estimates that 18% of problem drug users are women. Therefore Croydon appear to be doing well in this area although participation in the women's only groups has not had such a good uptake in the current year.
- Primary Care data analysed by Public Health revealed that GPs recorded 200 people had presented with a Drug Dependence (including 88 for opiate use) compared with 286 who presented with an alcohol dependence. When analysing the NDTMS treatment map it appears that the Community prescribing service only received 9 referrals from GPs. One of the reasons for the discrepancy could be that clients present at the self referral open access clinics and do not reveal that their GP had referred them to attend the Service at Crosfield and engage in treatment.
- Prevalence data indicates that Croydon has 3096 problematic drugs users (PDUs). However its penetration rate is only 26% (06-07) and is one of the lowest in London. Initiatives to improve this must continue to be implemented. Concern has previously been raised about the methodology for calculating this PDU; as it was a huge jump from previous prevalence estimates of 1480 (Hickman Fisher 2005). However, unless Croydon have evidence to challenge the University of Glasgow's estimates of PDUs, the DAAT must accept and work with this figure.

NB Recent data, received too late for inclusion and revision in this LNA, has indicated that the PDU has changed to 1975 (a drop of over 1000). However, the DAAT must aim to improve penetration into its PDU population in order to achieve its KPIs.

- Croydon have a high number of young people and analysis of the drug profile for over 18 year olds is 18% are primary cannabis users. Croydon DAAT need to be confident in that a) data is correct and b) that we have the appropriate services for this cohort of people and that preventative treatment / initiatives are available to prevent escalation into problematic drug use.
- Croydon's retention of clients in treatment is very poor (slightly increased from 63% to 67% now) compared national and regionally. Considerable efforts have been made to improve this but progress will be slow because of the methodology used to measure this KPI. Continued efforts are being made by all to improve this KPI over time.
- NDTMS prevalence estimates indicate that Croydon have 860 injecting drug users using opiates or crack cocaine. Local data shows that in the Year 06-07 year approximately 300 Injecting Drug Users (IDUs) per quarter contacted Needle Exchange facilities. For the 07-08 Treatment Plan it was predicted this would be 340 plus. After removing duplicates in the data provided by Community Needle Exchange Scheme, the number of clients for 06/07 indicates 560, although it should be remembered this could be an inflated figure due to incomplete and inconsistent information supplied by users to the Pharmacists to retain their anonymity
- There is increasing evidence for the need to improve delivery of Harm Reduction initiatives especially around Blood Borne Viruses, particularly HCV. Reporting on this aspect is poor, and evidence is needed that work is being delivered by services. The DAAT has a harm reduction strategy with an action plan to raise

awareness of Hepatitis C and other BBV through training, ensuring this is high on everyone's agenda.

- NDTMS shows that planned discharges /successful completions are very low – out of 279 discharges, 224 were unplanned and only two services reported as having planned discharges. Better recording is needed of actual discharges as well as implementation of the DAAT's policy on Planned Discharges to enable us to improve performance which is now linked to future funding.
- Service User and Carer involvement is well developed in Croydon and we need to ensure this is sustained and embedded in strategy as well as service delivery across all service.
- There are now stronger links between the DAAT and the Safer Croydon Partnership and this will help ensure that information is shared and each department benefits from a more co-ordinated approach to the crime and drugs strategy. More data from the Safer Croydon Partnership "Croydon strategic Assessment of Crime" will be included at a later date when available.
- From Drug Intervention Programme (DIP) data it can be seen that the typical DIP client is a white male between 25 and 34 years. There were a higher number testing positive for cocaine than opiates or opiates/cocaine
- The major offence for those testing positive was theft, followed by burglary and possession of a Class A drug.
- Analysis of drug test results by ethnicity showed an interesting finding. There was a higher proportion testing negative compared to those arrested in the Black Caribbean, Black African and Black other categories, than in the White British category where the majority of those tested proved to be positive. Thus the DAAT will be carrying out further analysis to look at ethnicity of those subsequently charged and with what offences.
- From DTR data it appears that 717 tested 'positive' for drugs and out of those only 110 entered structured treatment. Again this is likely to indicate an unmet need in that the majority third of Criminal Justice clients are not being seen by treatment services, despite all the incentives to do so. If assertive outreach were being delivered this would undoubtedly increase the engagement into treatment for these clients.
- Three separate needs assessments carried out within the year have identified a need for better services around aftercare and recommended that this should, where possible, be user led. It also recommended that the DAAT continue to invest in services to support services with their housing needs and also provide education, training and employment opportunities to Services Users.

Announcement of the recent allocations of Pooled Treatment Budget funding will mean that some tough decisions will need to be made around priorities for future commissioning of drug treatment services. Thus this LNA will be a useful tool to aid these discussions and subsequent decisions.