Tower Hamlets Substance Misuse Needs Assessment 2014/15

Data Update

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1 Executive Summary

Overview
Conducting a Substance Misuse Needs Assessment is important to treatment planning and commissioning as it reviews service demand, offers comparison to relevant regional and national baselines and assesses local partnership performance over time.

This needs assessment has reviewed the needs of the Tower Hamlets' substance misusing population to support the Drug and Alcohol Action Team (DAAT) and its wider partnership to respond to future treatment demand.

The Partnership has reviewed the existing treatment services since completing the last Substance Misuse Needs Assessment in March 2014. Since then, the process of re-procuring the drug and alcohol services in the borough has started and the tender was published on the 1st July 2015. In the context of the re-procurement exercise, this needs assessment provides an update of key data sets, reviews demand and discusses recent changes and new emerging trends in the borough. This needs assessment contains a wealth of data that should help contextualise and define services after the completion of the re-procurement process in 2016.

This needs assessment includes data based on the new PHE / NDTMS drug categories which were introduced in 2014. The document includes the new PHE Needs Assessment data set and acts as the evidence base for the future Tower Hamlets Substance Misuse Strategy.

Impact of commissioned substance misuse services
There are a range of performance highlights and data trends which have emerged from the borough's treatment system. The key impacts of commissioned services are:

- Tower Hamlets has a ***prevalence rate*** of ***18 per 1,000*** aged between 18 and 64 ***OCUs***, 16 for opiate users, 15 for crack users and 4 for injecting drug users. Rates significantly higher compared to the London and National averages.
- There are estimated to be ***3561 OCUs***, 3047 opiate drug users, 2955 crack users and 773 IDUs in the borough. ***Prevalence estimates*** suggest that ***numbers are increasing*** compared to the last two years.
- Around 47% of OCUs, 42% of opiate and 53% crack users are not engaged with treatment services.
- ***OCUs*** in effective treatment make up almost the entire ***treatment population*** in Tower Hamlets (nearly ***85%***).
- Tower Hamlets has seen a downward trend in the number of ***clients in treatment***, from 2,763 in 2010/11 to 2,189 in 2012/13. However this ***trend*** has been slightly ***reversed with 2,212 clients in treatment in 2013/14***.
- In 2013/14 there were 732 new entries into drug treatment; 2,086 people in treatment

and 611 people exiting the treatment system

- ***Largest treatment providers*** with the highest volume of clients were ***CDT Lifeline*** (883), ***THCAT*** (620), ***Tower Hamlets Specialist Addictions Unit*** (338), ***Health E1*** (264) and ***NAFAS*** (184)
- ***OCUs*** in treatment have ***fallen slightly*** by 1.6% over the past three years
- The number of clients citing opiate use fell by 9%, from 1,096 (2011/12) to 993 (2013/14). Those citing the use of ***crack dropped at a much faster rate*** (15.7%).
- ***Cocaine users*** in treatment ***increased*** by 29% between 2011/12 and 2013/14. ***Cannabis use increased notably*** by 5%.
- ***More clients dropped out*** of treatment ***than leaving in a planned way***. Around 181 (30%) of all clients left drug treatment in 2013/14 in a planned way, successfully completing treatment. However, 222 (36%) left in an unplanned way and dropped out.
- ***Women are under-represented*** in treatment in the community (at 20%). The rate is below the London and National rates. Considerable numbers of female needle exchange users indicate unmet demand.
- ***Both PHOF targets*** (2.15 a & b): Non-representation back into treatment of opiate / non opiate clients who successfully completed treatment ***are improving***.
- As a percentage of the numbers in treatment 6.8% opiate clients successfully completed treatment compared to 7.6% national average. However, successful completions are improving after very low rates back in September 2013 (5.1%).
- ***Successful completions rates of opiate clients*** decrease from ***11% in the first year*** of treatment to only 3% after 6 or more years of treatment.
- ***Successful completion rate for alcohol*** users ***dropped*** to around 20% in 2013/14, around half of the national rate.
- Estimates indicate that a total ***of 9,878 residents are high risk drinkers***, and 17,652 consume alcohol at binge drinking level. The contrast between those estimated to have alcohol problems and those in treatment is great.
- ***Alcohol Only admissions*** to the treatment system have ***decreased*** between 2013/14 and 2014/15 in Tower Hamlets by 11%.
- ***Less alcohol only clients*** were in treatment with ***lower*** numbers of ***successful treatment outcomes*** and increasing numbers of unplanned exits.
- Alcohol is an ongoing concern locally, reflected in alcohol related incidents, hospital

admission and high numbers of Audit C positives across the partnership.

- ***Hospital admissions*** with alcohol related conditions (Narrow definition) are ***slightly decreasing*** in the bough. The decrease is based on lower numbers of male admissions.
- Alcohol related ***Ambulance callouts*** peaked in 2010/12 and have ***decreased*** over the last 4 years. However, high numbers of call outs originate from the Spitalfields & Banglatown, Bethnal Green, Whitechapel and Weavers areas.
- Tower Hamlets had the 8th highest rate of recorded crime attributable to alcohol, greater than London and England.
- ***Alcohol related Violent Crime rate*** in Tower Hamlets is higher than London and England and currently the ***4th highest in London***.
- High numbers of Audit C positive completions in local GPs indicate a high unmet alcohol related need in the borough.

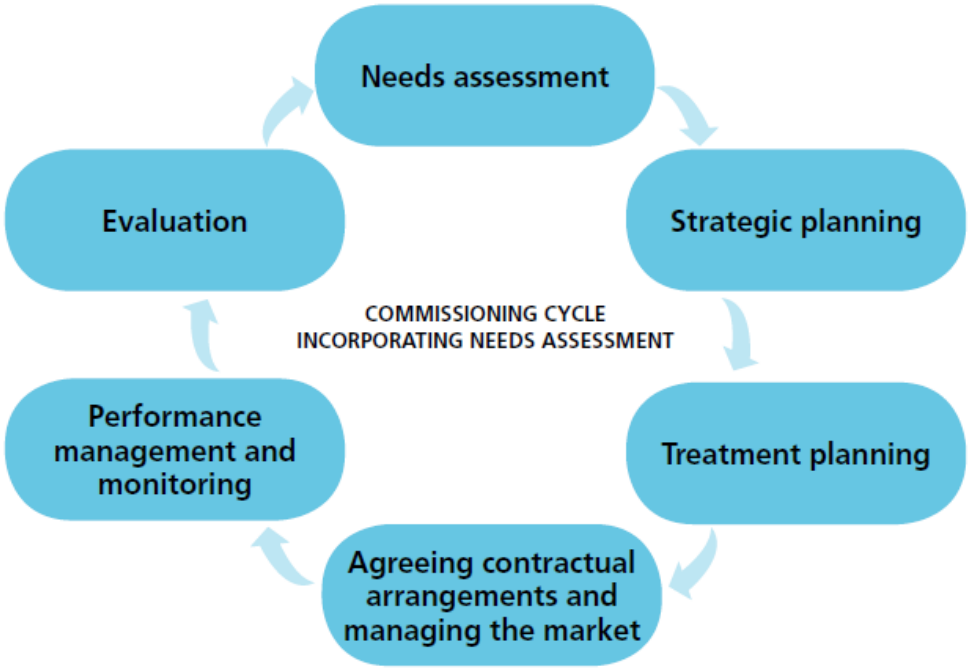
Key issues emerging from the assessment

- Successful completions for drugs are increasing but further improvement is needed.
- Alcohol successful completions need to improve and unplanned exits need to decrease.
- Treatment compliance remains a challenge across the treatment system. Important work is already going on to reduce the numbers of alcohol unplanned exits as some of the low rates are down to poor data recording by some provider.
- Re-presentations have improved but attention to re-presentation remains critical to maintain positive trends.
- There is further potential for additional treatment entries / new presentation as some services are not operating at full capacity.
- Supplementary alcohol data indicates persistent high need for alcohol outreach and treatment need.
- High levels of client's complexity and diversity within the system remain a key characteristic and challenge.
- Relative low number of females and young adults in treatment remain crucial challenge.
- Around 85% of the boroughs drug treatment population were OCUs. In addition, an increase of cannabis and cocaine using clients has been noted.
- Successful treatment of non-opiate clients should remain a key focus and to be advanced further.

2 Introduction and context

A Substance Misuse Needs Assessment is an essential part of the treatment planning and commissioning cycle. In effect a needs assessment reviews the baseline demand for services in a local area, offers comparison to regional and national figures and assesses local partnership performance over a given period.

Chart 1: Commissioning Cycle (Commissioning for Recovery NTA 2010)



The commissioning of all adult substance misuse treatment provision is co-ordinated by Tower Hamlets DAAT and is based on an analysis and understanding of local substance misuse needs which informs the boroughs treatment priorities.

Tower Hamlets Substance Misuse Strategy
The existing strategy was developed in partnership between London Borough of Tower Hamlets, NHS East London & the City, the Metropolitan Police and the London Probation Service. The original Tower Hamlets Substance Misuse Strategy 2012 to 2015 has been recently extended to March 2016. This needs assessment will inform the new Substance Misuse Strategy which will be developed by 2016.

The existing strategy relies on a 'Three Pillars Approach', addressing:

- **Prevention and Behaviour Change**: including information, education, support to parents, health messages and communications
- **Treatment:** through screening and identification, assessment and care planning, effective treatment, after care and reintegration

- **Enforcement and Regulation**: including dedicated drug task force, integrated offender management, 'Dealer a Day' operations and licencing enforcement

The strategy sets out the broad framework for the drugs and alcohol intervention across the borough and identifies a range of priorities that address the themes listed above. The coordination of these functions makes the strategy a direct responsibility of Drugs and Alcohol Action Board and the day to day management within the safer communities' service in the Council, through community safety, licencing and the DAAT.

In addition, all providers are responsible for delivering drug treatment within the context of the National Drug Treatment Strategy to deliver increases in those:

- reducing their drug and alcohol misuse and those achieving abstinence
- reducing their offending, including repeat offenders
- improving health and well being
- reintegrating with education, training and employment, housing & other services

In 2013/14 the treatment budget was £9.5m (based on the Pooled Treatment Budget and Council and PCT Funding, it does not include young people's services). This included the borough's Tier 1-3 Treatment provision, DIP, Drugs and Alcohol Tier 4. In April 2013 all funding was transferred to the borough and all contracts novated to the DAAT. Now all borough substance misuse services are entirely commissioned and/or delivered by LBTH via the Drug and Alcohol Action Team (DAAT), the Drug Interventions Programme (DIP) and Children's Commissioning with annual funds for the DAAT (and DIP) in the region of £9.5m for 2013/14 which is derived from two funding streams:

- PH Grant (£8.8m which includes £865k for DIP) and
- Mayor's Office for Policing and Crime (MOPAC) (£613k for DIP).

Many of the contracts managed by the DAAT have been historically 'rolled over'. The last Needs Assessment noted the priority to start a re-procurement process to ensure that the contracts held by LBTH are set in line with the borough's procurement priorities. This re-commissioning process has now started and will be completed by March 2016.

At the time of the completion of this document, the re-commissioning process had just started and the Substance Misuse treatment provision in Tower Hamlets is still delivered through the following range of Tier 2 and 3 providers as set out below:

- **Tower Hamlets Community Drug Team (CDT):** Providing advice and information; substitute medication for heroin addiction; key work and group work; nurse appointments for healthcare assessments, testing for HIV, Hep B, C and immunisation and other services; including assessment for accessing inpatient detox and residential rehabilitation services. A range of Tier 2 services from advice and information, through harm reduction, needle exchange and general drug safety.

- **Specialist Addiction Unit (SAU):** A multidisciplinary service which provides structured drug treatment to adults with complex drug related needs, aside from these more focused psychosocial interventions the service also provided needle exchange and low threshold prescribing.

- **ISIS (women's service):** Working with women over 18 and providing advice and information; one-to-one counselling; key work; substitute medication for heroin addiction; needle exchange; nurse appointments for healthcare assessments, testing for HIV, Hep B, C; sexual health advice; parenting support and immunisation and other services; including assessments for inpatient detox and residential rehab.

- **Health E1 Homeless medical centre:** Medical centre for patients who are street homeless, in hostels or in other temporary/unstable accommodation in Tower Hamlets. These patients are offered full GP registration at the surgery. Primarily a general practice health service/out patient service– not a substance misuse service. In addition they provide additional services to other practices though needle exchange for patients.

- **NAFAS:** Culturally sensitive 12 week day care programmes for drug users and their families including: support, aftercare, specialist addiction counselling, advice and fast-track referrals to specialist services.

- **Island Day Programme:** Structured abstinence-based day programme for drug and alcohol users following the 12 step model. The programme also offers one to one counselling and an aftercare programme.

- **Harbour Recovery Centre:** Men only residential detoxification centre for noncomplex (non-injecting) opiate users aged 18-65 years requiring detox, offering detoxification, group work programmes and counselling.

- **Tower Hamlets Community Alcohol Team:** Drop-in advice, information and assessments, community alcohol detoxification, group work, counselling, support for clients experiencing domestic violence and alcohol use, onward referral to further treatment and associated agencies, including residential detoxification/rehabilitation.

- **Changes programme (Rapt):** This treatment contract delivers group work targeting clients from the criminal justice system.

- **Shared Care Team:** Coordinated within the CCG supports the Shared care of substance misusers (predominantly Opiate) across Primary care settings in the borough. The Shared care team coordinates the Local Enhanced Services for Drugs, Alcohol, Community Prescribing, Pharmacists and the GPs with Special Interest who prescribe in treatment settings.

- **Drug Alcohol Intervention Team (DAIT, former DIP):** the borough's Drugs Intervention Programme coordinates the identification, assessment and referral into treatment for those emerging out of the criminal justice system. The programme makes referrals into treatment providers in the borough. The team includes Assertive Outreach, Criminal Justice workers, Prison Link Team, Integrated Offender Management, Treatment Referral, Restrictions on Bail and Court work, Arrest Referral Team.

- In addition there are several other contracts not highlighted in specific Tier 3 work but including:

    - Specialist Midwife,
    - Prison Link Team (sits within the DIP),
    - Dellow Centre Providence Row,
    - Nacro (Substance Misuse Link Intervention Service),
    - Mind THN – Somali Link Worker Project,
    - Blood Borne Virus (BBV) Team, and
    - Young People's Substance Misuse Service (Transitional programme)

It should be noted, that these arrangements are all subject to the current re-procurement and re-commissioning exercise in 2015/16 and will change.

3 Methodology

This Needs Assessment is based on a range of desk research and data analysis, and includes mainly secondary research. The main focus was to update the key data sets and understand any recent changes in treatment outcomes. This paper aims to establish a further understanding of treatment demand to inform future substance misuse intervention in Tower Hamlets. Because of the forthcoming re-commissioning of the current treatment system, this needs assessment was scaled back to focus on key issues only.

Recommendations and findings from the original Needs Assessment 2012/13 published in March 2014 are still relevant and valid. The original Needs Assessment includes information from in-depth qualitative research, service user and stakeholder engagement and should be read in conjunction with this data driven update.

The core data used to support this needs assessment is sourced from the National Drug Treatment Monitoring System (NDTMS) which is a monitoring and performance management system that produces the annual needs assessment data sets. The NDTMS data is used, to assess service need and performance and to support an understanding of treatment demand to inform substance misuse intervention priorities for the Tower Hamlets partnership.

Particular analysis sourced from NDTMS:

- Treatment mapping information including referrals and presentation to treatment, new treatment entries, those in effective treatment, treatment exits and successful completions,
- Partnership and provider performance,
- Profiles of treatment users and those in the treatment system, including age, gender, ethnicity, length of time in treatment, profile of drug used and client complexity.

Although, information derived from NDTMS is critical to this process, some of this is retrospective and therefore historical. Nonetheless specific trends can be established which provide strong indicators of future treatment service demand to inform our local priorities.

Additional partnership data was gathered and analysed supporting the findings of this assessment, which include:

- Prevalence of substance misuse in the community (OCUs only)[1],
- Alcohol Consumption estimates and Local Alcohol Profiles for England (LAPE),
- Needle exchange and supervised consumption data,
- Hospital Admissions (Drugs and Alcohol related),
- Drug offences crime data,
- Probation client information from Offender Assessment System (OASys), and
- London Ambulance callout and A&E admissions data.

[1] Problematic drug users classified by as those using opiates and crack places a disproportionally large burden on the substance misuse treatment services. The Glasgow University prevalence estimates used by Public Health England (formerly the NTA) set out the estimated number and prevalence rate of problematic drug use at local authority, regional and national levels. This needs assessment is using 2011/12 OCU estimates which is the latest available estimate from Glasgow University.

4 Analysis of NDTMS Needs Assessment Data

Local authorities are encouraged to conduct an assessment of need each year which is aimed at assessing the degree of met and unmet need. Public Health / NDTMS published in January 2015 the annual needs assessment data set which has been used to provide a large amount of information and evidence.

According to the PHE Alcohol and Drugs Team, the needs assessment should identify the following:

- What works in open access and structured drug treatment services and what unmet needs there are across the system
- Where the system is failing to engage and retain people
- Hidden populations and their risk profiles
- Enablers and blocks to treatment pathways
- Relationships between treatment agencies and harm profiles

Ideally, the needs assessment should be used by the DAAT Board to:

- Inform annual treatment planning
- Make evidence-based commissioning decisions
- Inform and develop the borough substance misuse strategy. This is especially important as DAAT is developing a new strategy by 2016.

By developing these areas, local authorities should develop a shared understanding of evidence-based need in relation to drug treatment services, to assist commissioning, treatment planning and the allocation of resources.

The information used in this section originates from the NDTMS data sets highlighting treatment engagement, trends and prevalence rates. This data has been used to develop and inform the treatment bull's-eye process and the treatment journey assessments – which are produced by NDTMS using a specified methodology to provide standardised assessments.

The Bulls Eye data will be discussed in the following section of the document. The main focus in this section is 'Drug only' data because the published NDTMS needs assessment data set focused on drugs but did not include alcohol data. Please note that this specific Needs Assessment data set covers the period to 2013/14 only. Additional data, more up to date will be presented in other parts of the document whenever available.

Please note that Alcohol data and supplementary information related to Alcohol will be discussed in chapter 8 of the Needs Assessment.

4.1 Drug Treatment Bull's-eye data

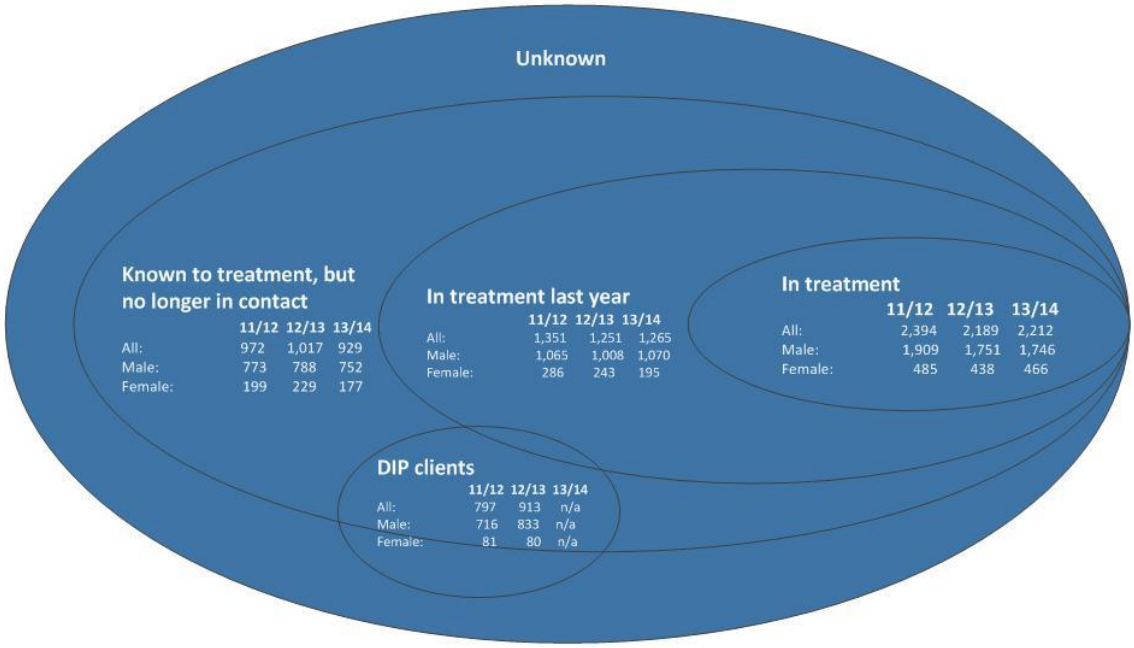
The NDTMS provides data which can be used to estimate the size of local unmet need and is displayed as a treatment bull's-eye (similar to a Venn diagram). The bull's-eye has four circles, each of which represent drug treatment populations between 2011/12 and 2013/14.[2]

4.1.1 All clients in treatment by gender

The chart below shows that between 2011/12 and 2013/14, Tower Hamlets has seen a decline in the number of clients in treatment (all drugs episodes). However, this trend appears to have been slowed over the last year as between 2012/13 (2,189) and 2013/14 (2,212) the numbers have slightly increased.

Similarly, the number of clients in treatment last year remained the same compared to 2012/13, with 1,265 in treatment last year compared to 1,251 in 2012/13. However, the number of users known to the treatment system but no longer in contact has dropped from 1,017 in 2012/13 to 929 in 2013/14.

Chart 1: All in treatment clients by gender profile 2011/12 to 2013/14



(Source: NDTMS Bulls Eye Data)

Unfortunately, the information about drug using offenders in contact with DIP but not with the treatment system is not available from NDTMS this year because the transfer of data responsibility from the Home office to Public Health in 2014.

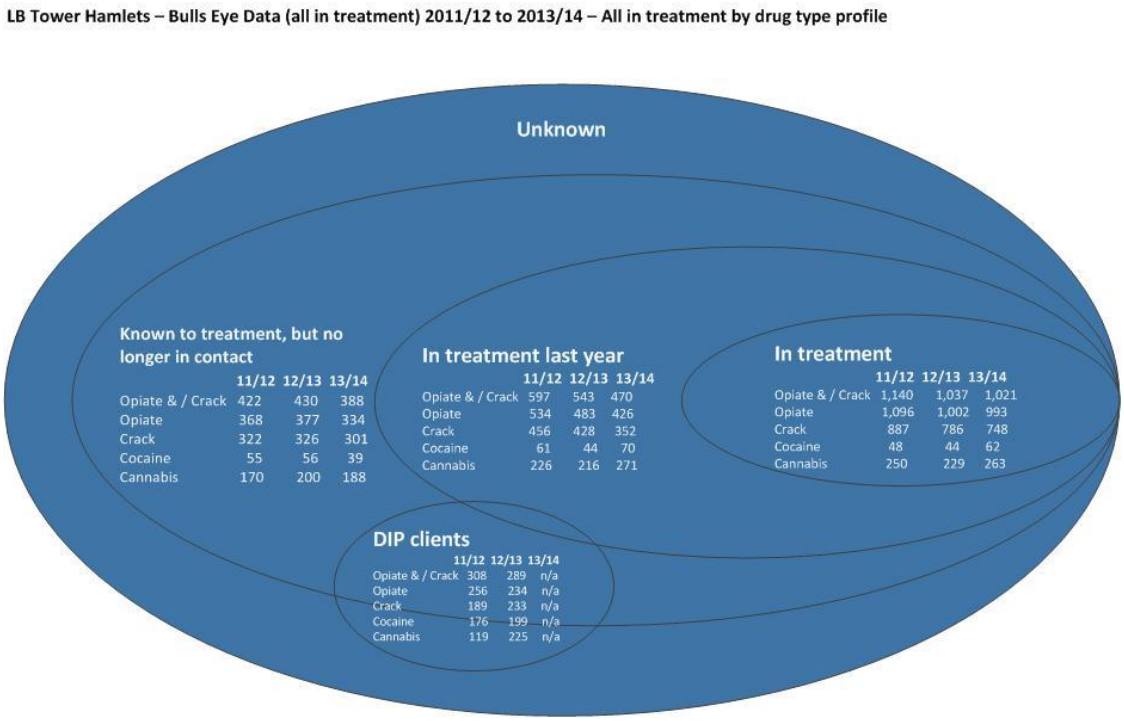
This means we cannot fully determine the number of those not accessing the treatment system. However, we do know that the number of those in treatment has slightly increased and those known to treatment but not accessing treatment has decreased, representing two positive trends in the borough.

[2] The data which generates the graphic represent the activities which treatment providers report as being delivered to clients resident in Tower Hamlets. This will largely highlight the work of the treatment providers in the borough. However, it will also include residents accessing services outside Tower Hamlets.

4.1.2 All clients in treatment by drug

The Bulls Eye chart shows the main drugs reported by those presenting to services (and would typically represent the most problematic substances used by them). In 2013/14 there were a total of 2,212 clients in treatment (all drugs episodes) of which OCUs made up almost half (46%). Together all opiate and all crack users represent around 85% of the borough's treatments system population.

Chart 2: All in Treatment by drug type profile 2011/12 to 2013/14



(Source: NDTMS Bulls Eye Data)

The number of OCUs has fallen slightly by 1.6% over the past three years, falling from 1,140 in 2011/12 to 1,021 in 2013/14.

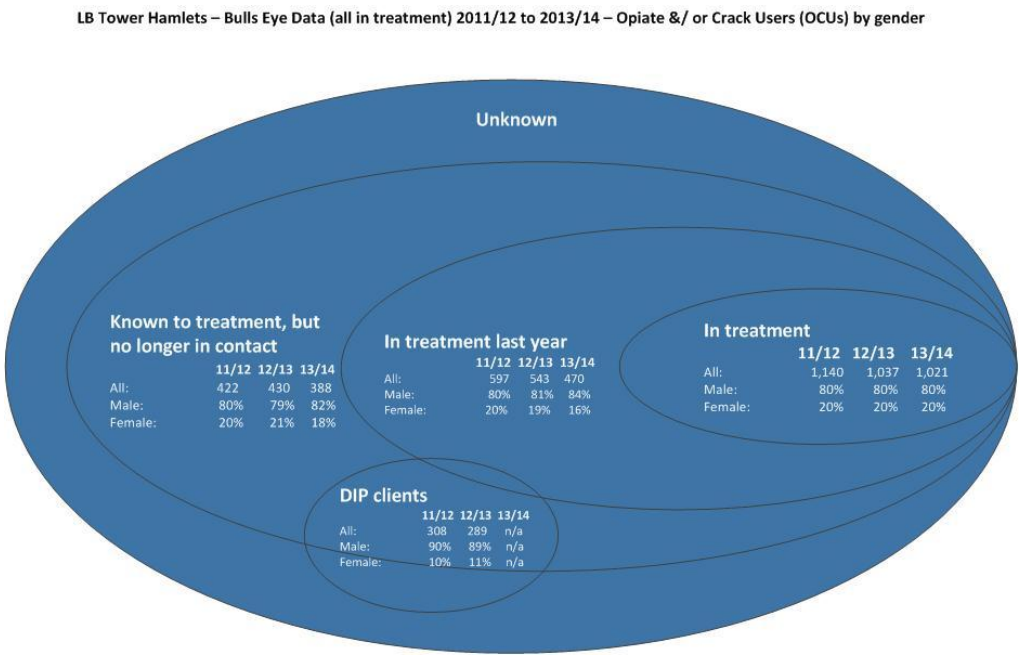
The number of clients citing opiate drug use fell even stronger by 9%, from 1,096 in 2011/12 to 993 in 2013/14. However, those citing the use of crack dropped at a much faster rate (15.7%) from 887 in 2011/12 to 748 in 2013/14.

A different trend emerged for those reporting cocaine, as numbers increased between 2011/12 and 2013/14 by 29%. Also, cannabis use increased notably by 5% to 263. The data reflects the work of providers targeting non-opiate clients and increasing offers to this client group.

4.1.3 Gender ratio of Opiate and or Crack users

Over the past three years, the male to female OCU ratio has remained consistently at 8:2 (20%). Female OCU presentation into treatment has been at this rate for some time without considerable change.

Chart 3: Opiate and/or Crack Users by Gender Profile 2011/12 to 2013/14



(Source: NDTMS Bulls Eye Data)

4.1.4 Ethnicity of Opiate and / or Crack users

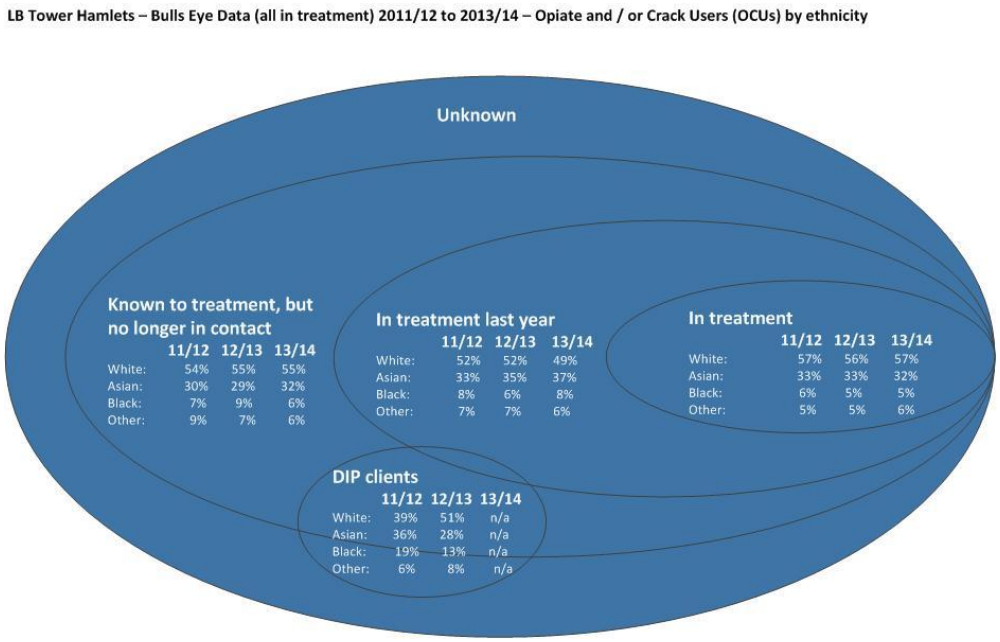
The data shows that in 2013/14 the majority of clients in treatment (57%) described themselves as White. Of the remainder, a third were Asian (32%) and 5% were Black with a similar proportion of 'Other' (6%). This ethnic profile has remained broadly consistent over the last three years.

These findings suggest that whilst strong effort have been made to ensure a representative ethnic profile in treatment, the 57% of White in the treatment system is still larger than the 51% in the total population estimate. However, the size of the Asian cohort is very similar to the overall size of this group in the borough.[3]

The Chinese make up 4% of the Tower Hamlets population but are currently under represented in the treatment population despite an increase in the population. The Chinese make up 0.1% of the treatment population.

[3] GLA Population estimate by ethnic group for 2014 published in 2013 – SHLAA capped population

Chart 4: Opiate and/or Crack Users by ethnic group 2011/12 to 2013/14 (Source: NDTMS Bulls Eye Data)



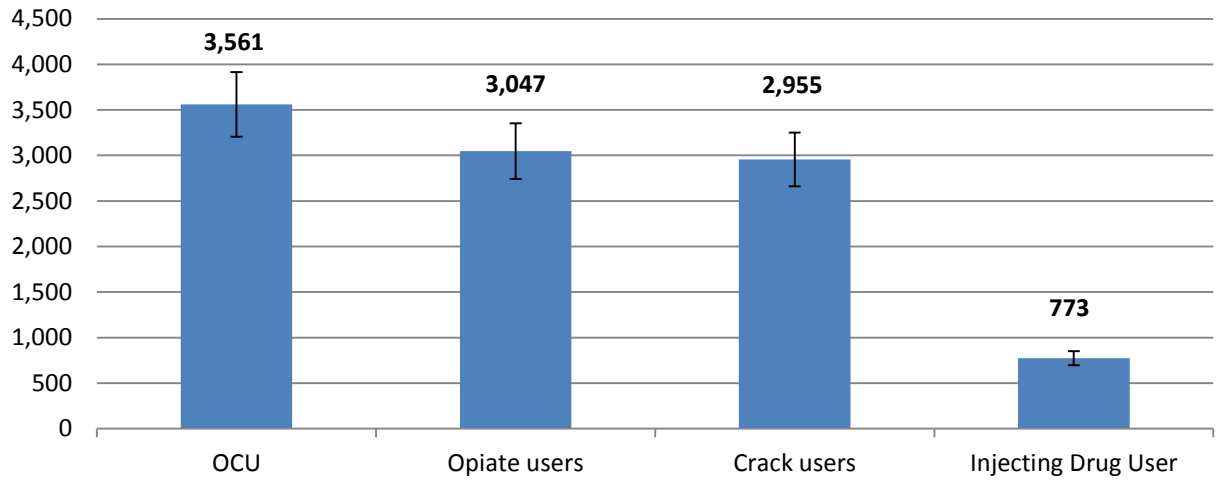
(Source: NDTMS Bulls Eye Data)

4.2 Estimating the number of problematic drug users

The chart below sets out the 2011/12 estimated number of problematic drug users in Tower Hamlets.[4] The estimate suggests around 3,561 OCUs; 3,047 opiate users; 2,955 crack users and 773 Injecting Drug Users (IDU).

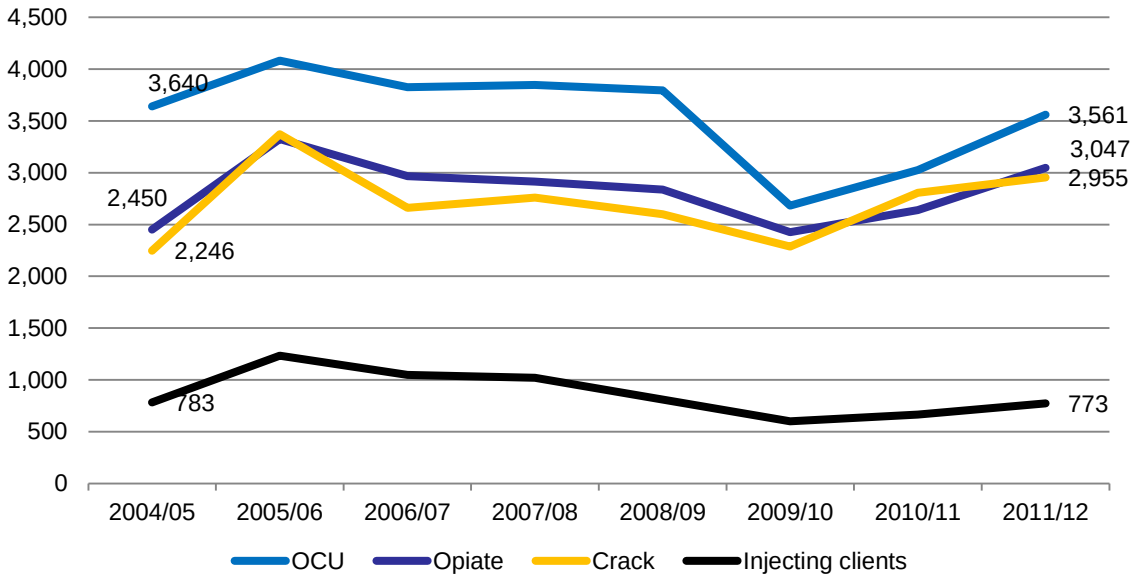
Compared to the 2010/11 estimates, data suggests that there has been a increase of users in all four groups. According to the estimates, OCUs increased by around 15%, close to the increase of opiate users (15.5%) and IDUs (15.9%). However, the increase of crack users was comparative small with 5.4%.

Chart 5: Estimated number of OCUs, Opiate, Crack and Injecting Drug Users 2011/12 (Source: Glasgow Prevalence Data)



[4] These estimates are the most recent estimates available and they include 95% lower and upper confidence intervals.

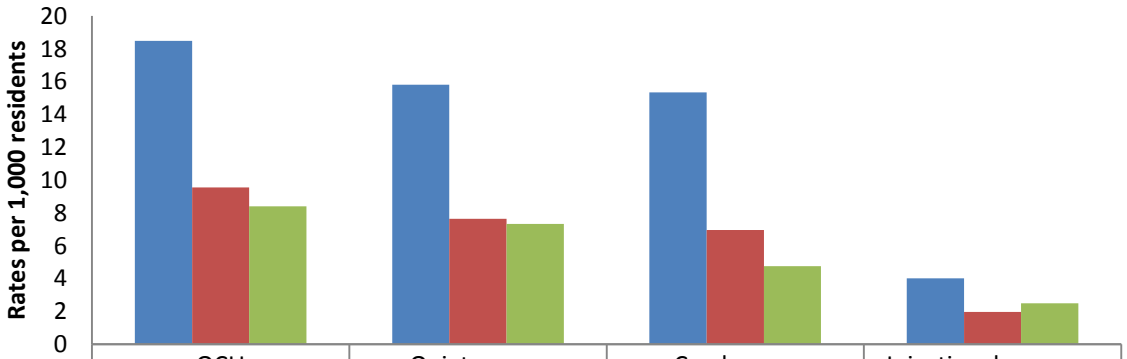
Chart 6: Prevalence estimates over time in Tower Hamlets by drug



(Source: Glasgow Prevalence Data)

The chart below shows the estimated prevalence rates per 1,000 populations in Tower Hamlets, London and England.[5] On all counts, Tower Hamlets had significantly higher rates compared to London and England with an OCU prevalence rate of 18, 16 for opiate users, 15 for crack users and 4 for IDUs.

Chart 7: Estimated Prevalence rates (per 1,000 residents aged 15 to 64) OCUs, Opiate, Crack and Injecting Drug Users 2011/12 (Source: Glasgow Prevalence Data)



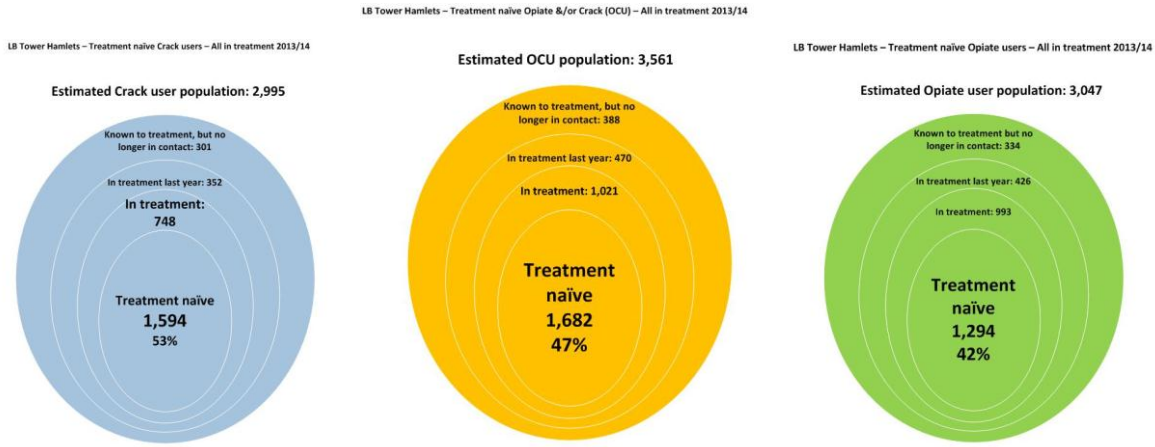
	OCU	Opiate users	Crack users	Injecting drug users
Tower Hamlets	18	16	15	4
London	10	8	7	2
National	8	7	5	2

[5] Population count: Tower Hamlets 192,700 – London 5,757,100 – England 34,991,400. Glasgow Prevalence Estimation 2011/12

4.2.1 Treatment naïve population

It is important to understand the size of the drug using population not accessing treatment. The charts below illustrate the number and proportion of the treatment naïve population in Tower Hamlets.[6] This equates to 1,682 OCUs, 1,294 opiate users and 1,594 crack users. As a proportion, this shows nearly half of OCUs (47%), 42% of opiate and 53% crack users are not engaged with treatment services.

Chart 8: Treatment Naïve population 2013/14 (Source: NDTMS Bullseye & Prevalence Data)



4.3 Mapping the Treatment Journey

The two treatment journey maps below show the extent of client treatment journeys, focusing on the main sources of referral, clients in treatment, transfers between agencies and exits from the system. In brief, the maps refer to those clients who have entered treatment, moved through and left the treatment system; in a planned or unplanned way in 2013/14 (agency transfers are shown separately).

In 2013/14 there were 732 referrals into drug treatment, 2,086 clients were in treatment, 248 inter agency transfers were completed and 611 treatment system exits recorded.[7] Each element of the treatment journey is reviewed in detail below.

Compared to 2012/13, this year's figures represent a decrease in referrals, a reduction of clients in treatment and a lower number of inter-agency transfers. However, the amount of treatment exits remained stable.

[6] A treatment naïve population: Clients that have not had a previous treatment journey anywhere in England.
[7] This count of "in treatment" clients differs to that in the bull's-eye data, as a client could have attended more than one provider during 2012/13 period and are therefore counted for each treatment episode.

Chart 9: Treatment Journey Map 2013/14 (Source: NDTMS Treatment Map Summary Data)

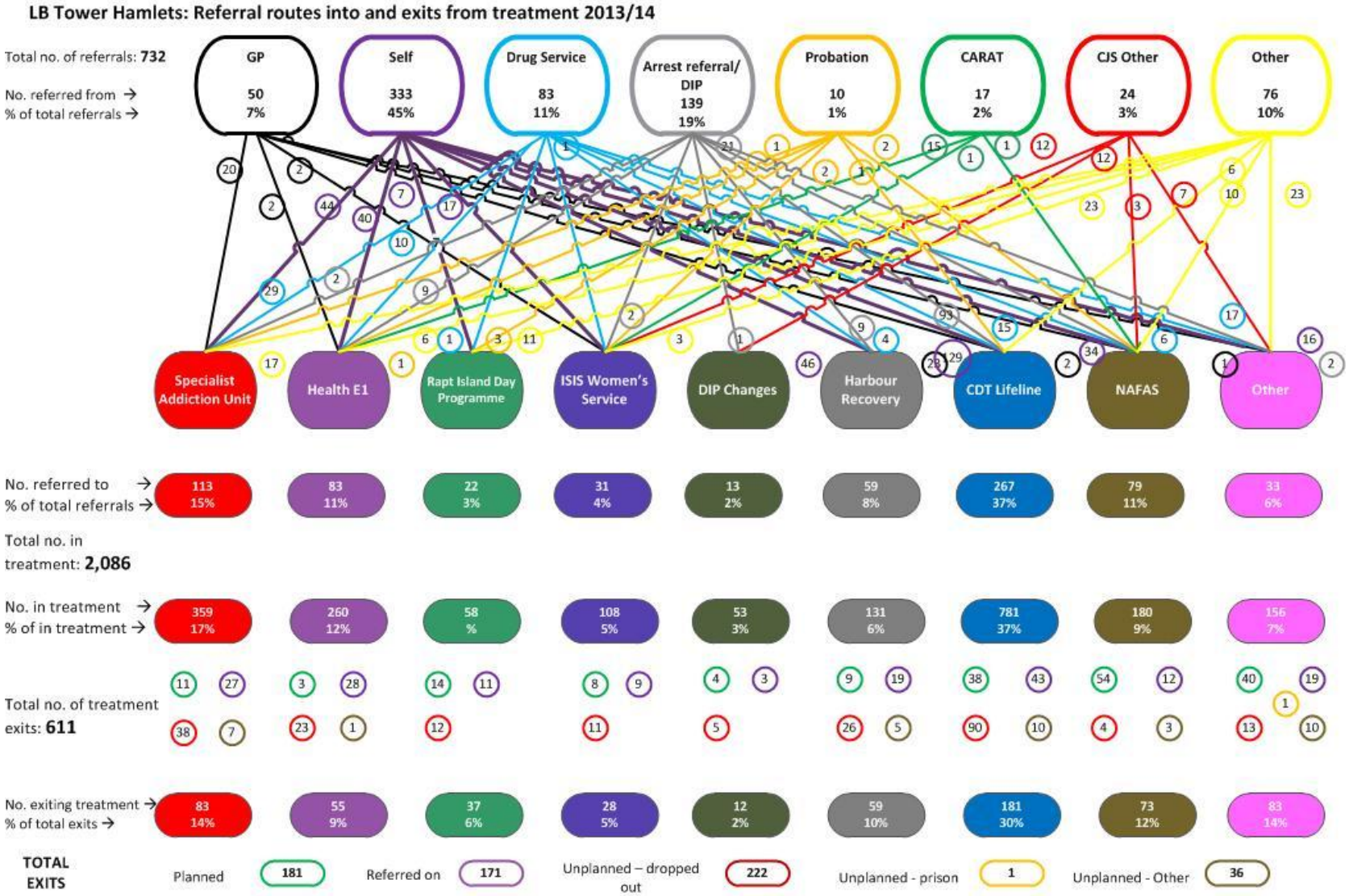
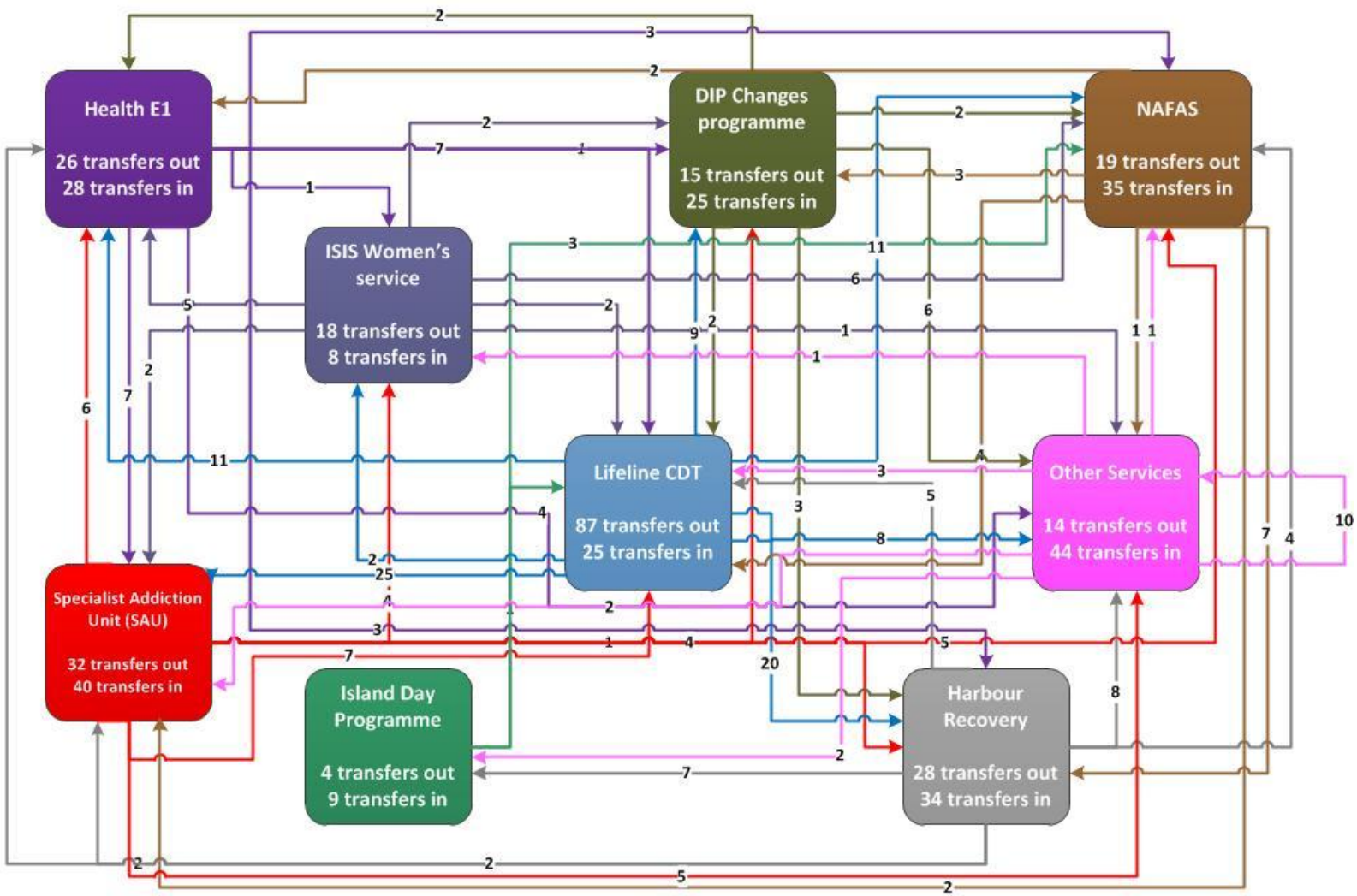


Chart 10: Treatment Journey – Agency Transfers 2013/14 *(Source: NDTMS Treatment Map Summary Data)*



4.3.1 Referrals to treatment in 2013/14

In 2013/14, 732 clients were referred into treatment, of which more than a third (37%) entered treatment for the first time (treatment naïve). This was 10% lower than the London average of 47% and lower compared to the national average (43%).
The volume of referrals has been falling over the last three years from 849 in 2011/12 and 833 in 2012/13 to the current figure of 732.

The majority of referrals in Tower Hamlets are self-referrals into treatment (333 or 45%), a trend consistent with London (45%) and the national average (44%). Self-referrals are critical to treatment completions and positive outcomes. The self-referral route suggests that those that do come to treatment this way do so because they want to and hence should be more responsive to treatment.

Referrals from the criminal justice system account for 190 (26%) referrals, including 139 (19%) referrals from DIP. A rate almost double compared to London (11.2%) and almost 3 times as the national average (7%). This is a positive reflection of the DIP in the borough and their importance in referring clients into treatment.

Referrals from GPs account for 7% of all referrals, consistent with the London (6%) and national average (7%). Referrals from "drug services" are referrals from out of borough services and are also broadly consistent with London and National averages.

Chart 11: Referrals into Drug Treatment by Referral Source 2013/14 (Source: NDTMS Treatment Map Summary Data)

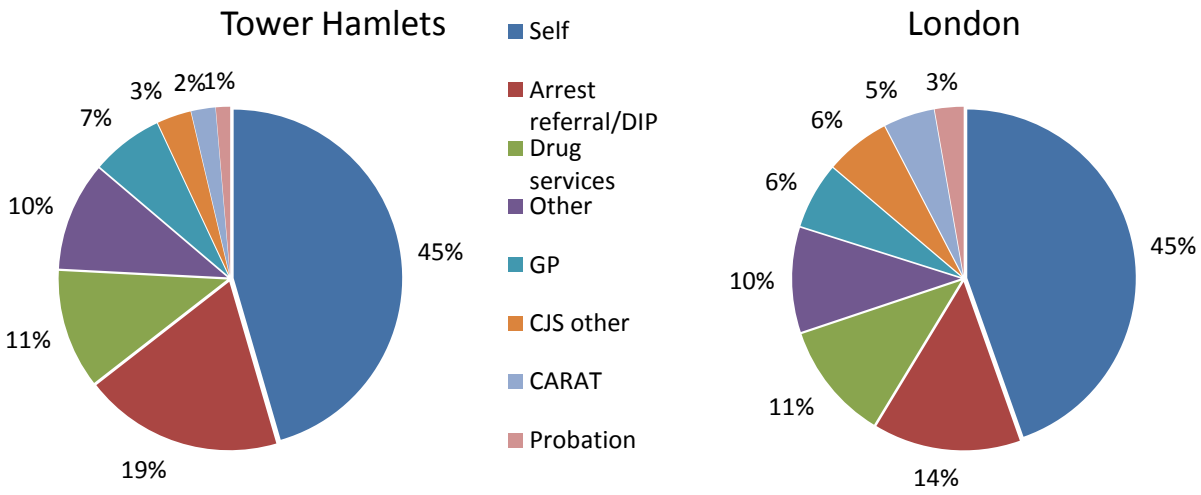


Table 3 shows the distribution of the 732 referrals between the main drug treatment providers in Tower Hamlets. This shows the more than a third (36.5%) of the referrals went to Lifeline CDT, followed by SAU (15.4%), Health E1 (11.3%) and NAFAS (10.8%).

The number and proportion of referrals has dropped compared to 2012/13. In general, the number of referrals dropped in Tower Hamlets by around 12% while referrals in London dropped only by 2.7%. The reduction of referrals in Tower Hamlets is very specific to the local system and the service providers. For example, Lifeline CDT has received more than 100 clients less compared with the year before. Referrals increased to SAU, Health E1 and Harbour Recovery. Notably, the number of referrals to Rapt IDP dropped also by more than 50% to only 22 drug treatment referrals in 2013/14. Please note the Alcohol referrals are excluded here.

Figure 1: Clients Referrals to Main Drug Treatment Providers in 2013/14 (Source: NDTMS Treatment Map Summary Data)

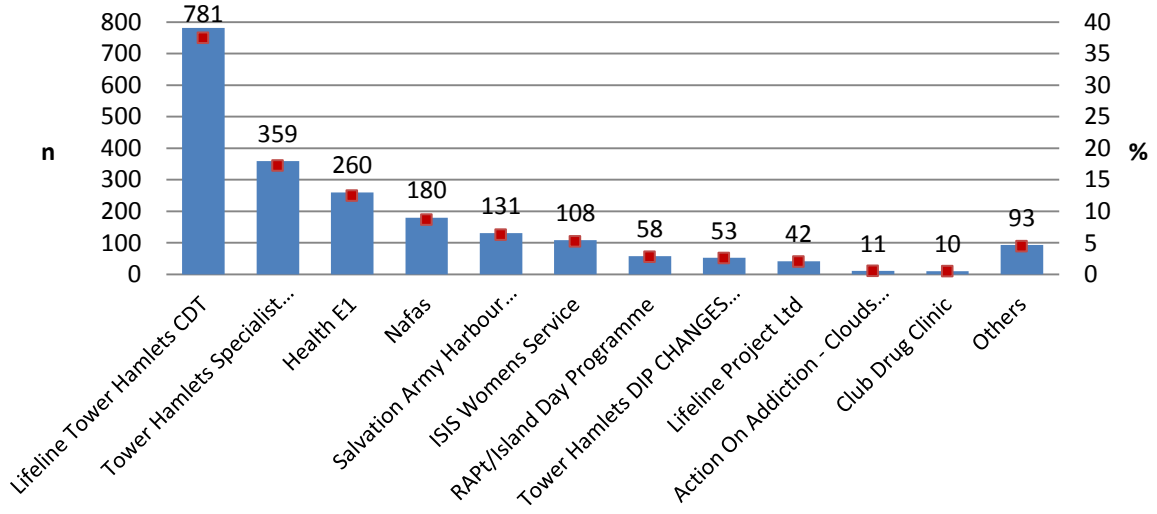
Treatment Provider	Total Referrals 2012/13		Total Referrals 2013/14	
	n	%	n	%
Lifeline CDT	385	46%	267	36.5%
Specialist Addictions Unit	93	11%	113	15.4%
NAFAS	91	11%	79	10.8%
Health E1	53	7%	83	11.3%
Harbour Recovery Centre	54	7%	59	8.1%
RAPT Island Day Programme (IDP)	58	7%	22	3%
ISIS Women's Service	35	4%	31	4.2%
Changes Programme	19	2%	13	1.8%
Other			33	4.5%
Tower Hamlets	833	n/a	732	n/a
London	14,482	n/a	14,089	n/a
National	72,525	n/a	72,942	n/a

4.3.2 In treatment population

In 2013/14, 2,086 clients received treatment across treatment agencies in Tower Hamlets. If a client attended more than one treatment provider in 2013/14 they would be counted in each and therefore the "in treatment" total in this section of the needs assessment data will differ from the data in the bull's-eye data set discussed earlier which counts individuals only once in treatment irrespective of the number of treatment providers they attended.

The chart below shows the numbers of clients in treatment and the proportion across the main drug treatment providers. More than a third of those in treatment were in Lifeline CDT (37.5%), followed SAU (17.2%). Compared to 2012/13, while client numbers have dropped overall, agencies like SAU and Nafas have gained clients and Lifeline CDT, IDP and ISIS have lost treatment numbers.

Chart 12: Clients in drug treatment by main treatment provider 2013/14 (Total and %)
(Source: NDTMS Treatment Map Summary Data)



4.3.3 Time in treatment

There are 540 clients that have been in treatment for 2 or more years, which amounts to just over one in four clients. Of this number around 280 clients were in treatment between 2 and 4 years and 260 clients were in treatment for more than 4 years.

The table below shows that the proportion of clients in treatment between 2 and 4 years has remained stable in the past 3 years in Tower Hamlets at around 13% in 2013/14. The national rate and the London rate are now the same as the Tower Hamlets rate. The total number in this group in the borough has decreased resembling an overall decrease in the treatment population.

Tower Hamlets has seen a small reduction in the number and proportion of individuals in treatment for longer than 4 years, from 13% (2012/13) to 12% (2013/14). The current rate remains above the London average (9%) but also below the national rate (18%). After increases in the long term treatment population between 2011 and 2013, it remains to be seen if the current decrease is a stable trend.[8]

Figure 2: Proportion in Treatment between 2-4 years and +4 years, 2010/11 to 2013/14 (Source: NDTMS Treatment Map Summary Data)

	Total number in treatment	Number in treatment 2-4 years	% in treatment 2-4 years			Number in treatment +4 years	% in treatment +4 years		
			Tower Hamlets	London	National		Tower Hamlets	London	National
2010/11	2,439	402	16%	11%	16%	166	7%	9%	15%
2011/12	2,401	321	13%	10%	16%	233	10%	9%	17%
2012/13	2,154	289	13%	12%	15%	273	13%	9%	20%
2013/14	**2,086**	**280**	**13%**	**13%**	**13%**	**260**	**12%**	**9%**	**18%**

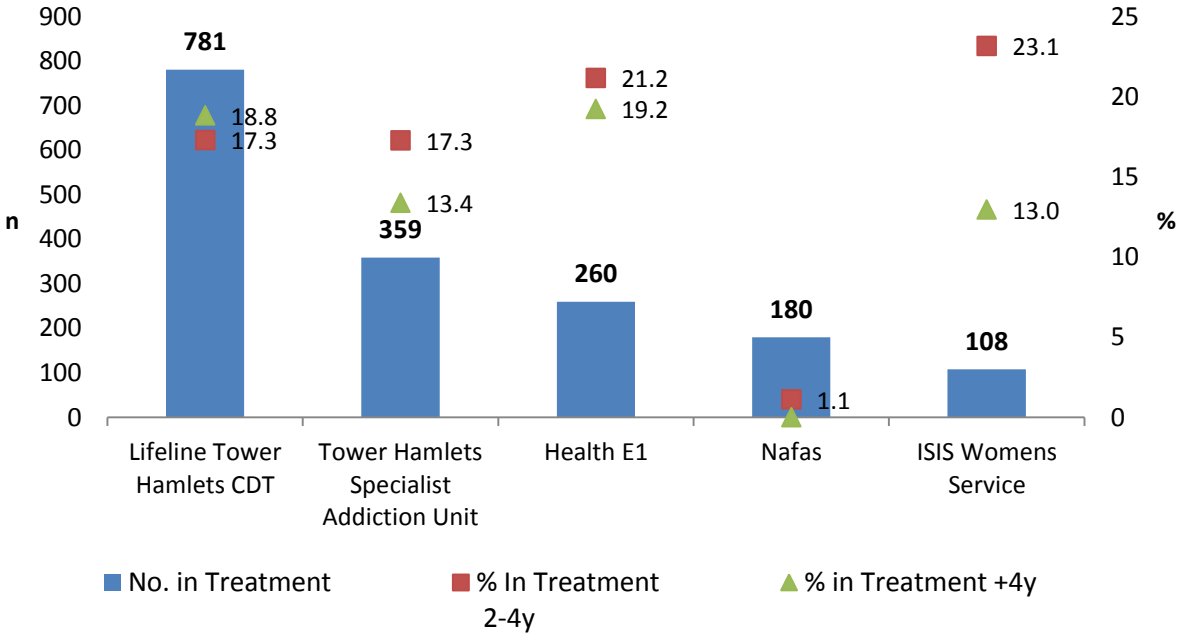
[8] It is noteworthy to highlight the changeover of the main opiate service provider in 2008 from Addaction to Tower Hamlet CDT led to clients being recorded as new to treatment rather than having their treatment continued with another provider consequently the length of time in treatment is highly underestimated.

Chart 13: Clients in Treatment between 2-4 years and over 4 years 2010/11 to 2013/14
(Source: NDTMS Treatment Map Summary Data)

The chart below shows the agencies and the proportion of clients that have been in treatment between 2 and 4 years and for more than 4 years.
Health E1 and ISIS had the highest proportion of individuals in treatment between 2 and 4 years (21% and 23% respectively) followed by CDT and SAU.

Clients in treatment for more than 4 years were most likely in treatment with Health E1 (19%) and CDT (19).

Chart 14: Time in treatment 2-4 years and over 4 years as proportion in treatment by treatment provider 2013/14 (Source: NDTMS Treatment Map Summary Data)



4.3.4 In Treatment Transfers

In 2013/14, 248 clients were transferred between treatment providers. This figure represents a fall from 300 transfers in 2012/13. This means that around 12% (last year 14%) of all clients in treatment were transferred between treatment providers within the Tower Hamlets system.

The second treatment map – Agency transfers maps the flow of clients transferred in and out of treatment providers. It shows that the majority of referrals to other treatment providers were made from Lifeline CDT (35%), followed by SAU (13%) and Harbour Recovery Centre (11%).

At the same time, the majority of transfers were received by SAU (16%), followed by NAFAS (14%), Harbour Recovery (14%) and Health E1 (11%). See map on page 17.

4.3.5 Treatment exits and completions

In 2013/14 there were 611 clients who left the drug treatment system. The table below sets out the treatment exit outcomes for clients in the Tower Hamlets, London and England.

It shows that more clients in Tower Hamlets were dropping out of treatment than those leaving in a planned way in 2013/14. About 181 clients (30%) left treatment in a planned way, having successfully completed treatment drug free or as an occasional user (not included opiate or crack cocaine). This is 16 percentage points lower than the London average (46%) and 17 percentage below the national average (47%).

In Tower Hamlets, more than one in three clients (36%) dropped out of treatment. This is 8 percentage points higher than the London average (28%) and 11 percentage points above the national average (25%).

Figure 3: Treatment Exit Outcomes 2013/14 (Source: NDTMS Treatment Map Summary data)

	Planned		Referred on		Unplanned, Dropped out		Unplanned, prison		Unplanned, other	
	n	%	n	%	n	%	n	%	n	%
Tower Hamlets	181	30%	171	28%	222	36%	1	0%	36	6%
London	6,196	47%	2,653	20%	3,661	28%	109	1%	459	4%
National	30,505	46%	15,552	23%	16,728	25%	865	1%	3,296	5%

The proportion of planned and unplanned treatment exits at a provider level shows a great level of variation. Treatment outcomes do reflect the complexities that clients present at individual treatment providers and also reflects the point in the treatment journey that the provider works with these clients.

Based on that knowledge, it can be expected that that planned exits rates were the highest for clients accessing treatment in Nafas (74%), IDP (38%) and DIP Changes (33%). In comparison, unplanned exits / drop outs were particular high for clients with SAU (46%), Harbour (44%), Health

E1 (42%) but also CDT (50%) and Dip Changes (42%). However, the CDT Lifeline dropout rate has been especially high over the last two years standing at around 50%.[9]

Figure 4: Treatment Exit Outcomes 2013/14 – Large service providers (Source: NDTMS Treatment Map Summary data)

Agencies	Planned		Referred on		Unplanned, Dropped out		Unplanned, prison		Unplanned, other	
	n	%	n	%	n	%	n	%	n	%
Nafas	54	74%	12	16%	4	5%	0	0%	3	4%
CDT Lifeline	38	21%	43	24%	90	50%	0	0%	10	6%
RAPT/Island Day Programme	14	38%	11	30%	12	32%	0	0%	0	0%
Tower Hamlets SAU	11	13%	27	33%	38	46%	0	0%	7	8%
Harbour Recovery Centre	9	15%	19	32%	26	44%	0	0%	5	8%
ISIS Women's Service	8	29%	9	32%	11	39%	0	0%	0	0%
DIP Changes Programme	4	33%	3	25%	5	42%	0	0%	0	0%
Health E1	3	5%	28	51%	23	42%	0	0%	1	2%

5 Criminal Justice – Drug Alcohol Intervention Team

The Drug and Alcohol Intervention Team (DAIT, formerly known as Drug Intervention Programme DIP) in Tower Hamlets is run in house and is part of the borough's commitment to safer communities. Introduced in 2003, the DIP has been central to the Government's aims to reduce crime and re-offending. By placing drug workers at all stages of the Criminal Justice System, the programme identifies, assesses and refers drug using offenders (DUOs) into appropriate treatment and support services.

Current service priorities include:

- Work with partner agencies to progress the development and implementation of IOM
- Widen remit to include all substance misuse offenders including specific alcohol interventions e.g. Alcohol Treatment Requirement (ATR) assessments.
- Develop the service to offer interventions at the earliest point of identification within the CJS.
- Expansion of the Prison Link Service
- Deliver a coherent and uniformed response to the issue of prostitution
- Strengthen the effectiveness of the Outreach Team through the introduction of dedicated Enforcement Officers
- Introduce the changed service to all stakeholders and re-name the Identify, Assess and Refer Programme (IARP)

[9] However, new data for 2014/15 indicates that the dropout rates at CDT are improving. See chapter covering provider's performance.

In addition, particular emphasis is placed on: identifying individuals at the beginning of their drug related criminal careers; the ability to affect behaviour change for those unwilling to participate in treatment; sex workers (to contribute the Violence against Women and Girls (VAWG) and Domestic Violence (DV) agendas) and the development and implementation of a co-located IOM Team.

5.1 Clients in contact with DIP but not the treatment system

This data set has been an important part of any needs assessment work understanding potential treatment demand. However, because of data changes within Public Health and NDTMS, new data about clients in contact with DIP but not in contact with substance misuse treatment system was released this year. It is hoped that the data will be available again for future needs assessments.

Historic data indicates that 555 DIP clients in 2011/12 and 913 DIP clients in 2012/13 respectively, had no contact with the Tower Hamlets substance misuse treatment service.

5.2 Proportion of Tower Hamlets treatment population in contact with criminal justice

Out of all clients in treatment in 2014/15, Opiate clients were most likely to be in contact with criminal justice. The Tower Hamlets rate of 25.9% was just above the national average of 23.5%.

Non-opiate clients in Tower Hamlets (13.5%) were less likely to be in contact with the criminal justice system compared to the national average (22.8%). In comparison, a higher proportion of the alcohol treatment population were in contact with the criminal justice system than the national average,

Figure 5: Proportion of Tower Hamlets treatment population in contact with criminal justice in 2014/15[10]

	Criminal Justice clients	All Tower Hamlets clients	Criminal Justice clients	National Average
	n	n	%	%
Opiate	372	1,437	25.9%	23.5%
Non-opiate	24	178	13.5%	22.8%
Alcohol	46	452	10.2%	6.3%
Alcohol & non-opiate	25	207	12.1%	15%

(Source: NDTMS DOMES Q4 2014/15)

5.3 Referrals into treatment

The DAIT / DIP in the borough is a crucial referral body. In passing their clients onto treatment providers the DAIT works to support the client in treatment for a minimum of 12 weeks, in some cases for longer depending on the client's needs. Nonetheless DAIT can only influence treatment outcomes rather than manage them.

The table below sets out the quarterly treatment uptake of referrals in Q4 2013/14 up to Q4 2014/15. It shows that over the last 5 quarters, between 33% and 51% of clients started treatment

[10] In contact with the criminal justice system defined as clients taken onto a CJIT caseload within 42 days of the earliest triage or the first referral source of the treatment journey is a criminal justice referral route
(n) = number of clients in treatment in contact with the criminal justice system / all in treatment
Latest period: 01/04/2014 to 31/03/2015

within 6 weeks of referral. While the quarterly data can fluctuate, Tower Hamlets rates have been close to the London average and above in Q1, Q2 and Q3 2014/15 while rates have been lower than the London average in Q4 2013/14 and Q4 2014/15. See table below.

The data indicates that around 3 quarters of treatment referrals from DIP / DAIT are new referrals into treatment (78%) while around one quarter (22%) are referrals of clients already in contact with treatment services. This is similar to the London picture with around 79% of clients were new referrals in Q4 2014/15.

Figure 6: Treatment uptake of Criminal justice referrals (Source: NDTMS DIP Quarterly Summary Report Data)

	Total DIP referrals to structured treatment	New DIP referrals to treatment	Triaged with 6 weeks of referral and starting treatment within the quarter		
			Tower Hamlets		London
	n	n / %	n	%	%
Jan – March 13/14	72	58	24	33%	41%
April - June 14/15	111	96	57	51%	46%
July – Sept 14/15	95	77	40	42%	41%
Oct – Dec 2014/15	107	77 (72%)	51	48%	47%
Jan - March 14/15	123	96 (78%)	51	41%	51%

5.4 Referrals from Criminal Justice

In 2013/14, 190 referrals (26%) from the criminal justice system were completed, with 139 (19%) referrals from DIP. The proportion was almost double the London rate (11.2%) and almost 3 times as much the national average (7%). This is a positive reflection of the DAIT / DIP work in the borough and their important role as a referral agency.

There were 139 recorded referrals into treatment from DIP / Arrest referral. Clients were referred to the main Tier 3 structured treatment providers and to Tier 4 treatment including residential rehabilitation. The majority of clients (67% / 93 clients) were referred into CDT Lifeline, followed by NAFAS (15% / 21 clients), Harbour and Health E1 (both 9 clients / 6.5%). See treatment journey map 2013/14 for a full picture in Section 4 of this document.

5.5 Treatment outcomes for DIP clients

Analysis of the treatment outcome for criminal justice clients and all clients showed that the successful completions rates of criminal justice clients were similar for opiate and non-opiate clients when compared to the total client group. However, rates were better for criminal justice clients in the alcohol and alcohol & non-opiate categories. See table below.
A direct comparison between the rates is only of limited insight because of low numbers of criminal justice clients and the inevitable statistical error margin.

Figure 7: Successful completions by substance in 2014/15 (n & %)

	Criminal Justice clients		All TH clients	
	n	%	N	%
Opiate	16/372	4.3%	98/1437	6.8%
Non-opiate	11/24	45.8%	83/178	46.6%
Alcohol	14/46	30.4%	98/452	21.7%
Alcohol and non-opiate	14/25	56%	56/207	27.1%

(Source: NDTMS DOMES Q4 2014/15)

Further analysis of the number of completions and the level of re-presentations shows that opiate clients in Criminal Justice and the total client group cohort have the highest representations rates.

Positively, no representations were recorded for non-opiate clients in the Criminal Justice and the total cohort. Overall, representation rates were relatively similar for both cohorts. See table below.

Figure 8: Successful completions and Re-presentations within 6 months by substance in 2014/15 (n & %)

	Criminal Justice clients		All TH clients	
	n	%	n	%
Opiate	3/7	42.9%	15/57	26.3%
Non-opiate	0/8	0%	0/44	0%
Alcohol	3/13	23.1%	8/54	14.8%
Alcohol and non-opiate	1/9	11.1%	5/32	15.6%

(Source: NDTMS DOMES Q4 2014/15)

5.6 Supplementary client data[11]

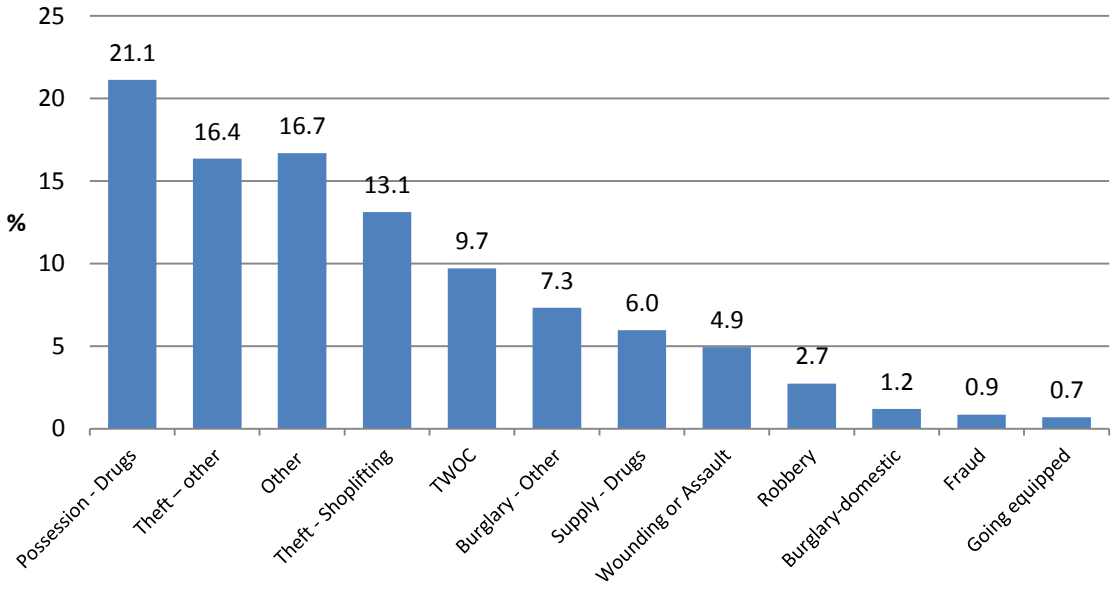
Client activity is recorded on the local case-management system Mi-Case. There were 1,417 clients in contact with DIP between July 2014 and May 2015. 86% of clients were male and 14% female. Out of all individuals in contact with DIP, 587 were Tower Hamlets residents. Out of those, around 69% (403) joined the DIP caseload by agreeing a care plan.

5.7 Offences of DIP clients – TH residents only

The chart below shows the distribution of offences of Tower Hamlets residents in contact with DIP. The majority of recorded offences were drug possession and theft (theft – other and theft – shoplifting). See a full breakdown below.

[11] Data has been sourced from Mi-Case case management system and covers the period of 19th July 2014 to 7th May 2015.

Chart 15: Recorded Offences for DIP clients TH residents July 2014 to May 2015 (Source: DIP Mi-Case Data)

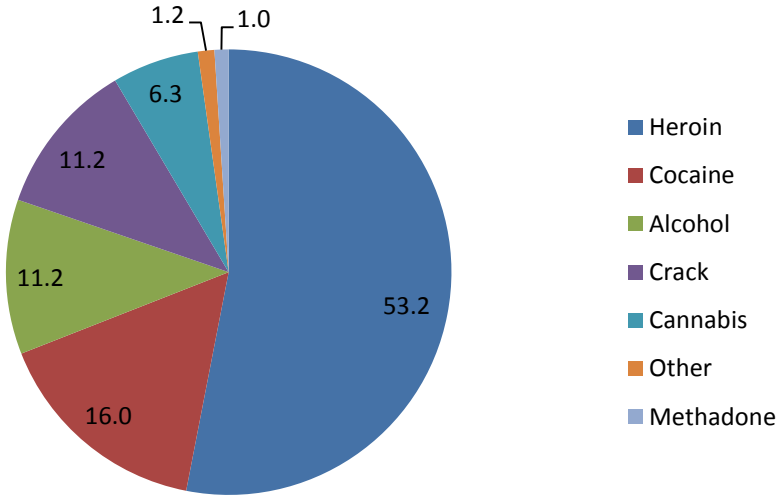


5.8 Substance cited of Criminal Justice clients

The chart below shows that half of the clients cited heroin as their main drug (53%) and 11% citing crack. This indicates that of those citing drug use nearly two thirds are problematic drug users.

As this data has only taken the main drug it is likely a high proportion are using both opiate and crack. A significant proportion 16% cited the use of cocaine and 11% alcohol.

Chart 16: Main drug use cited by TH residents in contact with DIP July 2014 to May 2015 (%)



(Source: DIP Mi-Case Data)

6 Tier 4 - Drug Treatment Provision

Access to Tier 4 provision is managed by the Tower Hamlets Tier 4 Panel. The Panel comprises of six representatives from the Council and its key providers (i.e. DAAT Commissioning Manager, DIP Manager and SAU (Consultant Psychiatrist) and service managers from THCAT, CDT, and the Harbour Recovery Centre). The panel meets on a bi-weekly basis to assess applications from local residents for drug and alcohol Tier 4 funding (i.e. residential detoxification and rehabilitation) that are deemed to require specialist and intensive Tier 4 support. The panel also considers DRR referrals directed from the Court. The total funding available for residential detoxification and rehabilitation for 2013/14 was in the region of £1m.

6.1 Tier 4 treatment journey – Drugs only

The two diagrams in this chapter map the Tier 4 drug treatment provision for clients in Tower Hamlets during 2013/14. The Tier 4 treatment starts, the in treatment population and treatment exits are mapped in the first chart. The second map shows the transfers of clients in and out of Tier 4 treatment. For the analysis, only drug treatment data was available.

6.1.1 Treatment Starts

In 2013/14, 105 clients started Tier 4 drug treatment in the partnership. Out of those, 82 clients were referred to Harbour Recovery Centre (HRC), around 78% of all treatment starts. HRC is an in borough Tier 4 treatment providers and focuses on residential detox. HRC offers a self-referral pathway to treatment which is novel as this has been designed to provide local people easy access detoxification. In the case of HRC they are in a DAAT contract and are funded to provide locally based residential detoxifications. There are 8 beds in the unit; 6 are via the DAAT contract and 2 are spot purchases by the borough's Tier 4 panel. All other treatment starts were with a large variety of providers.

6.1.2 Clients In treatment

The numbers in treatment across all Tier 4 treatment providers in 2013/14 was 216 clients. Providers with a minimum of four clients in treatment are displayed in the map whilst those with less than four have been grouped into 'other' (this consisted of 40 clients amongst 21 treatment providers – a significant proportion of which were residential rehabilitation services).
HRC had 130 clients in treatment, around 60% of the total Tier 4 treatment population. Action on Addictions (Cloud House) had 11 (5%) and clients in 'other providers' amounted to 19%.

6.1.3 Treatment exits

The chart also shows the Tier 4 treatment exit outcomes with 156 clients exiting treatment. Around 16% (25 clients) left treatment in a planned way (proxy for successfully completed treatment). This rate was lower compared to the London average (30%) and the national average (31%).

However 38% (60) clients left treatment in an unplanned way, a rate substantially higher than London average (22%) and twice as much compared to the national average (14%). A further 30% (47) were referred on and 15% (24) were still in treatment. The level of planned exits in 2013/14 has dropped by 33 percentage points compared to 2012/13.

The majority of clients received treatment in HRC and exited from HRC as well. Harbour clients made up 95 clients or 61% of all exits. The breakdown for HRC shows that a small proportion of

15% achieved planned exits from treatment. A further 45 (47%) left treatment in an unplanned way and 28 (29%) were referred on.

6.1.4 Transfers in and out of Tier 4 treatment

The second treatment map (Chart 17), maps the transfers into Tier 4 treatment and transfers out of Tier 4 treatment. Self-referrals are not recorded in this treatment map.

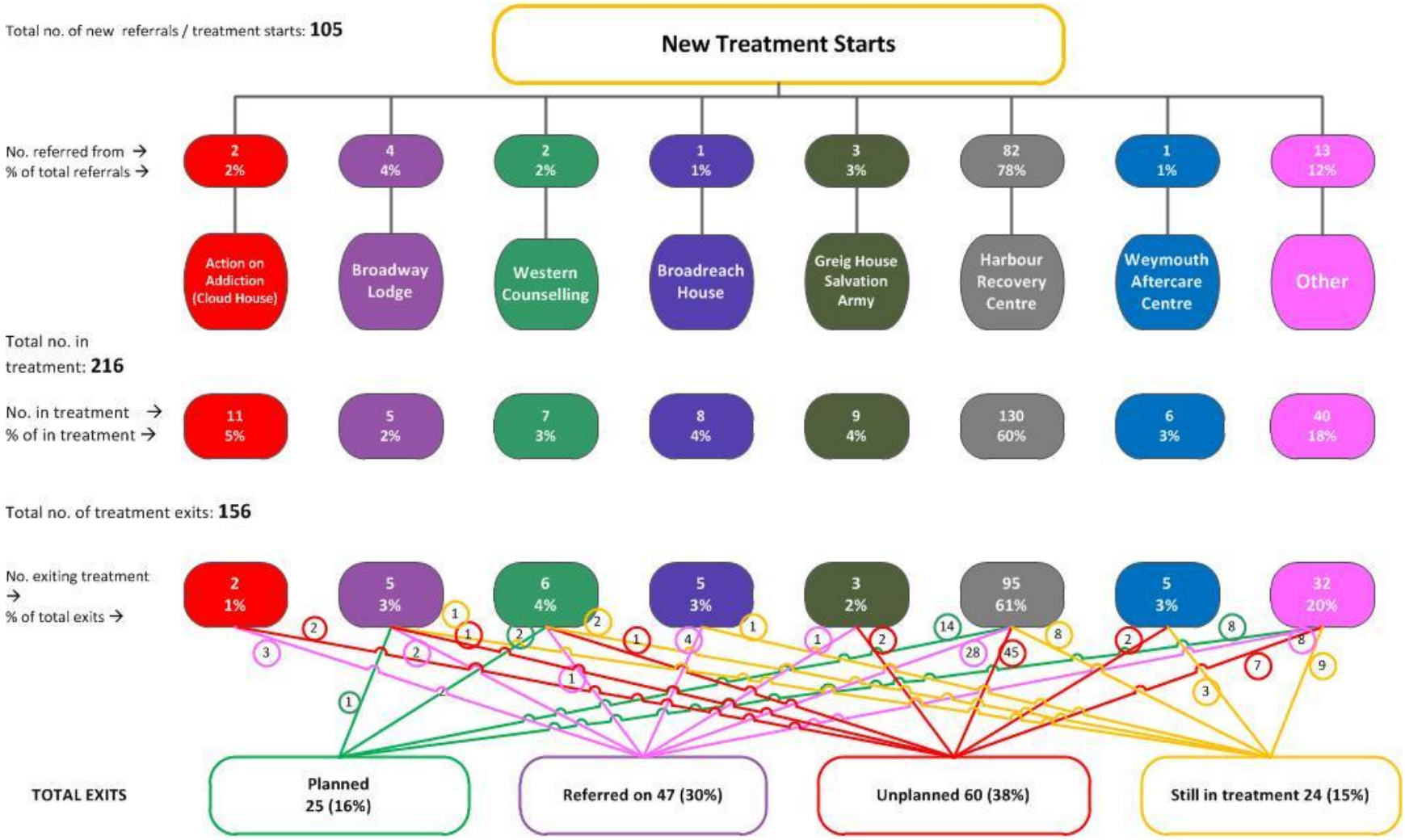
This map shows only treatment providers transferring to Tier 4 providers. The top section shows the treatment providers that transferred clients into Tier 4 treatment. A total of 122 clients were transferred to Tier 4 providers. The largest group of transfers into Tier 4 treatment providers originated from the main treatment providers like CDT (47 clients, 39%), followed by SAU (9%), NAFAS (9%) and Health E1 (9%). It is interesting to note a significant number of clients (28 or 24%) were referred to Tier 4 treatment by other Tier 4 treatment providers including Harbour, indicating that the treatment journey is not finished after attending Tier 4 and might require additional Tier 4 interventions.

The middle section maps to which Tier 4 treatment provider clients were transferred to. This shows that 48% were transferred to Harbour. Transfers into HRC originated from seven sources including a few from other Tier 4 treatment providers. Around 25% of clients were referred to Tier 4 treatment providers grouped in the 'other' group and included residential rehabilitation. Action on Addiction received 10 referrals based a block contract with LBTH in 2013/14.

The last section maps transfers out of Tier 4. This shows 29 clients were transferred from Tier 4 treatment in 2013/14. Clients were transferred to providers including the Nelson Trust, Weymouth After Care, Western Counselling and Others.

The data suggests that clients transfer into Tier 4 include transfers from Tier 4 to Tier 4 and transfers out of Tier 4 and again into Tier 4. This strongly indicates that clients undertake multiple Tier 4 treatment episodes. While this might be appropriate at times, data suggests that the use of Tier 4 provision is high and there are high levels of unplanned exits, which would suggest that clients need to be made more treatment ready to benefit from this opportunity. It should be noted that more referrals into local aftercare provision including IDP and NAFAS should be explored.

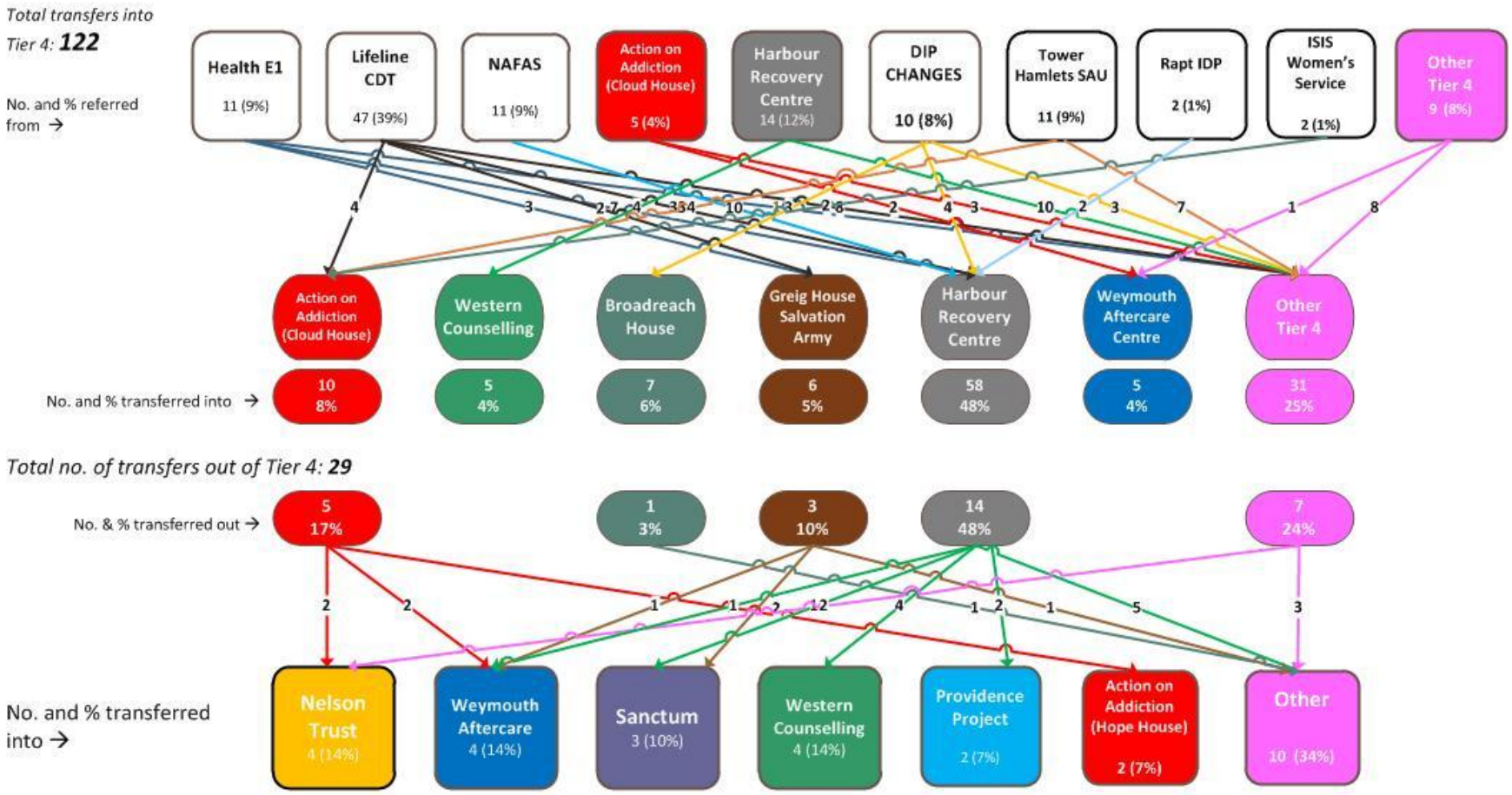
Chart 17: New Starts into and Exits from Treatment (Tier 4) 2013/14 (Source: NDTMS Tier 4 Treatment Map)



Agencies with 4 and less clients have been included in "Other" category. Percentages have been rounded and might not add up.

Chart 18: Transfers into and Transfers out of Treatment (Tier 4) 2013/14 (Source: Tier 4 Treatment Map Needs Assessment Data)

LB Tower Hamlets: Transfers into and out of Tier 4 treatment 4 in 2013/14



Agencies with 4 and less clients have been included in "Other" category. Percentages have been rounded and might not add up.

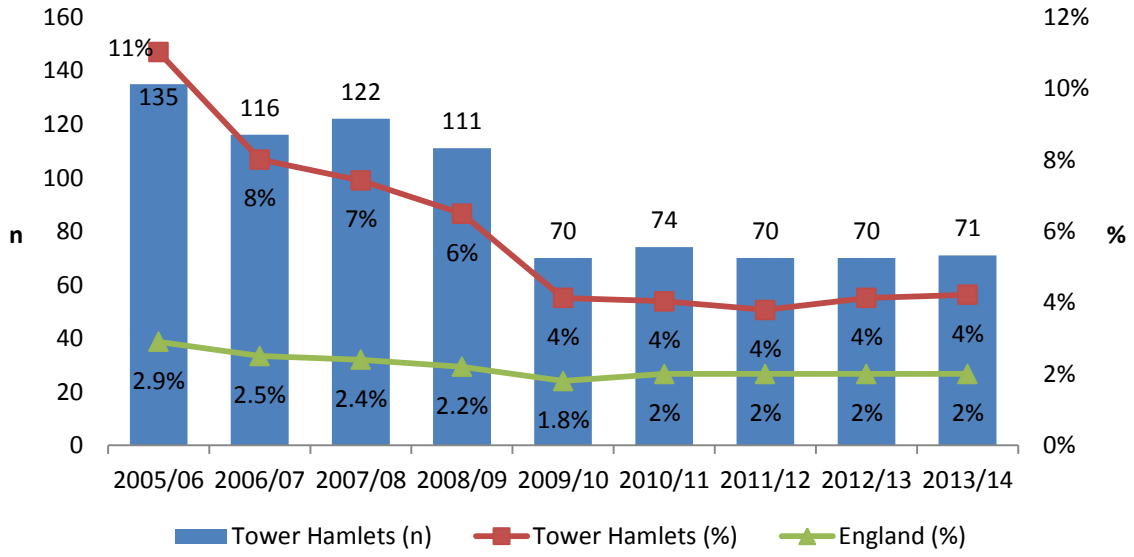
6.2 Residential Rehab

In 2012 the National Treatment Agency confirmed that residential rehabilitation is an integral part of any treatment system, a vital option for some people requiring treatment and that it should therefore be easily accessible to anyone who needs it[12].

The chart below shows the number and proportion of clients with residential rehabilitation as part of their latest treatment journey compared to the national average between 2005/06 to 2013/14.

It shows that over the last 5 years, since introduction of the Tier 4 panel, residential rehab clients have remained stable with 71 clients in 2013/14 or 4% out of all clients. While the Tower Hamlets rate has remained consistently above the national average of 2% it has improved strongly compared to rates nearly ten years ago.

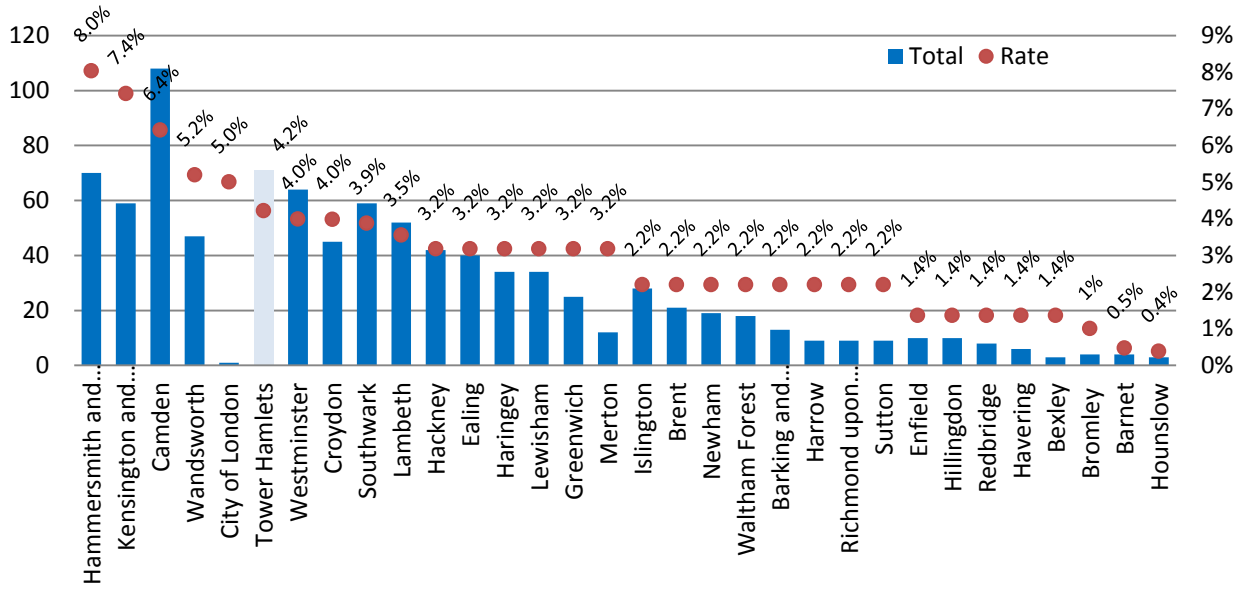
Chart 19: Residential Rehab 2005/06 to 2013/14 (Source: Tier 4 Treatment Map Needs Assessment Data)



Tower Hamlets had the second highest number of clients with residential rehab as part of their treatment journey in London. Camden had the highest number (108) and proportion (8%) in London. In terms of the overall proportion, Tower Hamlets was in the Top quarter in London. See Chart below.

[12] The Role of Residential Rehab in an Integrated Treatment System, NTA 2012

Chart 20: Clients in residential rehabilitation in 2013/14 (n and %) by London boroughs



(Source: NDTMS Supplementary residential Rehab data 2013/14)

Tier 4 inpatient detox and residential rehabilitation is an expensive treatment option but a necessary treatment provision for many clients. In order for Tier 4 treatment to be effective and to achieve success clients require preparation and stabilisation prior to entering treatment and critically a comprehensive package of recovery and aftercare support. Many DAATs use Detoxification and Rehabilitation sparingly. See chart above. Indeed, many are also able to work with clients to achieve drug free treatment completions in the community. However, detox in the community is currently an underused resource in Tower Hamlets which the DAAT is currently exploring further.

7 Supplementary Drug related data

Data discussed in this section is supplementary to the NDTMS treatment data discussed earlier supporting the assessment of drugs related issues in the community, painting a wider picture of substance misuse problems in the borough.

Health incidents as a result of drug misuse, ambulance service callouts, drug offending trends, Needle exchange data and the profile of substance misuse attributable to clients of the probation service are discussed to understand wider needs and service demands in Tower Hamlets.

The data serves as a further proxy to understand the cohort of clients who are 'treatment naïve' or could profit from interventions by substance misuse services in the borough. Overall the information will help in planning treatment, targeting and profiling future interventions. Alcohol related supplementary data is discussed in the Alcohol section of this needs assessment

7.1 Needle exchange registrations

Needle exchange information discussed here is collected by selected pharmacies. Needle exchange services provided by treatment services are not included in the analysis. The Pharmacies data is only being systematically recorded since the introduction of the new Pharm Outcomes software[13] in April 2015. Nevertheless, the new data is already contributing to a better picture about opiate use and injecting in the community. Data discussed here covers the period from April 2015 to the end of June 2015 and should be understood as a snapshot providing wider needle exchange information to the DAAT for the first time.

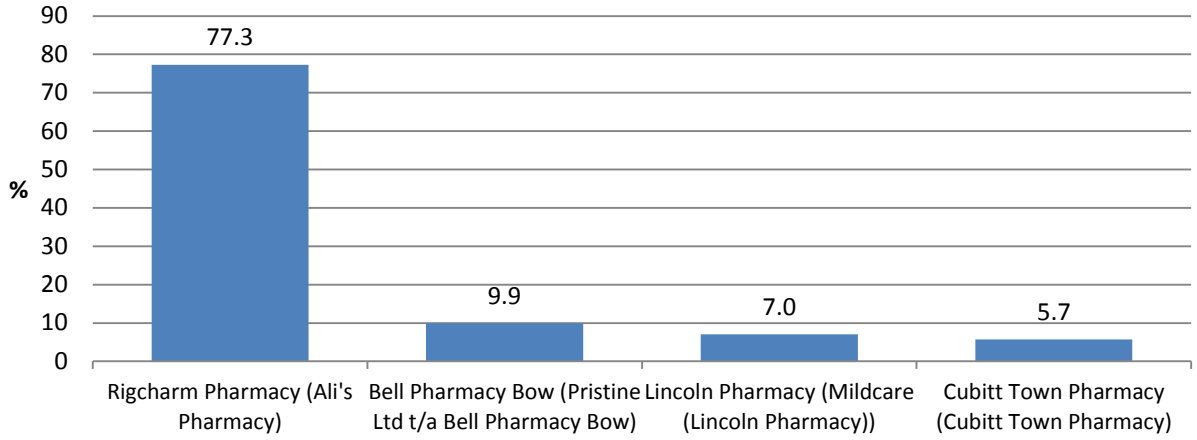
Currently the data allows for an interesting picture about who is registered with Pharmacies. Based on this snapshot, the client base appears to be more diverse in terms of ethnicity and also shows a larger proportion of females registered with Pharmacies.

However, some information is including data about drug use, Hep B or injecting behaviour. It appears that information is not recorded fully and more work is necessary to improve data recording over time.

A total of 525 unique clients were registered with the four pharmacies in the borough providing needle exchange. The majority of clients are registered with Rigcharm Pharmacy (77% / 406) in Shadwell.

[13] Pharm Outcomes is the new software provider to monitor Pharmacies information including needle exchange and supervised consumption data.

Chart 21: Clients registered with local Pharmacies Q1 2015

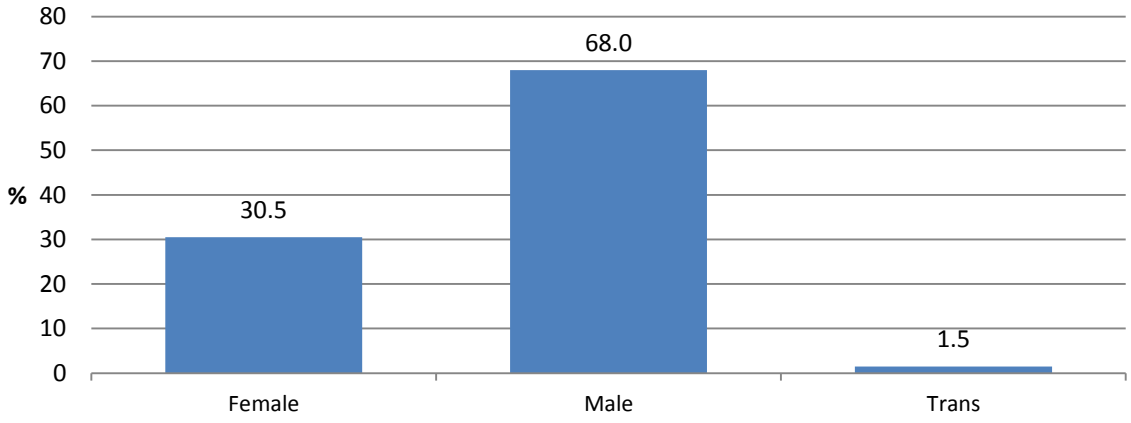


(Source: Pharm Outcomes Needle exchange data April to June 2015)

7.1.1 Client Profile

Gender data shows that 30.5% of registrations were by females and 68% by males. The data also shows a small cohort of clients identifying as Transgender. This is interesting as the overall split of clients in drug treatment in Tower Hamlets is 80% males and 20% females and no Transgender population is being identified.

Chart 22: Gender split of clients registered with Pharmacies (%)

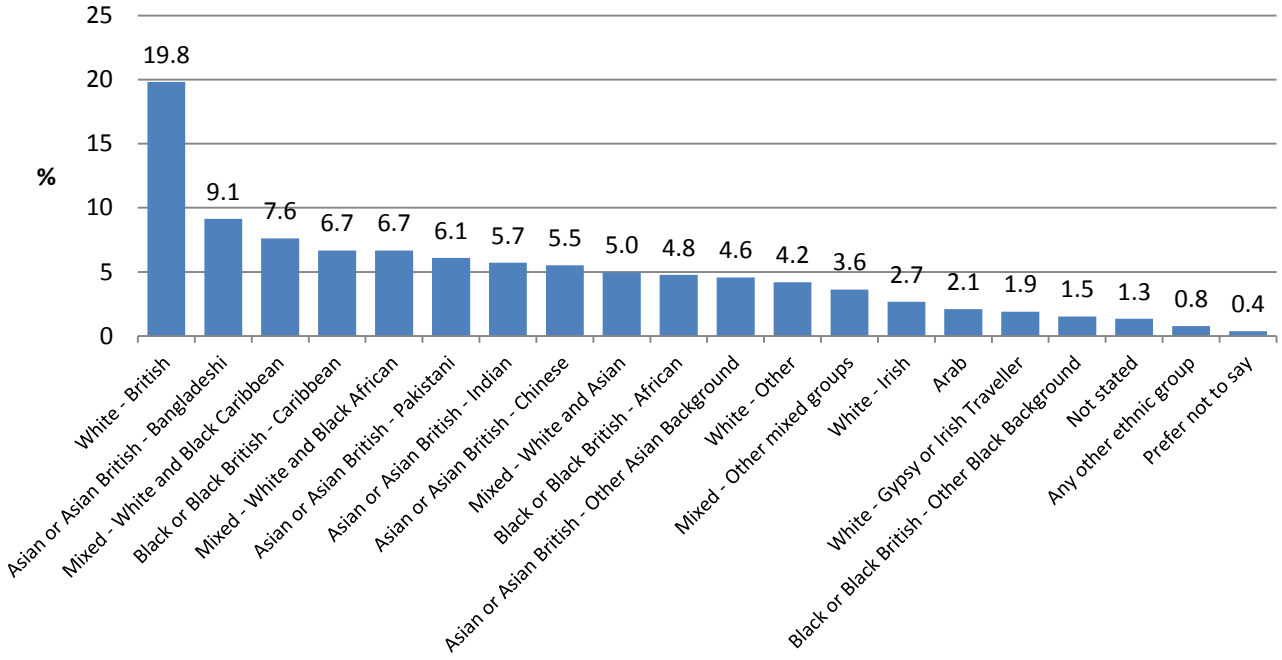


(Source: Pharm Outcomes Needle exchange data April to June 2015)

The ethnicity breakdown shows also striking differences with far lower proportions of White British and Bangladeshi clients compared to the in treatment population. In addition, smaller population groups appear to emerge in this data set including Mixed, Pakistani, Indian, Chinese and Caribbean which are less represented in the treatment population. This is striking as for example the Chinese are not represented in the treatment system according to the NDTMS data set.

However, this might indicate that the data recording is not robust enough and DAAT are currently investigating data recording methods.

Chart 23: Ethnicity breakdown of clients registered with Pharmacies (%)



(Source: Pharm Outcomes Needle exchange data April to June 2015)

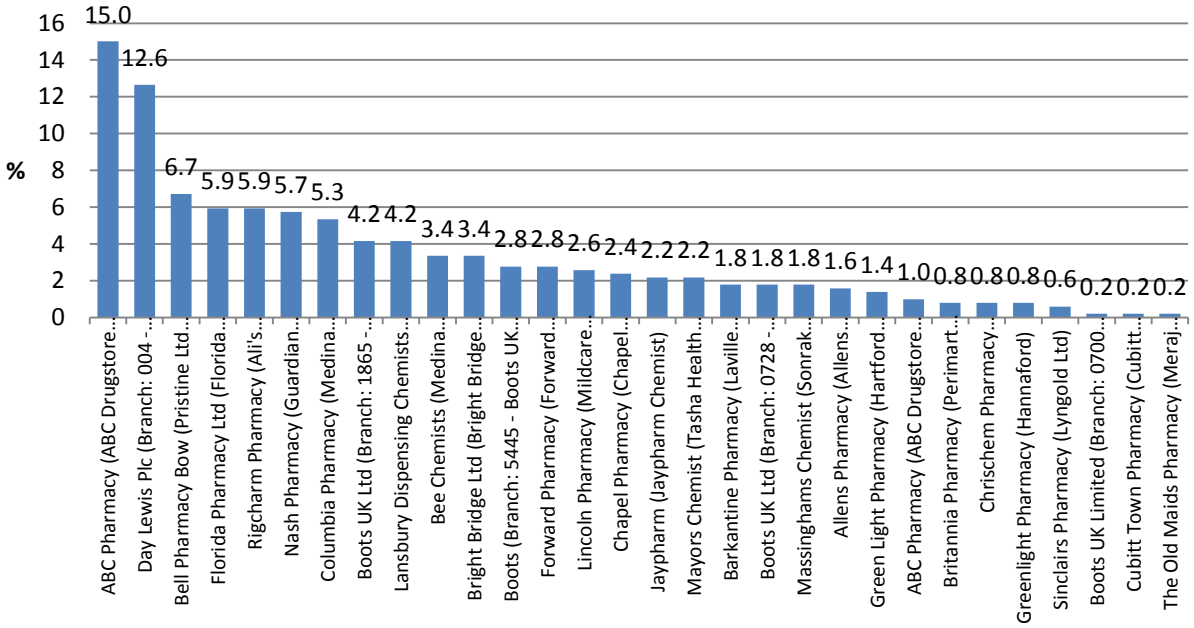
7.2 Supervised consumption

Community Pharmacies play a key role in the care of substance users, through the provision of services to supervise methadone or buprenorphine consumption. The Pharmacist is instrumental in supporting drug users in complying with their prescribed regime, therefore reducing incidents of accidental deaths through overdose. In addition through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help reduce drug related deaths in the community.

It is widely acknowledged that Community Pharmacies provide a significant point of contact for Service users having regular daily contact with them. A total of 506 people were registered with pharmacies in the borough for supervised consumption between April and June 2015.

The highest number and proportion of registrations were with ABC Pharmacy / ABC Drugstore (15% / 76), Day Lewis Plc (12.6% / 64) and Bell Pharmacy Bow (6.7% / 34). See chart below.

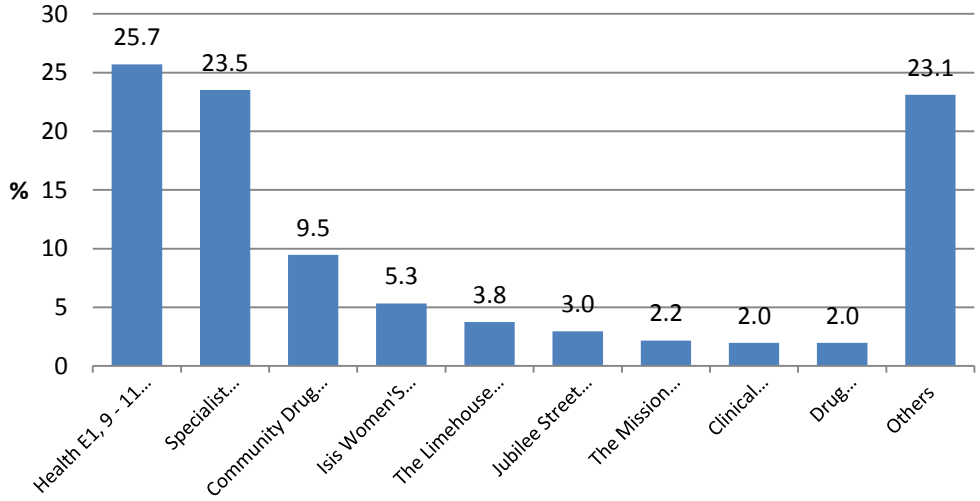
Chart 24: Supervised consumption clients - Registrations by Pharmacy



(Source: Pharm Outcomes data Supervised consumption registrations, April to June 2015)

Clients on supervised consumption received their script from one of the drug services or a local GP. The chart below shows that Health E1 (130) and SAU (119) were the largest provider. Around a quarter of clients registered for supervised consumption are given a script by around 25 other GPs in the borough.

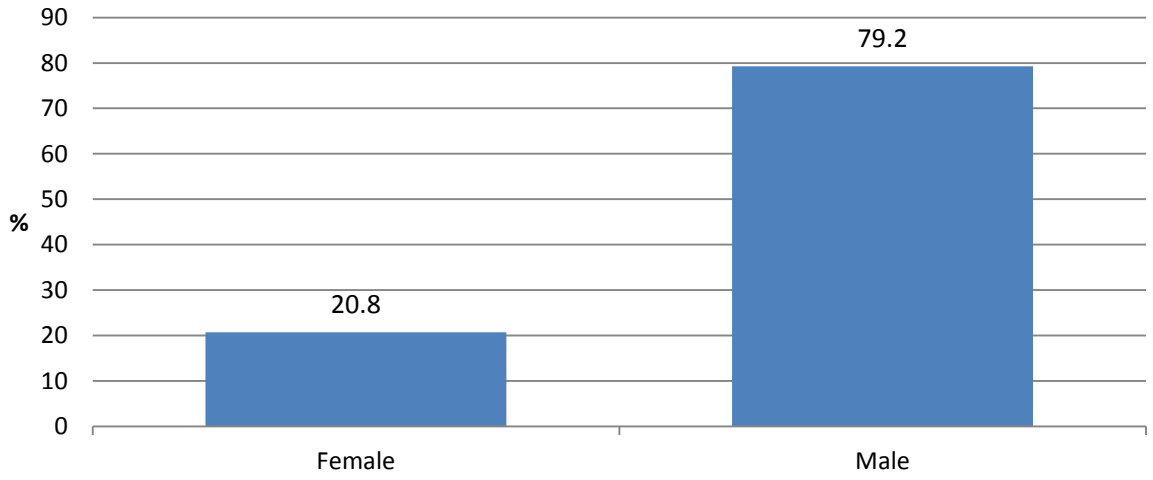
Chart 25: Supervised consumption clients - Registrations with GP or drug treatment provider



(Source: Pharm Outcomes data Supervised consumption registrations, April to June 2015)

The gender profile was the same as the client profile of those in treatment in the borough.

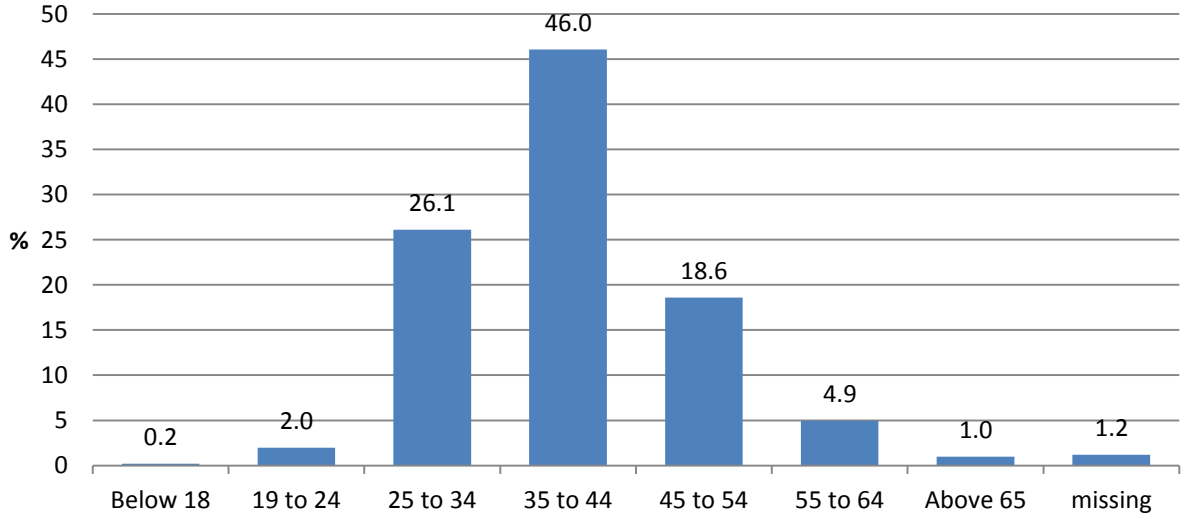
Chart 26: Chart: Supervised consumption clients - Registrations by gender



(Source: Pharm Outcomes data Supervised consumption registrations, April to June 2015)

Clients using the supervised consumption service are more likely to be aged 35 to 44 compared to the overall drug treatment population. Not many young adults aged 18 to 24 are in this group, which is clearly related to the drug history of the client.

Chart 27: Chart: Supervised consumption clients - Registrations by age



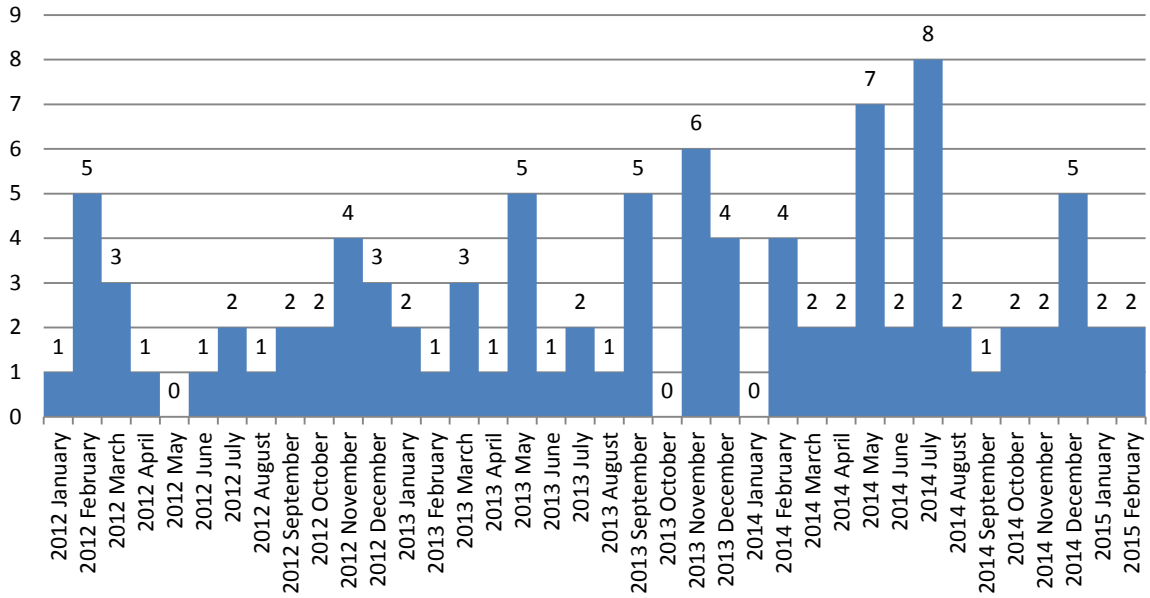
(Source: Pharm Outcomes data Supervised consumption registrations, April to June 2015)

7.3 London Ambulance Service Callouts – Drug overdose and drug use related illness[14]

The following information has been collated from the London Ambulance Service for drug overdose callouts for Tower Hamlets. Drug overdose and drug related illness call outs include only Heroin and Cocaine caused call outs.

Between March 2014 and Feb 2015, there were 37 drug overdose related call outs/incidents attended by London Ambulance Service translating to around 3 a month on average. The chart below shows the trend over time.

Chart 28: Tower Hamlets Ambulance Service Callouts – Drug use (Source: LASS Jan 12-Feb 15)



Unlike alcohol callouts the numbers of drug overdose call outs (Heroin and Cocaine only) are smaller. However, closer examination of the LAS dataset confirms that the numbers have increased over the last three years driven by Heroin overdose call outs which have doubled from 9 to 20.

Figure 9: Tower Hamlets Ambulance Service Callouts – Drug use

	Cocaine	Heroin	Total
March 12 to Feb 13	13	9	**22**
March 13 to Feb 14	19	13	**32**
March 14 to Feb 15	17	20	**37**

(Source: LAS Ambulance call-outs Heroin & cocaine)

The number of heroin overdose call outs in Tower Hamlets between March 2014 and Feb 2015 was the 4th highest number in London. Only Westminster (43), Lambeth (27) and Southwark (25) had higher numbers of Heroin call outs.

[14] Drug Overdoses and drug use related illness attended by the ambulance service.

7.4 Criminal Justice data

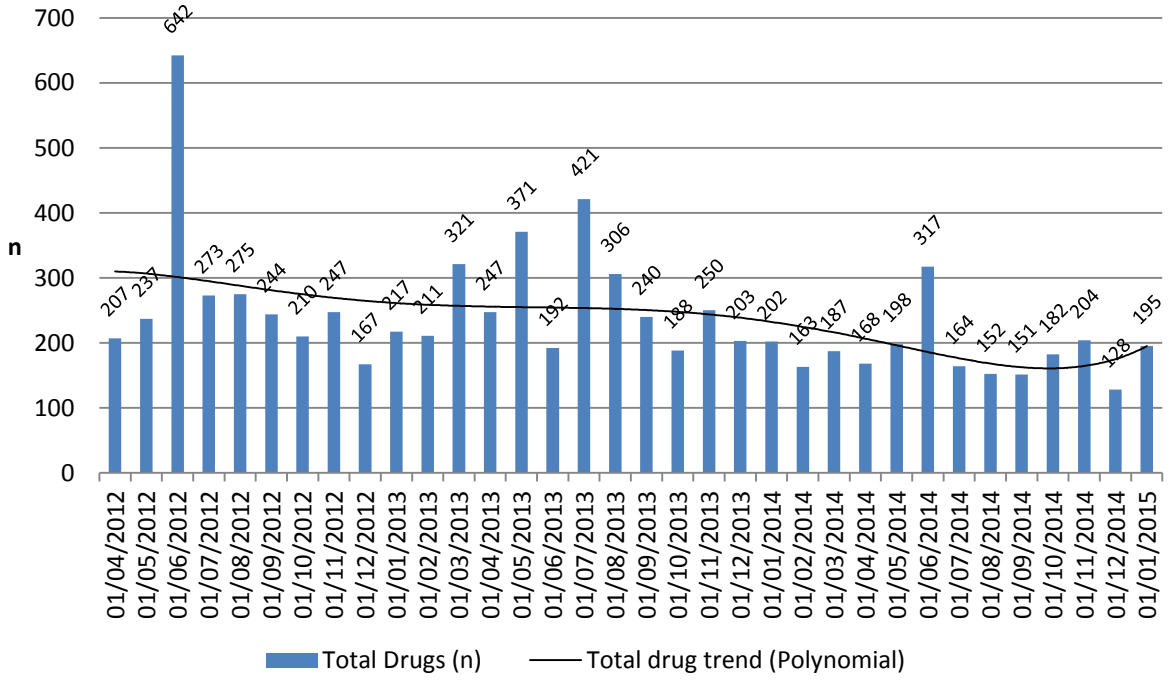
The section below describes the overall position of Tower Hamlets in terms of drug related offences. The data includes drug possessing and drug trafficking offences in the borough. Further data is provided by the probation service through its OASys reporting system.

7.4.1 Drug offences in Tower Hamlets

The Metropolitan Police crime data taken from the GLA Safe Stats LASS database describes total drug offences including possession and trafficking of drugs recorded in the period between April 2012 and Jan 2015.[15]

Over almost three years, there has been an average of 238 drug offences per month in the borough, with peaks in June 2012, Summer 2013 and June 2014. While the number of drug offences declined since Autumn 2013, a recent increase towards the end of 2014 has occured. Overall, the average number of drug offences in FY 2014/15 (data available up to Jan 2015) dropped to the average of 186 drug offences a month.

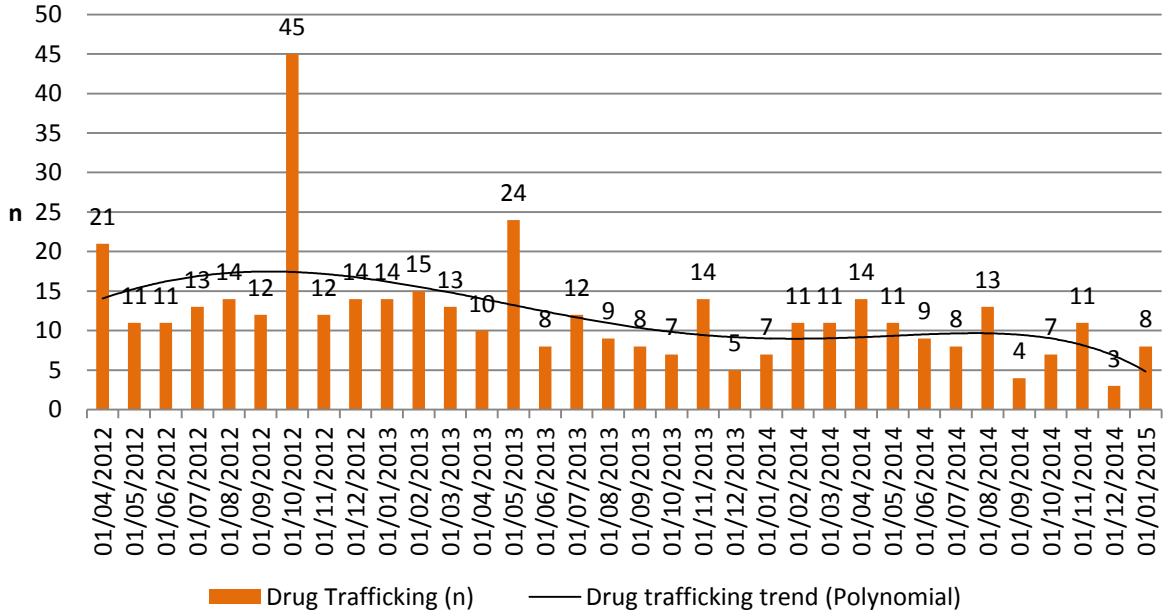
Chart 29: Total Drug Offences Tower Hamlets (Source: LASS April 2012 – Jan 2015)



The level of drug trafficking offences (drug dealing) were much lower and remained on a consistent level with peaks in some months, most likely related to local campaigns of the Borough's Police force targeting the local drug market. In the current FY 2014/15 (data available up to Jan 2015), around 9 drug trafficking offences were recorded on average per month.

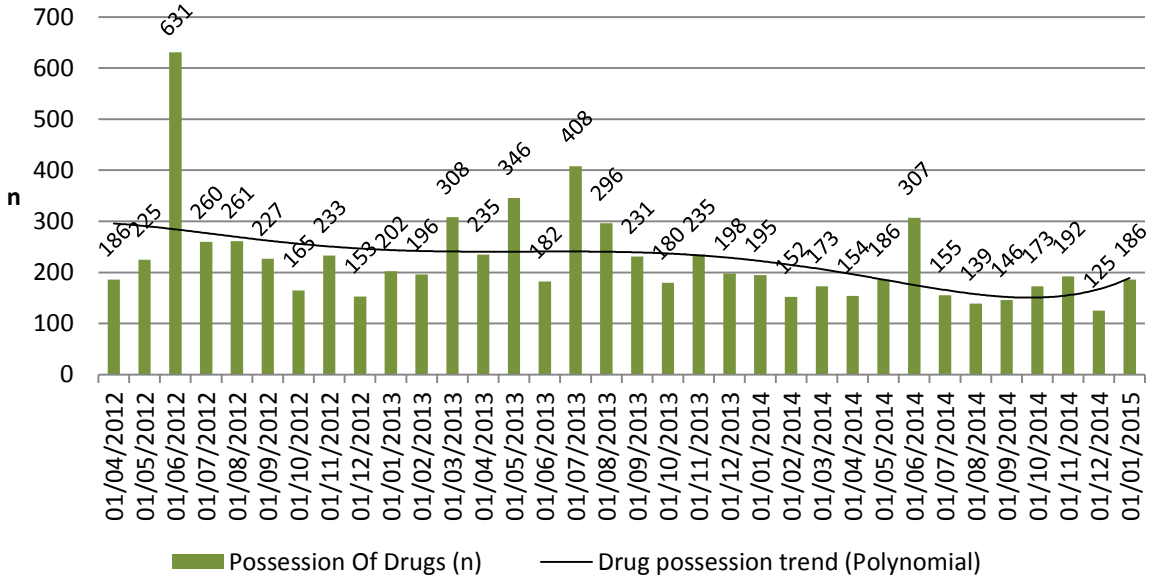
[15] A small number of "Other drug offences" have been excluded from the analysis.

Chart 30: Drug trafficking offences Tower Hamlets (Source: LASS April 2012 – Jan 2015)



The chart below shows that drug possession offences make up the vast majority of local drug offences. Trends over time are similar to the total drug offence trends. The data shows that arrests for possession decreased slightly with specific seasonal and operational based peaks. The average number of drug possession offences in FY 2014/15 (data available to Jan 2015) was 176 each month.

Chart 31: Drug possession offences Tower Hamlets (Source: LASS April 2012 – Jan 2015)



7.5 Probation Service Data

The data below is taken from the Safe Stats / Probation data set. Data available for this document refers to the period 1st January 2014 to 31st December 2014. The section below identifies specific needs of probation clients in Tower Hamlets.

In 2014, 1,369 clients were recorded on the system. The gender profile of those on the system is set out in the table below. Data shows that nearly 39% men and 32% women as having drug using needs. In terms of alcohol needs, the figure is similar for men (31%) and women (32%).

Figure 10: Probation clients by gender and drug use Jan 2014 to Dec 2014

Gender	Gender (n)	Drugs (n)	Drug users (%)	Alcohol (n)	Alcohol users (%)
Female	140	45	32.1%	45	32.1%
Male	1,229	477	38.8%	382	31.1%
Total	**1,369**	**522**	**38.1%**	**427**	**31.2%**

(Source: LASS / Safe Stats Probation data)

The tables below show the offence categories of those with drug and alcohol needs. In some cases more than one offence was committed by the same client and a client can have a drug and alcohol need. However, the offence type most likely committed was Violence against the person, Theft & Handling and Drug offences.

Figure 11: Probation client offences by drugs and alcohol need Jan 2014 to Dec 2014

Offence	Clients (n)	Drugs (%)	Alcohol (%)	Drugs & Alcohol (%)
Violence Against the Person	437	30.4	42.1	19.0
Theft and Handling	158	46.2	18.4	13.9
Drug Offences	153	63.4	13.1	12.4
Other Indictable	110	32.7	33.6	14.5
Other Summary Offences	101	24.8	33.7	13.9
Robbery	89	61.8	40.4	28.1
Fraud and Forgery	85	11.6	7.0	3.5
Burglary	70	72.9	30.0	25.7
Sexual Offences	59	28.8	44.1	16.9
Summary Motoring Offences	55	12.7	21.8	9.1
Criminal Damage	36	41.7	61.1	38.9
Indictable Motoring Offences	14	21.4	0.0	0.0
Grand Total	1,369	**38.1**	**31.2**	**16.7**

(Source: LASS / Safe Stats Probation data)

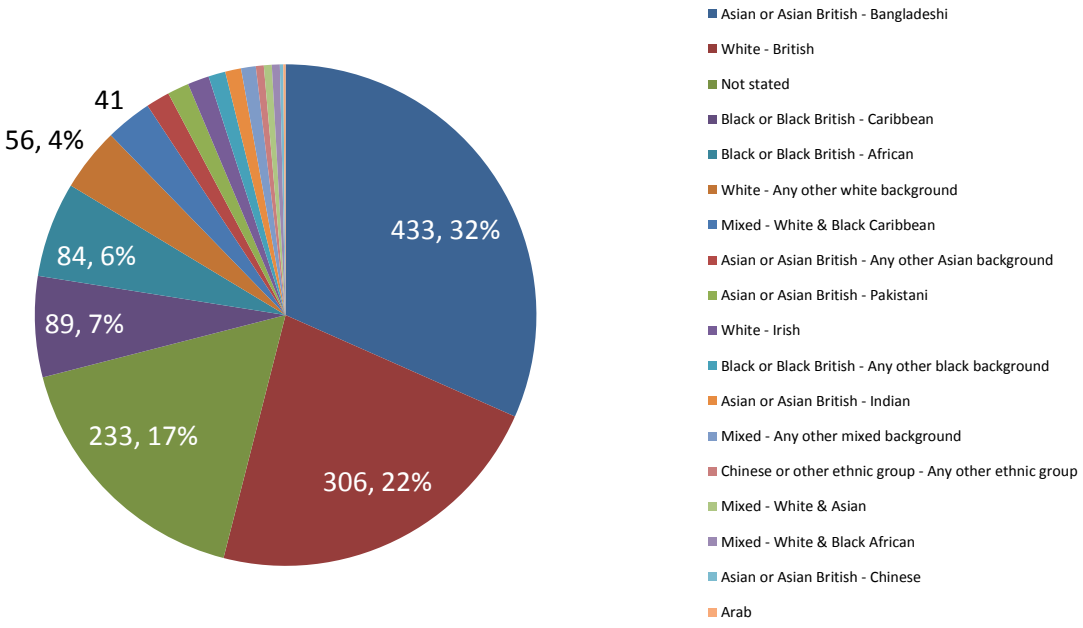
Notably, probation clients with drug needs were most likely responsible for Burglary (73%), Drug offences (63%), Robbery (62%) and Theft and Handling (46%).

Probation clients with an alcohol need were most likely to be on probation because of Criminal Damage (61%), Sexual offences (44%), Violence against the person (425) and Robbery (34%).

Again, those with a drug and alcohol need were most likely responsible for Criminal Damage (39%), Robbery (28%), Burglary (26%) and Violence against the person (19%).

The chart below shows the make-up the probation client cohort by ethnic group. It shows that British-Bangladeshis are the largest group (32%), followed by White British (22%), Black Caribbean (7%) and Black Africans (6%). Please note that the data set includes a large group of clients with missing / not stated ethnic information.

Chart 32: Probation clients by ethnicity in Jan to Dec 2014 Tower Hamlets (LASS / Safe Stats Probation data)



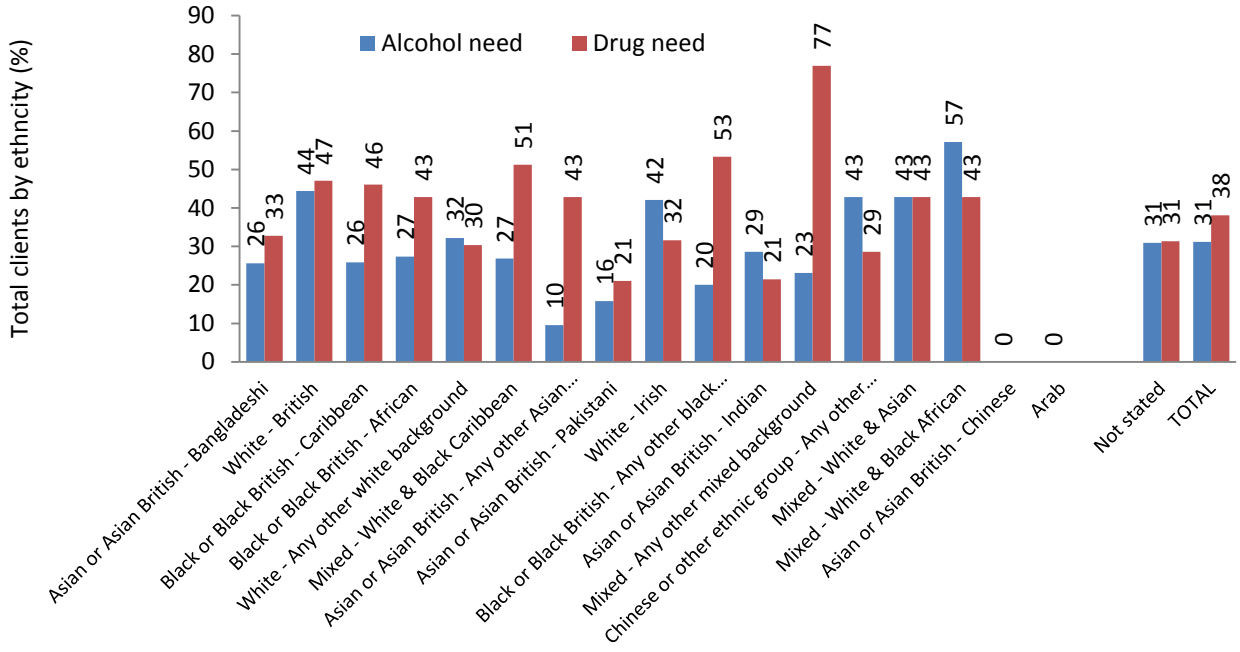
Ethnicity and Drug & Alcohol need of probation clients

Out of all probation clients in the dataset, around 38% had a drug need and 31% had an alcohol need. It appears that different ethnic groups have different needs.

The highest drug related needs were recorded for the Other-mixed, Other Black, Mixed White & black Caribbean, White British, Black Caribbean and Black African groups.

The highest Alcohol needs were recorded in the Mixed White & Black African, White British, Other, Mixed White & Asian and White Irish groups. See chart below.

Chart 33: Probation clients with drug or alcohol needs by ethnicity in Jan to Dec 2014



(Source: LASS / Safe Stats Probation data)

8 Alcohol

Alcohol treatment is a crucial component of the Tower Hamlet treatment system and clients in alcohol treatment make up a large proportion of all clients in treatment. This means that a successful alcohol treatment system and clients receiving the service they need are important to the overall performance of the partnership.

While the current treatment structure will change as part of the re-procurement process, this section brings together information and data covering a wide range of sources from NDTMS, but also supplementary alcohol data including alcohol related hospital admission, alcohol related crime and internal monitoring information about alcohol advice and guidance (Audit C intervention).

8.1 Alcohol Treatment Journey

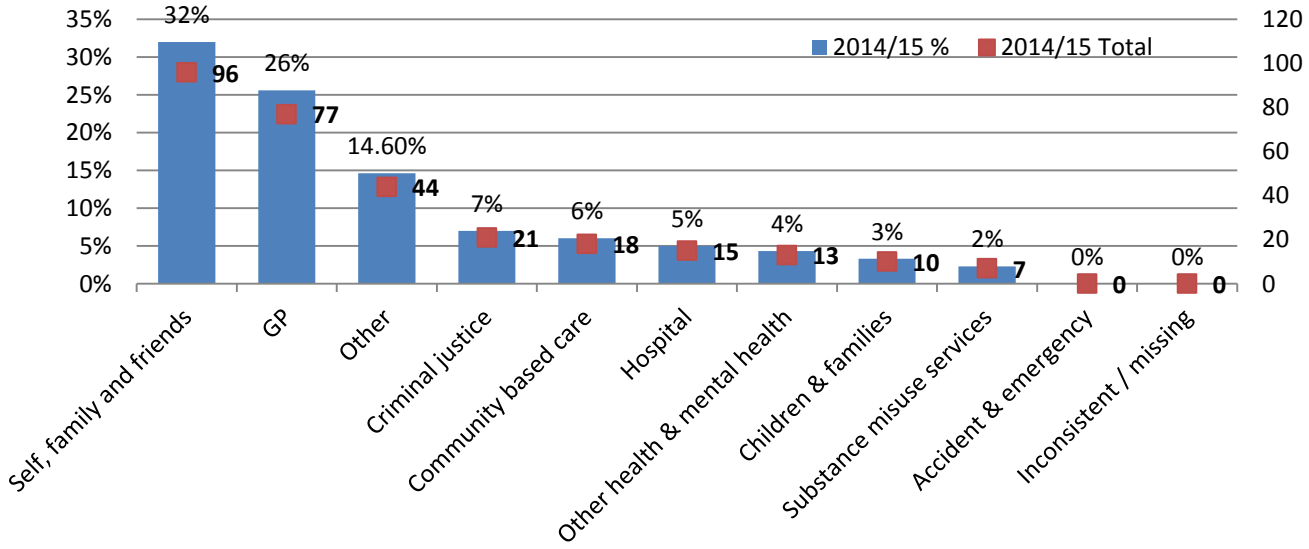
In 2014/15, Public Health England (NDTMS) did not release specific data for the alcohol treatment journey map. As an alternative, data in this section is sourced from Adult Activity reports from Q4 2013/14 and Q4 2014/15. The information is similar to the treatment map data for drug using clients, focusing on the main sources of referral, clients in treatment, clients transferring between agencies and clients leaving the treatment system.

8.1.1 Referrals into treatment – Alcohol only

In 2014/15, 301 referrals into alcohol treatment were completed. This was a substantial decrease of 22% from 384 in 2013/14. The majority of referrals originated from family, friends or self-referrals (32%), followed by referrals from GPs (26%), Other Sources (15%), Criminal Justice (7%) and Community based care (6%).

Compared to 2013/14, the numbers of alcohol only referrals from family, friends or self-referrals have dropped noticeably by nearly 50% from 146 to only 96. While the overall proportion of GP referrals increased, total referrals slightly dropped to 77. See chart and table below.

Chart 34: Referrals source – Alcohol only in Tower Hamlets 2014/15



(Source: NDTMS Adult Activity report 2014/15 Q4)

Figure 12: Referrals source – Alcohol only in Tower Hamlets 2013/14 and 2014/15

	Rate 2013/14	Rate 2014/15	Total 2013/14	Total 2014/15
Self, family and friends	38%	32%	146	96
GP	21%	26%	81	77
Other	13%	15%	51	44
Criminal justice	11%	7%	41	21
Community based care	5%	6%	19	18
Children & families	4%	3%	14	10
Hospital	4%	5%	14	15
Substance misuse services	2%	2%	9	7
Other health & mental health	2%	4%	7	13
Accident & emergency	0%	0%	*	0
Inconsistent / missing	0%	0%	*	0

(Source: NDTMS Adult Activity report 2014/15 Q4, * data suppressed)

8.1.2 Alcohol treatment providers

Unsurprisingly, THCAT is the largest provider for Alcohol only clients in treatment in the borough, followed by IDP and various Tier 4 providers. However, the total number of alcohol clients in THCAT has dropped by 10% between 2013/14 and 2014/15. See table below.

Figure 13: Clients Alcohol Only by treatment provider in Tower Hamlets

	2013/14	2014/15	Change (n)	Change (%)
Tower Hamlets Community Alcohol Team	533	482	-51	-10%
RAPT/Island Day Programme	29	24	-5	-17%
Salvation Army Greig House Addiction Services	8	17	+9	112%
SLAM Inpatient Unit Acute Assessment Unit [AAU Mau	7	*	*	
Other providers incl Tier 4	41	14	-27	-66%

(Source: NDTMS Adult Activity report 2014/15 Q4, * data suppressed)

8.1.3 Total in treatment

There were 452 clients in treatment in 2014/15 (partnership level data is not equal to the number in treatment at provider level due to multiple counting of clients who received treatment in more than one agency). The 2014/15 total represents a drop of 11% from 508 alcohol clients in 2013/14.

Out of 452 clients in 2014/15, 127 were female clients, accounting for 28% of the treatment population. As expected this is higher compared to the male - female ratio for clients in drug treatment (80/20).

8.1.4 Treatment exits - Alcohol only clients

The total numbers of treatment exits have dropped from 330 in 2013/14 to 317 in 2014/15. More crucially, unplanned alcohol only exits have increased substantially from 150 to 196 while planned exits fell from 161 to 98 only. See table below.

Figure 14: Treatment exits in Tower Hamlets Partnership - Alcohol only clients (total and %)

	2013/14	2014/15
Planned exit	48.8% (161)	30.9% (98)
Unplanned exit	45.5% (150)	61.8% (196)
Transferred - not in custody and picked up within 21 days at another partnership in England	0.0%	*
Transferred - not in custody, not picked up within 21 days at another partnership in England	3.9% (13)	3.8% (12)
Transferred - in custody	1.8% (6)	2.8% (9)
TOTAL EXITS	**330**	**317**

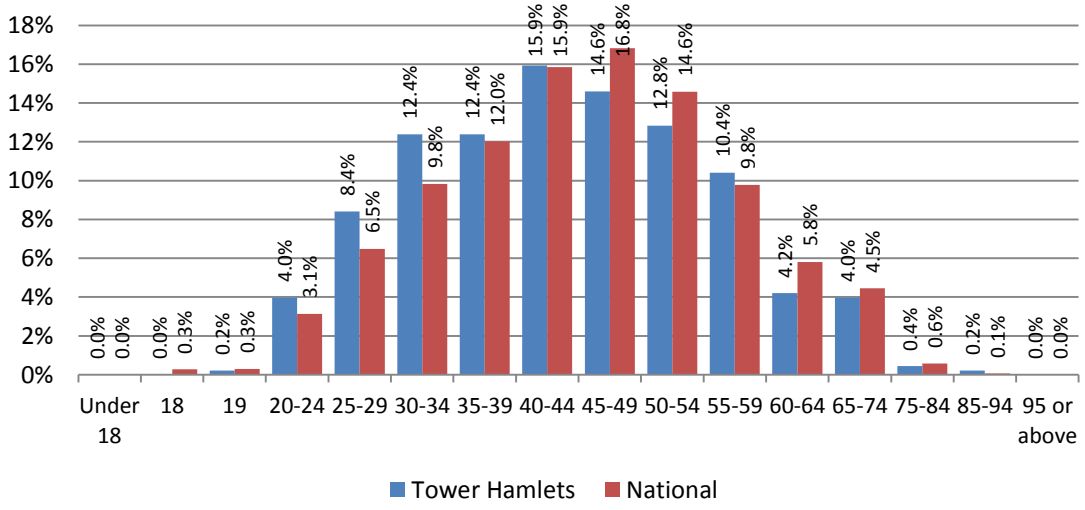
(Source: NDTMS Adult Activity report 2014/15 Q4, * data suppressed)

The proportion of successful treatment (planned) exit outcomes in Tower Hamlets is significantly lower compared to national average of 60% while unplanned Alcohol exits are more than double the national rate of 30% in 2014/15.

8.1.5 Age Profile – Alcohol only clients

The age groups with the most alcohol only clients in Tower Hamlets were the age groups 40 to 44 and 45 to 49. Those groups are also on national level the largest. However, the Tower Hamlets age structure is younger compared to the overall national picture. See chart below.
Tower Hamlets has a younger population compared to the national average, which can be an explanation for this picture.

Chart 35: Age – of Alcohol only clients Tower Hamlets and National (2014/15)

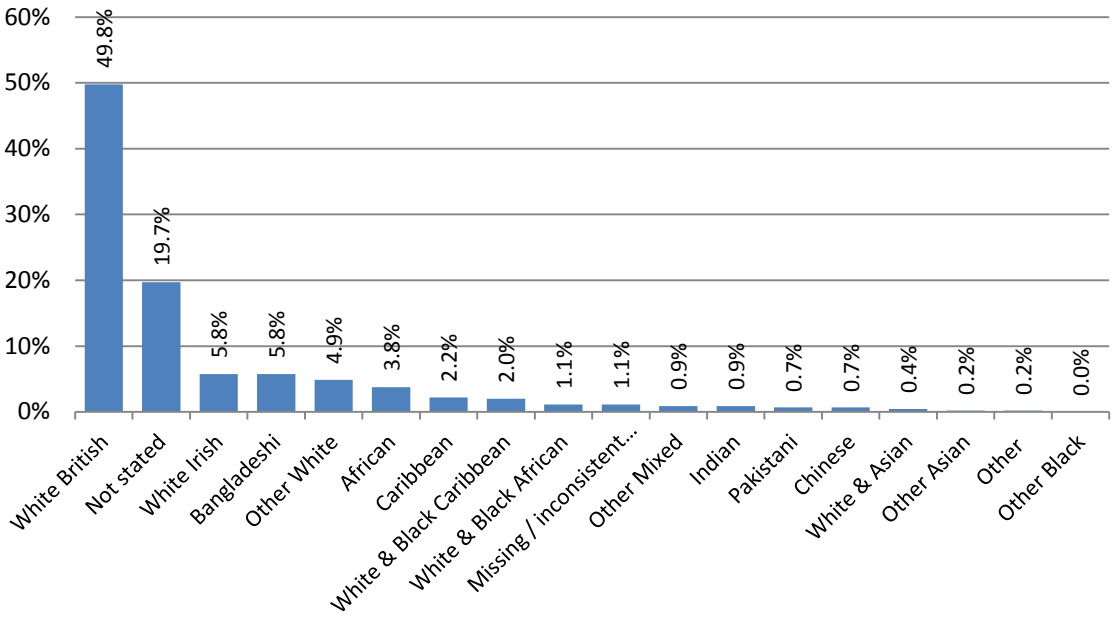


(Source: NDTMS Adult Activity report 2014/15 Q4)

8.1.6 Ethnicity profile

While there have been problems with the recording of the ethnic group in 2014/15, data indicates White British clients are the largest group with nearly 50%. Only a low number of Bangladeshi clients are in treatment for alcohol only use while comparable many White Irish are in treatment.

Chart 36: Chart: Ethnicity – Alcohol only clients Tower Hamlets (2014/15)



(Source: NDTMS Adult Activity report 2014/15 Q4)

8.2 Estimating the alcohol drinking population

It is important to assess how many people in the community have an alcohol issue and may require treatment services. The only methodology currently being employed is the use of synthetic estimates generated from by LAPE. The estimate generates a percentage profile for a local area, balanced by existing treatment patterns to assess the range of potential alcohol users and an indication of the level of need; this is compared to England as a whole.

A clear focus of the estimation tool is to review the categories of alcohol abstainers, low risk drinkers, increasing risk drinkers, higher risk drinkers and binge drinkers. The table below shows in Tower Hamlets there is a higher proportion of 'abstainers' compared to the England average, 28.6% and 16.5% respectively. For those 'lower risk drinkers', those at 'increasing risk of drinking' and 'higher risk drinking' Tower Hamlets has a similar profile to the England average. Tower Hamlets has half the proportion of 'binge drinkers' (10.9%) compared to the England average (20.1%).

Figure 15: Estimation tool (Source: Local Alcohol Synthetic Estimates for England 2012/13)[16]

	Tower Hamlets			England		
	% of Total Population aged 16+	Lower 95% CI	Upper 95% CI	% of Total Population aged 16+	Lower 95% CI	Upper 95% CI
Abstainers	28.6	20.5	34.4	16.5	11.1	20.6
	% of Drinking Population aged 16+	Lower 95% CI	Upper 95% CI	% of Drinking Population aged 16+	Lower 95% CI	Upper 95% CI
Lower Risk Drinkers	73.4	49.5	90.9	73.3	51.1	86.4
Increasing Risk Drinking	20.5	10.1	40.4	20	10.8	38.5
Higher Risk Drinking	6.1	1.8	21	6.7	2.4	21.8
Binge Drinking	10.9	9.7	12.3	20.1	19.4	20.8

In Tower Hamlets it is estimated the total 16 and over populations was 226,800 in 2014.[17] Based on this figure, ***64,900*** are abstainers and therefore leaving an estimated 16 and over drinking population of ***161,940***.

The table below shows the 16plus mid-2014 ONS population estimates based synthetic drinking population estimates by category.

Figure 16: Drinking population estimate 2014 based on new population estimate
(Source: Local Alcohol Synthetic Estimates for England 2012/13 with mid-year population estimate 2014)

	Tower Hamlets	England
Low risk drinkers	118,865 (73.4%)	73.3%
Increasing risk drinkers	33,198 (20.5%)	20%
Higher risk drinking	**9,878 (6.1%)**	**6.7%**
Binge Drinking	17,652 (10.9%)	20.1%

[16] The 2009 LAPE synthetic estimate of the percentage of the total adult population, who report abstaining and the proportion of the adult drinking population who report engaging in lower risk/increasing risk/higher risk drinking, where: lower risk drinking is defined as usual consumption of fewer than 22 units of alcohol per week for males, and fewer than 15 units of alcohol per week for females
- increasing risk drinking is defined as: Consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females
- higher risk drinking is defined as usual consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females

Binge drinking: Proportion of adult men who drank eight or more units of alcohol on the heaviest drinking day in the previous seven days at time of survey and adult women who drank six or more units of alcohol on the heaviest drinking day in the previous seven days at time of survey.

[17] According to the latest ONS Mid-Year population estimate released in June 2015

The data suggests a large proportion of low risk drinkers (118,865) in the borough, similar to the England average.
Nonetheless, there is a significant volume of increasing risk drinkers at 33,200 and 9,878 higher risk drinkers. However, there were around 450 Alcohol – Only clients in treatment in 2014/15 indicating a potential high need, as set out in these synthetic estimates above, which is not met and additional clients which would profit from treatment.

8.3 Hospital episodes with Alcohol-related conditions

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. An increase in alcohol harm has been observed over the last decade, but we have also become better at understanding and recording its' impact. Alcohol related hospital episodes are measured using two indicators, a broad measure and a narrow measure.[18]

Data discussed includes Alcohol-related conditions. *Alcohol-related conditions* include all *alcohol-specific conditions*, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls.

Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.

The analysis is also split by total alcohol related admissions and admission by age standardized rates allowing for a better comparison between Tower Hamlets and London for example.

8.3.1 Hospital episodes with alcohol-related conditions (Narrow and broad)

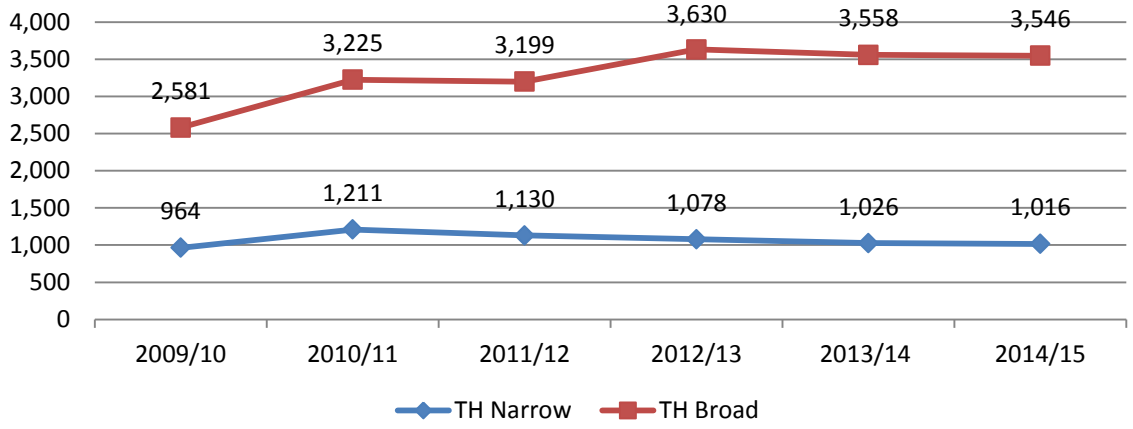
In Tower Hamlets, admissions to hospital with alcohol related conditions are slightly falling in the narrow category while admissions based on the broad definitions only decreased in the last 2 years.

Admissions in the Narrow category were falling since 2010/11 while admissions in the broader category just started decreasing since 2012/13. The broader category decreased by 2.3% since 2012/13. The admissions in the narrow category however, dropped of 5% between 2012/13 and 2014/15.

[18] Broad measure:
Persons admitted to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code. Children aged less than 16 years were only included for alcohol-specific conditions and for low birth weight. For other conditions, alcohol-attributable fractions were not available for children.

Narrow measure:
Persons admitted to hospital where the primary diagnosis is an alcohol-attributable code or one of the secondary codes is an external alcohol-attributable code. Children aged less than 16 years were only included for alcohol-specific conditions and for low birth weight. For other conditions, alcohol-attributable fractions were not available for children.

Chart 37: Admitted to hospital episodes with alcohol-related conditions (Narrow and broad) 2009/10 to 2014/15 in Tower Hamlets



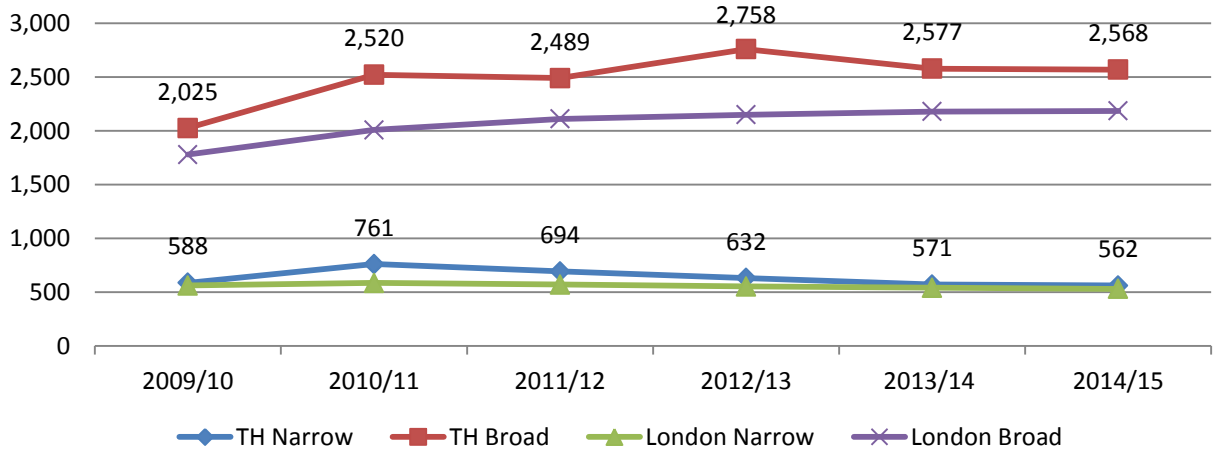
(Source: NWPHO LAPE Narrow and broad data)

8.3.2 Age standardised alcohol related hospital admissions

The age standardized rates show a similar trend as described above. The admissions based on the narrow definitions are falling in Tower Hamlets to 562 in 2014/15 and in London to 531 in 2014/15. The gap between London and Tower Hamlets is closing and remains small.

Admissions based on the broader definition show that the Tower Hamlets figure (2,568) is much higher compared to London (2,184). However, the Tower Hamlets data indicates a small decrease over the last two years while the London figure is still increasing. This means that the gap between London and Tower Hamlets is closing slightly.

Chart 38: Age standardized rate per 100.000 - Admitted to hospital episodes with alcohol-related conditions (Narrow and Broad) 2009/10 to 2014/15

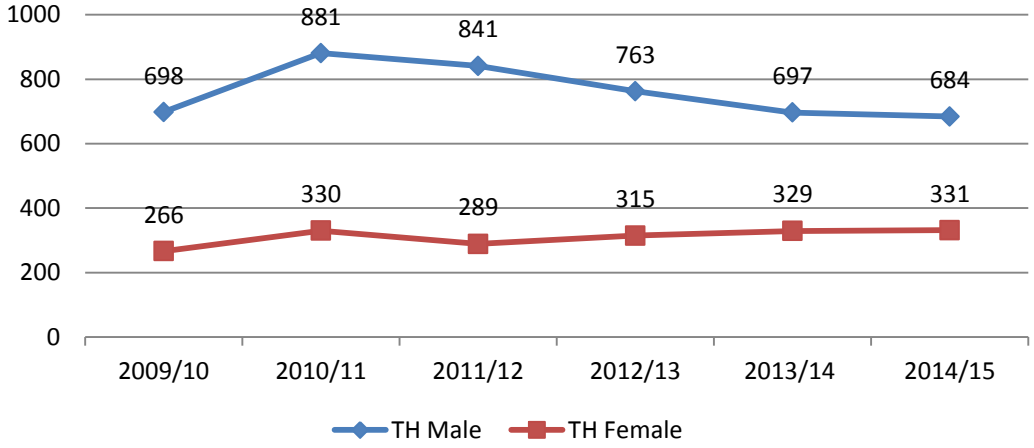


(Source: NWPHO LAPE Narrow and broad data)

8.3.3 Gender specific admissions with alcohol-related conditions

The analysis by gender allows us to understand the trend in Tower Hamlets better. It shows that the total decline of admissions (narrow definitions) is based on falling male admissions. Female admissions have remained stable and were less than half (331) of the male admissions (684) in 2014/15.

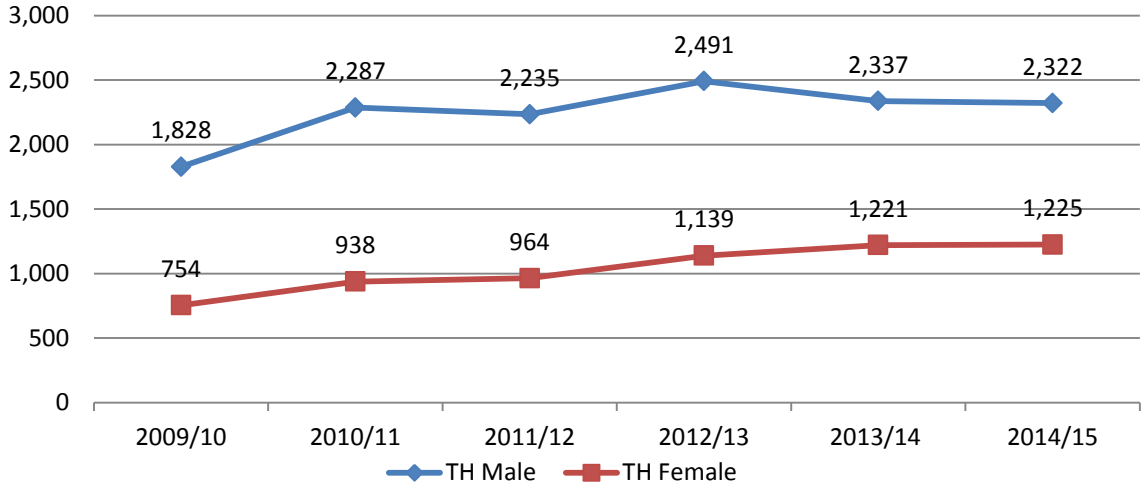
Chart 39: Admitted to hospital episodes with alcohol-related conditions (Narrow) 2009/10 to 2014/15



(Source: NWPHO LAPE Narrow and broad data)

Gender specific admission based on the broad admission definitions shows again an interesting picture in the borough. Female admissions are still increasing while male admissions appear to have peaked. Nevertheless, male admissions in 2014/15 (2,322) are nearly double the female total of 1,225.

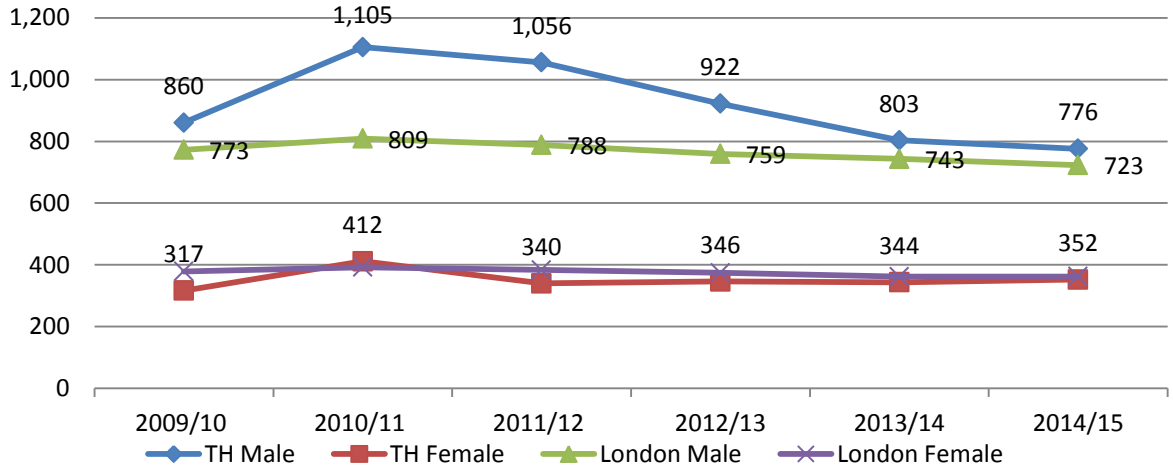
Chart 40: Admitted to hospital episodes with alcohol-related conditions (Broad) 2009/10 to 2014/15



(Source: NWPHO LAPE Narrow and broad data)

The age standardized rates below in the narrow category, support the earlier interpretation for both for London and Tower Hamlets. London and Tower Hamlets male admissions rates are falling while female admissions remain stable and increase slightly. The Male Tower Hamlets rate is moving closer to the London rate, potentially closing the gap soon. London and Tower Hamlets rates for females are practically the same.

Chart 41: Age standardized rate per 100.000 - Admitted to hospital episodes with alcohol-related conditions (Narrow) 2009/10 to 2014/15

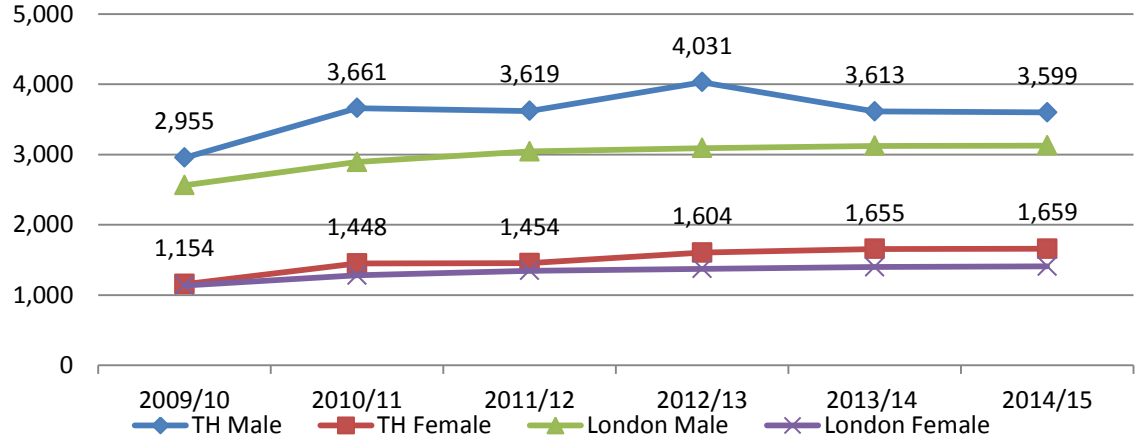


(Source: NWPHO LAPE Narrow and broad data)

The age standardized rates based on the broader definition show an interesting picture. While male rates were falling in Tower Hamlets over the last two years and the London rates is still increasing, the Tower Hamlets rate (3,599) remains significantly above the London rate (3,128).

In the female category, London and Tower Hamlets rates are still increasing while Tower Hamlets (1,659) performs worse compared to London (1,408) in 2014/15.Overall, the male rate in Tower Hamlets remains with 3,599 admissions twice as high the female rate of 1,659 admissions per 100,000.

Chart 42: Age standardized rate per 100.000 - Admitted to hospital episodes with alcohol-related conditions (Broad) 2009/10 to 2014/15



(Source: NWPHO LAPE Narrow and broad data)

8.4 Alcohol Related Crime - LAPE Alcohol Profile Tower Hamlets[19]

Data available in the latest Public Health Alcohol profiles shows a rate of 10.5 alcohol related crimes per 1,000 population in Tower Hamlets, based on total of 2,696 alcohol related offences. The LAPE Alcohol profile was published in June 2015 but the alcohol related crime data refers to the year 2012/13.

Tower Hamlets had the 8th highest rate in London, higher than the London and England averages but lower than City of London (31 per 1000), City of Westminster (14 per 1000) and Lambeth (11 per 1,000). The lowest rates were recorded in Richmond, Bexley and Kingston upon Thames.

While the total number of alcohol related crime has increased from 2,634 in 2008/09 to 2,697 in 2012/13, the rate has slightly dropped from 11.7 to 10.5 per 1,000 population based on the growing population.

	Selected London Boroughs	Crude rate per 1,000 populations	Count
1	City of London	31.25	231
2	Westminster	14.42	3,167
3	Lambeth	11.02	3,356
4	Islington	10.92	2,254
5	Hackney	10.63	2,629
6	Newham	10.59	3,288
7	Southwark	10.55	3,047
8	**Tower Hamlets**	**10.53**	**2,697**
9	Barking and Dagenham	10.53	1,969
10	Camden	10.28	2,263
.			
.			
29	Harrow	6.61	1,590
30	Sutton	6.52	1,246
31	Kingston upon Thames	6.07	974
32	Bexley	5.75	1,338
33	Richmond upon Thames	5.62	1,053
	London	**9.02**	**73,964**
	England	**5.75**	**305,048**

(Source: LAPE Profile 2015)

8.4.1 Alcohol Related Violent Crime

The Tower Hamlets Alcohol related violent crime rate was with 7.39 per 1,000 population the 4th highest in London, above London (5.7 per 1000) and England average (4 per 1000). The rate is based on a total of 1,893 alcohol related violent crime offences in 2012/13.

[19] Source: Alcohol-related recorded crimes (based on the Home Office's former 'key offence' categories), all ages, persons, crude rate per 1,000 populations. Knowledge and Intelligence Team (North West) from Office for National Statistics recorded crime statistics 2012/13, Office for National Statistics 2011 mid-year populations. Attributable fractions for alcohol for each crime category were applied where available, based on survey data on arrestees who tested positive for alcohol by the UK Prime Minister's Strategy Unit.

The total number of alcohol related violent crime has slightly increased from 1,851 in 2008/09 to 1,893 in 2012/13. However, the rate has dropped from 8.22 to 7.39 per 1,000 population.

	Selected London Boroughs	Crude rate per 1,000 populations	Count
1	City of London	25.85	191
2	Westminster	9.52	2,091
3	Islington	7.49	1,545
4	**Tower Hamlets**	**7.39**	**1,893**
5	Hackney	7.19	1,777
6	Lambeth	6.92	2,106
7	Southwark	6.90	1,992
8	Camden	6.75	1,487
9	Newham	6.74	2,092
10	Greenwich	6.59	1,684
.		6.54	1,223
.		6.52	1,190
29	Merton	3.95	791
30	Bexley	3.88	903
31	Harrow	3.84	924
32	Barnet	3.56	1,274
33	Richmond upon Thames	3.24	607
	London	**5.67**	**46,495**
	England	**3.93**	**208,568**

(Source: LAPE Profile 2015)

8.4.2 Alcohol Related Sexual Crime

While the Tower Hamlets rate (0.19 per 1,000) for sexual crime attributed to Alcohol is above the 2008/09 figure and higher compared to the London (0.15) and England (0.12) average, the Tower Hamlets rate has been falling in recent years since its peak in 2011/12 with 0.22 (per 1,000).

Tower Hamlets had the 4th highest rate in London, below City of London (0.74 per 1,000), City of Westminster (0.28 per 1,000) and Lambeth (0.20 per 1,000) averages.

	Selected London Boroughs	Crude rate per 1,000 populations	Count
1	City of London	0.74	5
2	Westminster	0.28	62
3	Lambeth	0.20	62
4	Hackney	0.19	48
	Tower Hamlets	**0.19**	**49**
	Camden	0.19	42
	Lewisham	0.19	52
	Southwark	0.19	54
9	Hammersmith and Fulham	0.18	34
	Haringey	0.18	46
	Islington	0.18	37

	Barking and Dagenham	0.18	33
.			
.			
27	Redbridge	0.11	31
	Harrow	0.11	26
	Barnet	0.11	38
30	Richmond upon Thames	0.10	19
	Bexley	0.10	23
	Havering	0.10	23
	Bromley	0.10	30
	London	**0.15**	**1,255**
	England	**0.12**	**6,499**

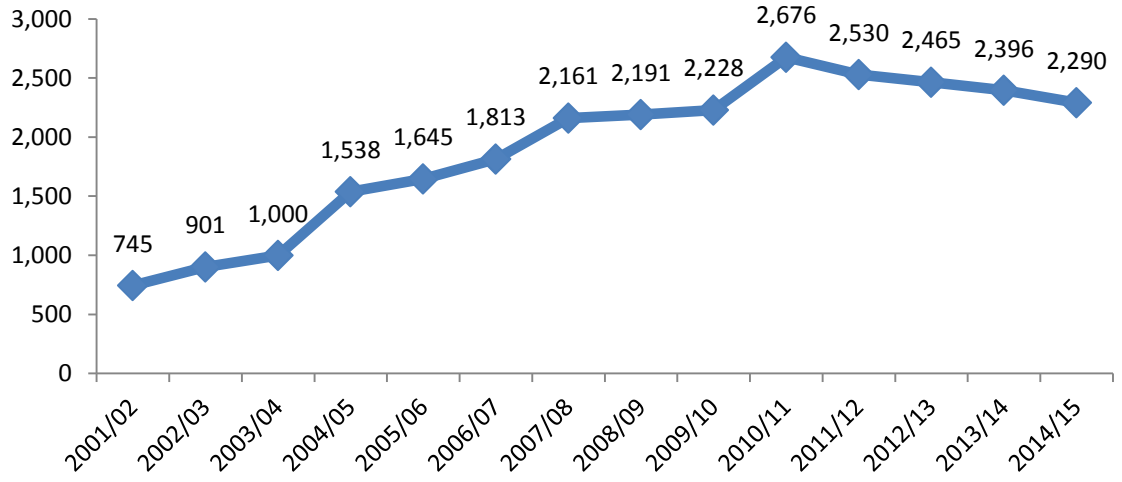
(Source: LAPE Profile 2015)

8.5 Tower Hamlets Ambulance Service - Alcohol related callouts

The following information has been collated from the Safe Stats database showing London Ambulance Service call outs for alcohol related incidents. The chart below shows that alcohol related callouts to the London Ambulance Service over the last 12 years peaked in 2010/11 and have been falling in recent years to 2,290 in 2014/15.

The LAS report for the period April 2014 to March 2015 counted 2,290 alcohol related callouts/incidents attended in Tower Hamlets representing a drop of around 4.4% compared to 2013/14.

Chart 43: Tower Hamlets LAS Callouts 2001/02 to 2014/15 (Source: Safe Stats / Lass London Ambulance data, accessed 27 April / 26 June 2015)



The table below shows the gender profile of LAS call outs representing a 70% male to 30% female split. This split is similar to known historic trends.

Map 1: Number of alcohol related ambulance call outs in Tower Hamlets

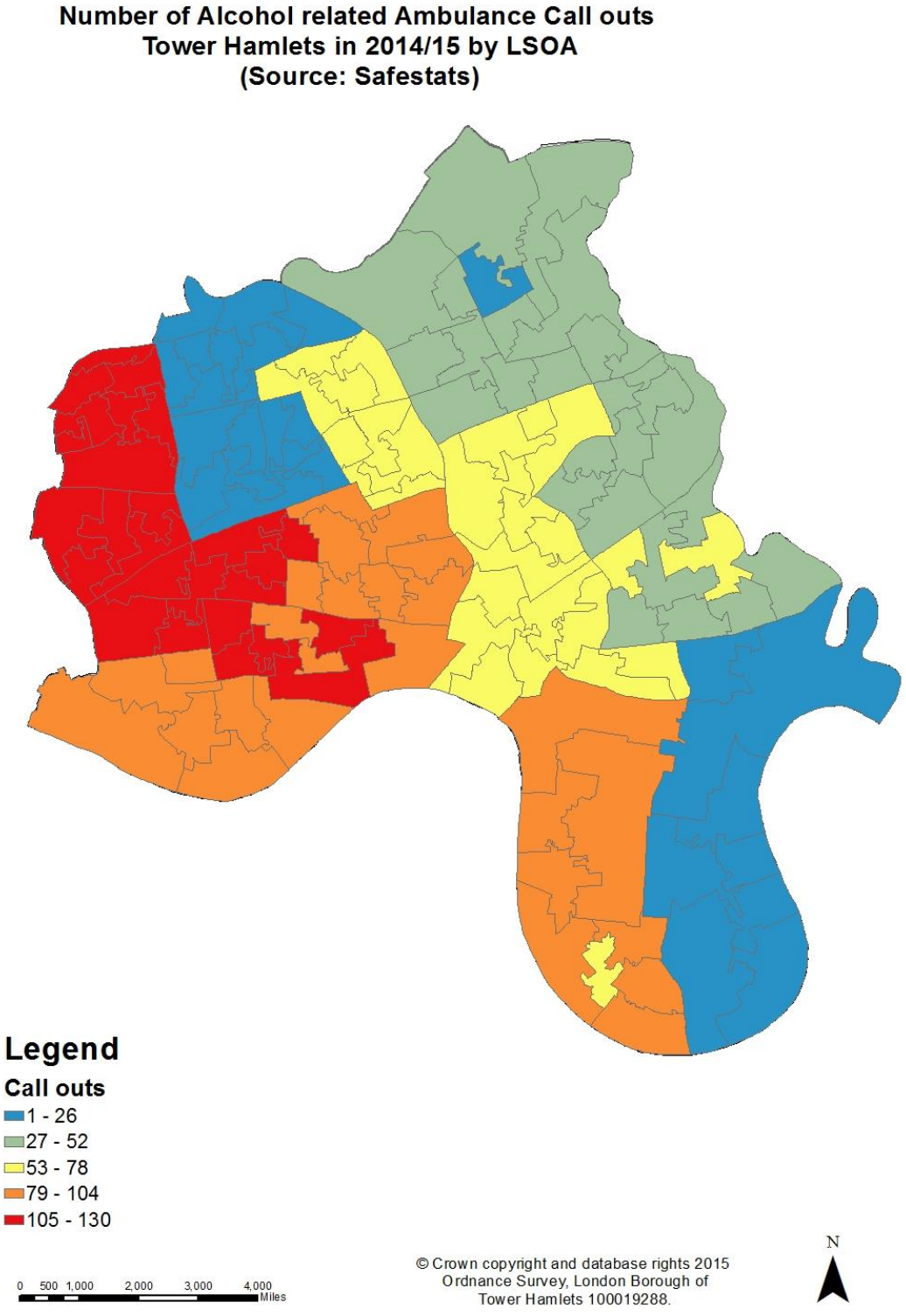
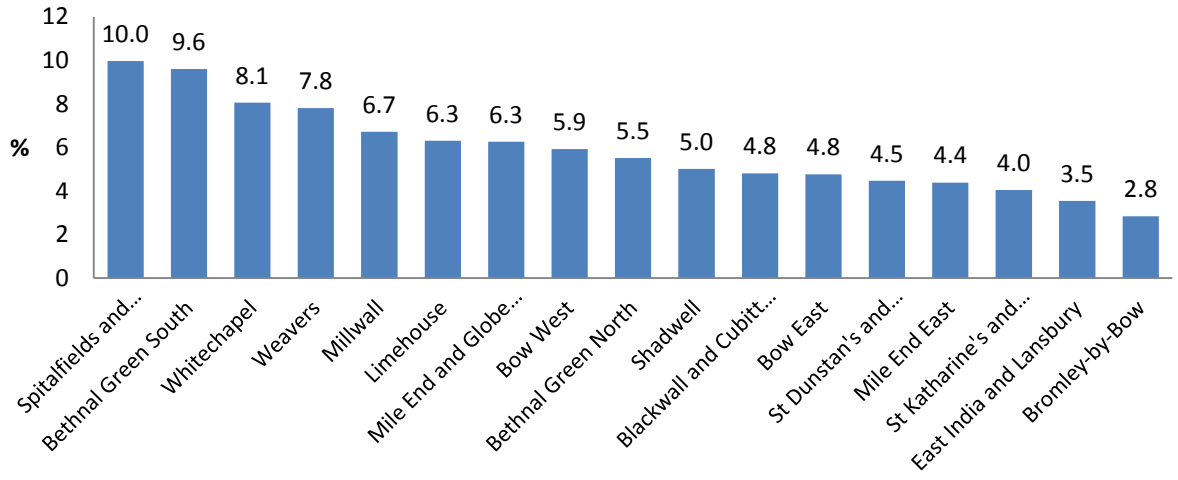


Figure 17: Gender of London Ambulance Alcohol Callouts: Tower Hamlets – 2013/14 (Source: Safe Stats / LASS London ambulance data)

Gender	Total	%
Male	1,661	69.3%
Female	681	28.4%
Un-recorded	54	2.2%
Total	2,396	

The data indicates that the highest number of callouts originated from Spitalfields & Banglatown, Bethnal Green South, Whitechapel and Weavers area.[20] Those areas are characterised by a vibrant night time economy, a large student population and home to various hostels.

Chart 44: **London Ambulance Service - Alcohol related callouts by ward 2013/14** (Source: Safe Stats / Lass London Ambulance data, using old ward boundaries)

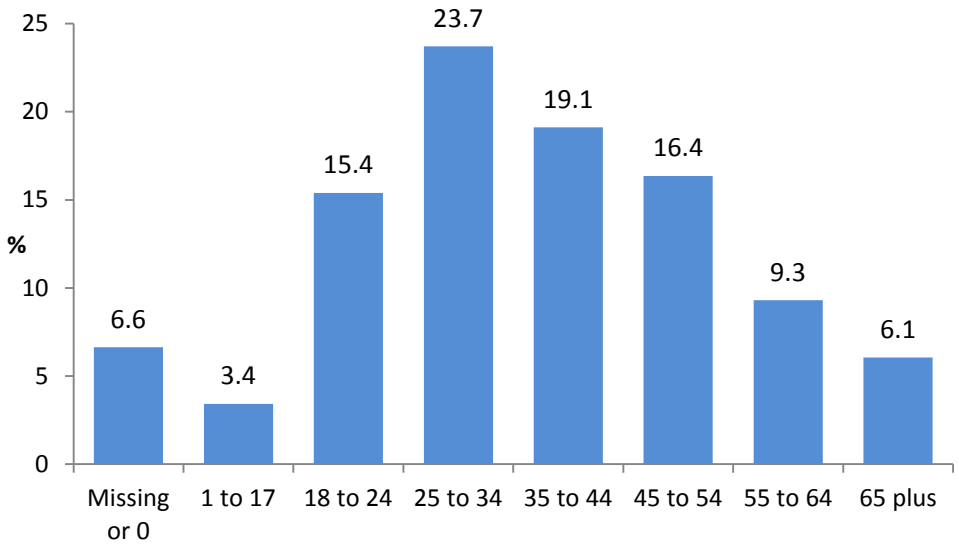


The age group with the highest level of callouts for an alcohol related cause was the 25-34 age group (568), followed by the 35-44 year olds (458), those aged 45-54 (392) and the 18-24 age group (369). This proportion of call outs by age has not changed compared to 2012/13.

[20] Data here relates to the old Tower Hamlets wards.

Chart 45: Ambulance Services Alcohol related callouts by age 2013/14 in Tower Hamlets

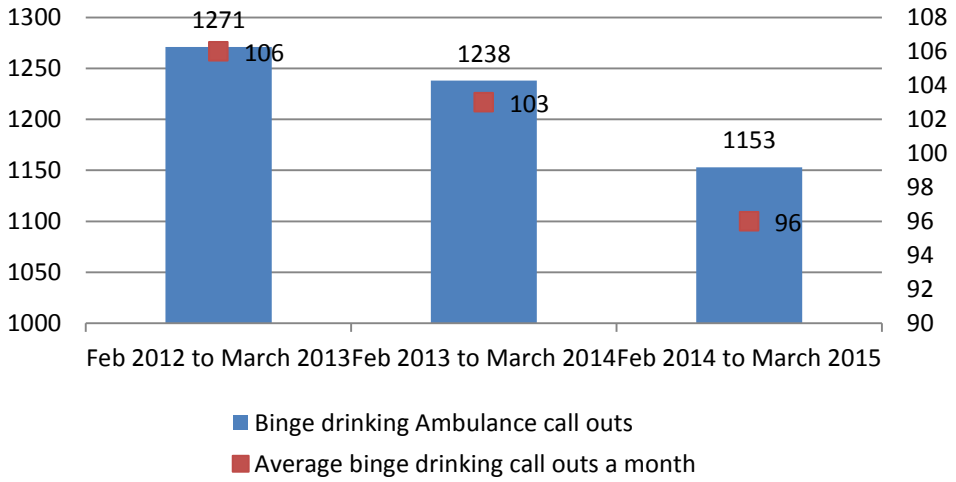
(Source: Safe Stats / Lass London Ambulance data)



8.6 Binge drinking Ambulance call outs

This data set gathers information about patients aged 40 and under who experience alcohol poisoning. Data from the last 36 months indicates that the number of average binge drinking call outs and total binge drinking call outs is falling. See chart below.

Chart 46: Binge drinking - Ambulance call outs Tower Hamlets (total numbers)[21]

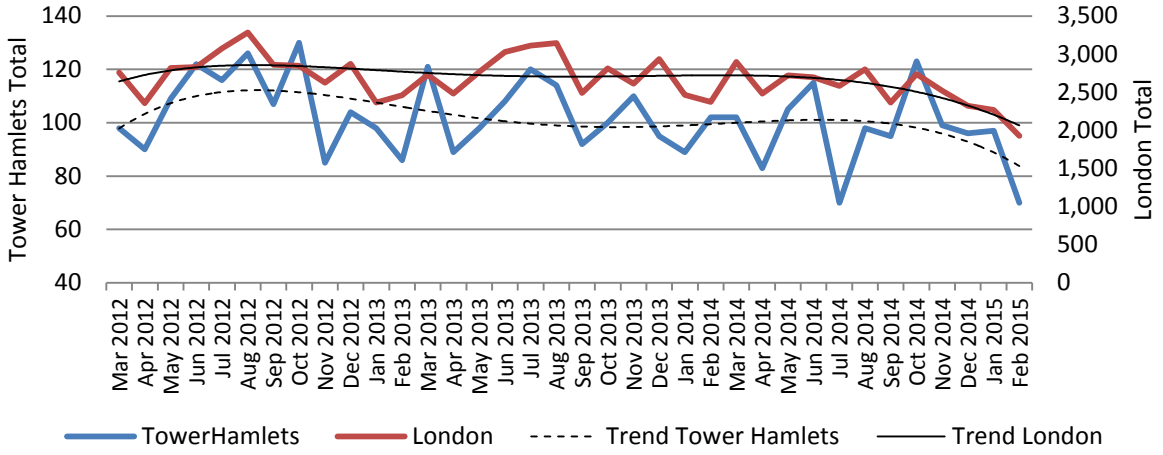


(Source: LAS Ambulance call outs binge drinking March 2015)

This trend appears to reflect the overall falling numbers of binge drinking ambulance call outs in Tower Hamlets and London overall. See the chart below.

[21] To be able to compare 12 months periods, data refers to Feb to March of each year.

Chart 47: Binge drinking ambulance call outs Tower Hamlets & London (total)



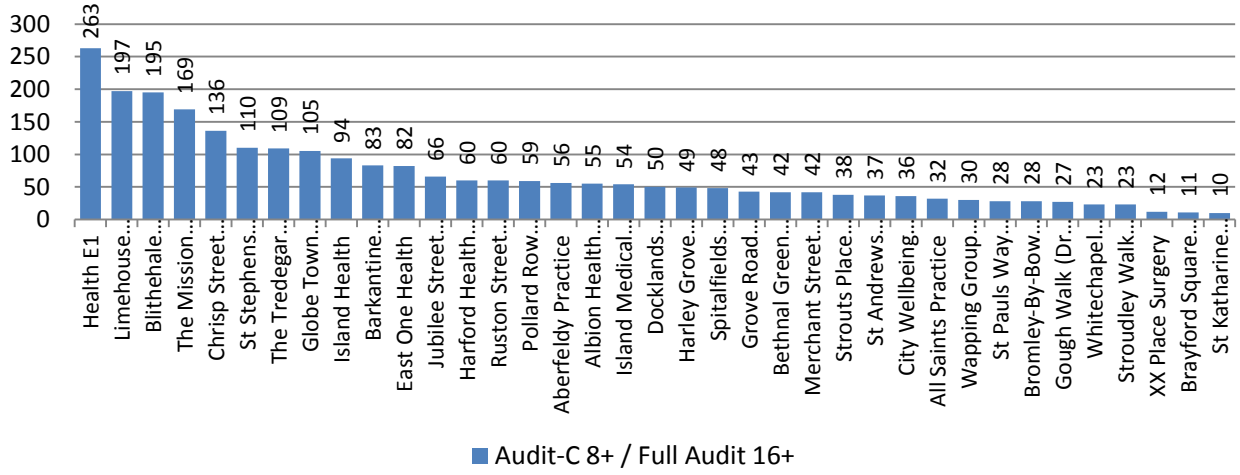
(Source: LAS Ambulance call outs binge drinking March 2015)

8.7 Audit C results of GP patients

This section focuses on information taken from internal CEG data about GPs delivering Alcohol interventions including Audit C etc. The information is useful to understand were higher risk drinkers are been seen and targeted work of the alcohol service could improve engagement with treatment.

A high number of patients reaching 8+ AUDIT C or 16+ Full Audits[22] indicate potential demand for further alcohol treatment. The data showed that the following GPs delivered more than 100 individual audits including: Health E1 (263), Limehouse Practice (Gill Street) (197), Blithehale Medical Centre (195), The Mission Practice (169), Chrisp Street Health Centre (136), St Stephens Health Centre (110), The Tredegar Practice (109) and Globe Town Surgery (105).

Chart 48: Number of Audit-C 8+ / Full Audit 16+ in 2014/15



(Source: CEG Alcohol Dashboard 2014/15)

[22] This data set includes All 16+yr patients with Audit-C 8+ or Full Audit 16+ 2014-2015 and THCAT Referral 2014-2015. Please note: CEG Target is 10% of patients scoring 8+ AUDIT C or 16+ Full Audit have a coded written referral to THCAT

Audit C positive results by GP patients 2014/15

The highest numbers of Audit C positives results were recorded in Blithehale Medical Centre, Limehouse Practice and The Mission Practice.[23] The GPs with more than 200 or more Audit C positive patients are included in the table below. GPs with high numbers of Audit C positives may indicate demand for alcohol interventions.

Figure 18: Table: GPs with more than 200 and more Audit C positives

GPs	Audit C positive patients
Blithehale Medical Centre	517
Limehouse Practice (Gill Street)	405
The Mission Practice	375
Globe Town Surgery	341
Health E1	325
Chrisp Street Health Centre	317
Island Medical Centre	308
St Stephens Health Centre	303
East One Health	275
Barkantine Practice	270
Island Health	267
The Tredegar Practice	261
Spitalfields Practice	244
Albion Health Centre	222
Pollard Row Surgery	217

(Source: CEG Alcohol Dashboard)

8.8 Lack of alcohol clients moving into Treatment

A trend initially identified in the last Needs Assessment that data showed that although there were high numbers of alcohol related hospital admissions there were falling numbers of alcohol related ambulance callouts. At the same time, the numbers of clients entering alcohol treatment have decreased and not enough successful transfers from A&E, GPs or hospitals have materialised. This still remains a crucial issue in Tower Hamlets.

[23] A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

9 Partnership Performance

This section sets out the treatment profile and the overall trend in the partnership performance of Tower Hamlets.

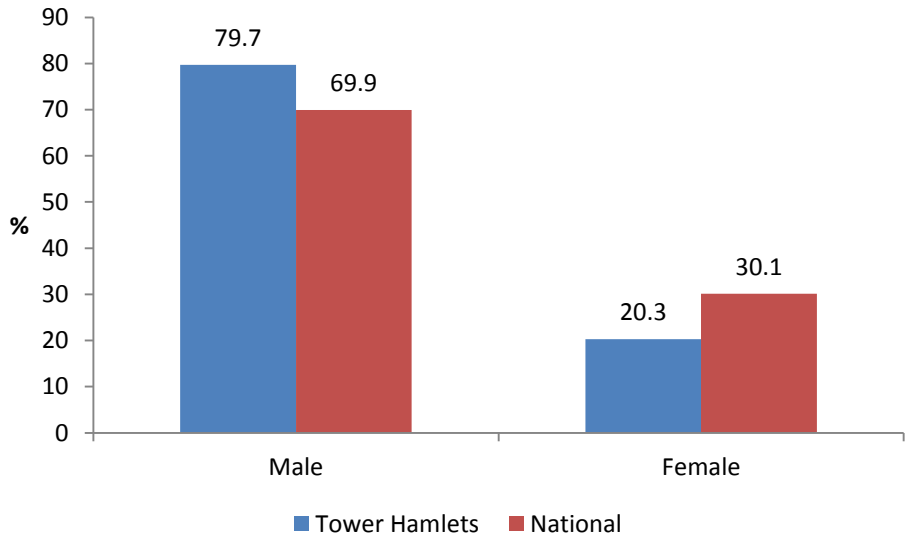
The treatment profile data is taken from the Adult Activity Partnership Report 2014/15 Q4 and the DOMES Q4 2014/15 report. Data is aggregated up from partnership figures uploaded to NDTMS and therefore may differ from figures used elsewhere in this report.

9.1 Drug Treatment Profile

9.1.2 Gender, Age and Ethnicity

In 2014/15, out of 2,274 adults in drug and alcohol treatment, only 461 (20.3%) were female clients and 1,811 (79.7%) were male clients. Based on this data, the female population is under-represented in treatment and lower than the National average of 30%. Overall the partnership has not attracted more women into treatment, despite having a female only service.

Chart 49: Gender split – Clients in treatment 2014/15 in Tower Hamlets and National average (Source: NDTMS Q4 Adult Activity 2014/15)



More than 50% of clients in treatment during 2014/15 were aged 30-44, a strong over-representation compared to the proportion of residents in that age group according to the Census 2011. While it is know that young adults are less likely to seek support for substance misuse, in Tower Hamlets, those aged 18 to 24 (5.5%) were under represented in treatment compared to the England rate of 7.3% or the wider 18plus population in Tower Hamlets. Those aged 35 to 49 are most prevalent to be in treatment for their substance misuse in the borough.

The group of clients in treatment aged 45 and older in Tower Hamlets resembles closely the proportion of clients in England aged 45 and older. See table below.

Figure 19: Table: Age profile – treatment population 2014/15

Age group	Tower Hamlets	Tower Hamlets	England	Tower Hamlets
	All in Treatment - Total	All in treatment %	All in treatment (%)	Census 2011 population 18 plus (%)
18 – 24	137	5.5%	7.3%	19%
25 – 29	211	9.3%	10.6%	20%
30 – 34	454	20%	16.6%	17%
35 – 39	433	19%	17.6%	11%
40 – 44	378	16.6%	16.7%	8%
45 – 49	303	13.3%	13.4%	6%
50 – 54	175	7.7%	8.7%	5%
55 – 59	112	4.9%	4.7%	4%
60 – 64	40	1.8%	2.5%	3%
65 plus	31	1.3%	1.8%	8%

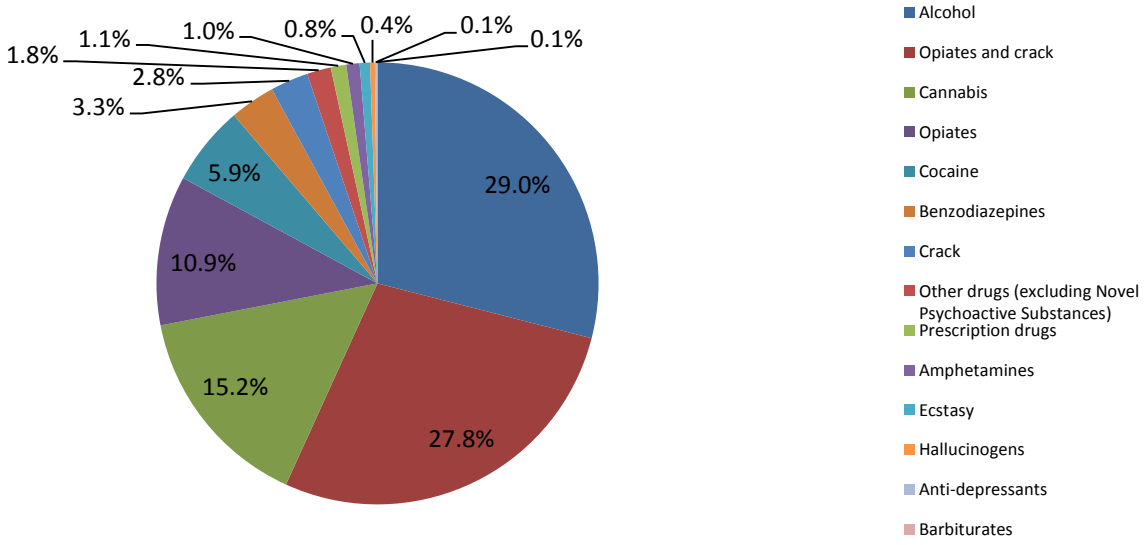
(Source: NDTMS Q4 Adult Activity 2014/15)

The majority of clients in treatment were White British with 43.2%. This proportion is bigger than the White British 18plus population (35.7%) estimated in the last Census 2011. In comparison, the 23.3% of Bangladeshis in the treatment population was relatively close to the Bangladeshi 18 plus population in Tower Hamlets (25%). Around 9% of clients in treatment were of White Other origin, an under-representation compared to the general 18plus population. The most remarkable under-representation occurred for the Chinese group; only 0.3% (6 clients) in treatment in 2014/15 compared to a population of around 4%.

9.1.3 Substances cited of all in treatment[24]

The adult activity report reports the Drug 1, Drug 2 and Drug 3 quoted by clients in treatment. Around 29% of all quoted substances were Alcohol, followed by Opiates and Crack (27.8%), Cannabis (15.2%), Opiates (10.9%) and a growing number of Cocaine (5.9%). See chart below.

Chart 50: Substances cited of all in treatment



(Source: NDTMS Q4 Adult Activity 2014/15)

[24] Source: Partnership Adult Activity report Q4 2014/15

The number of clients citing Khat as one of the main Drugs was below 10 in 2013/14. A similar number is expected in 2014/15.

9.1.4 Injecting Status

Out of those 1,071 starting treatment in 2014/15, 18.9% (202 clients) were injecting or had previously injected. Out of those 202 clients, 78 (29%) were currently injecting and 124 (71%) had a history of previously injecting drugs. Overall there has been a drop in those injecting, from 248 in 2013/14 to 202 in 2014/15.

9.1.5 Hepatitis B

In 2013/14 there were 1,071 clients (new treatment journey / episodes) eligible for Hepatitis B vaccinations. The percentage of clients offered and accepting an intervention in Tower Hamlets (38%) was significantly above the national average of 21.6%.

Within this group a significantly higher proportion started and completed a course (47.5%) compared to the national average (35%). Around 30% of clients eligible declined the offer of a Hep B intervention, again lower than the National average (35.1%).

9.1.6 Hepatitis C

Every client who has been recorded as either currently or previously injecting should be assessed to see whether they should be offered a Hepatitis C test. In Tower Hamlets all clients that test positive are routinely screened while high risk clients are routinely screened every 6 months.

In the partnership, of those who were injecting or are still injecting (202 clients), around 61% or 112 were offered and accepted the test. Out of those, 94% had a HCV test, a rate significantly higher compared to 75% nationally.

9.1.7 Client Complexity in the treatment population

Data discussed in this section is taken from the NDTMS Recovery Diagnostic Toolkit. It should be noted that the information relates to All Opiate, non-opiate and non-opiate & alcohol clients.

Clients usually present to treatment with various needs in addition to treatment for substance misuse. They are grouped into levels of complexity based on needs, including their employment and housing status, their physical and psychological health, all of which will significantly affect their chances of successfully completing treatment.

In Tower Hamlets, around 2/5 of clients in treatment (opiate, non-opiate, non-opiate & alcohol) have very high complexity levels (39%). This proportion is far higher than the national average of 28%. At the other end of the spectrum of complexity, Tower Hamlets has a lower proportion of clients with Very low (12%), Low (15%) and Medium (12%) complex needs. Basically, around one third of clients in Tower Hamlets are in the Very low to Medium complex need group while on national level, around 49% of clients are in this Very low to medium complexity group.

This is significant as completion rates decrease with growing levels of complexity. In Tower Hamlets, clients with a very high complexity have a completion rate of only 4% and clients with high or medium levels of complexity achieve completion rates of 11%.

However, clients with very low complexities have more recovery capital, which is expressed in the higher rate of successful completions in Tower Hamlets (41%) and in England (46%). The data indicates that there is some potential for LBTH to increase the lower complexity successful completions rate currently being below the national average. See Figure 20 and 21.

Figure 20: Treatment population by client complexity group 2014/15 (total & %)

	Very low	Low	Medium	High	Very high
Tower Hamlets clients (n)	215	267	217	410	713
Tower Hamlets completions (n)	88	54	24	46	25
% completions - All in treatment (TH)	41%	20%	11%	11%	4%
% completions - All in treatment (National)	46%	21%	14%	8%	4%

(Source: NDTMS Recovery Diagnostic Toolkit 2014/15)

Figure 21: Client complexity in treatment population 2014/15 (%)

	Very low	Low	Medium	High	Very high
Distribution of treatment population TH	12%	15%	12%	23%	39%
Distribution of treatment population (National)	15%	18%	16%	22%	28%
Distribution of completions TH	37%	23%	10%	19%	11%
Distribution of completions (National)	44%	25%	14%	11%	7%

(Source: NDTMS Recovery Diagnostic Toolkit 2014/15)

9.1.8 Comparing Tower Hamlets with local outcome comparators

A new method has been devised by PHE for 2014/15 reporting to improve comparisons between local performance and that of other areas. This method supersedes the previous opiate and non-opiate clusters. In the new method, each local area will be compared to the 32 areas (called Local Outcome Comparators) that are most similar to them in terms of the complexity. There will be different groups of local outcome comparators for opiate, non-opiate and alcohol populations, in line with the new substance categories used in reporting for 2014/15. The same non-opiate comparators will be used for both the 'non-opiate only' and 'non-opiate and alcohol' substance groups.

The new method is similar to the 'nearest neighbour' method. However, the term 'local outcome comparators' is used here (and not the term 'nearest neighbours') because the comparator areas are based specifically on the complexity of the populations in substance misuse treatment and not on broader similarity between the general populations of local authorities.[25]

[25] More information can be accessed on NDTMS https://www.ndtms.net/RptConsultation.aspx

9.2 Successful Completions

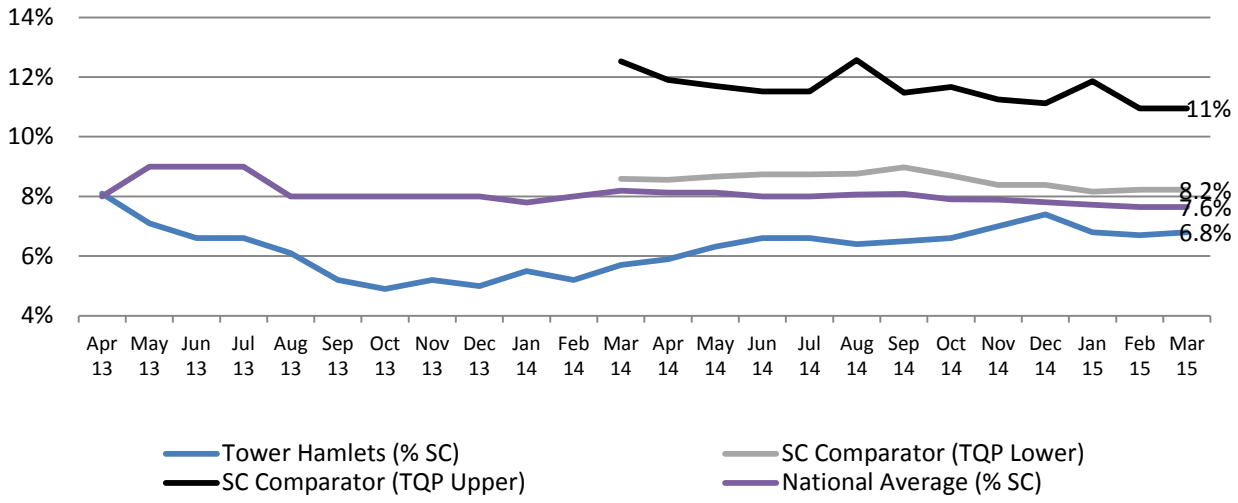
9.2.1 Successful completion - Opiate

Clients that leave the treatment system drug free or as occasional drug users are recorded as successful completions. Tower Hamlets has seen an increase in the number of successful completions of opiate clients since the low in mid-2013.

In the past 12 months, the number of clients completing treatment successfully (82 in March 2014 and 97 in Feb 2015) has slightly increased while treatment numbers remained stable.

Chart 51: Tower Hamlets Opiate % Successful Completions April 2013 to March 2015

(Source: NDTMS Successful Completions Partnership Performance Data)

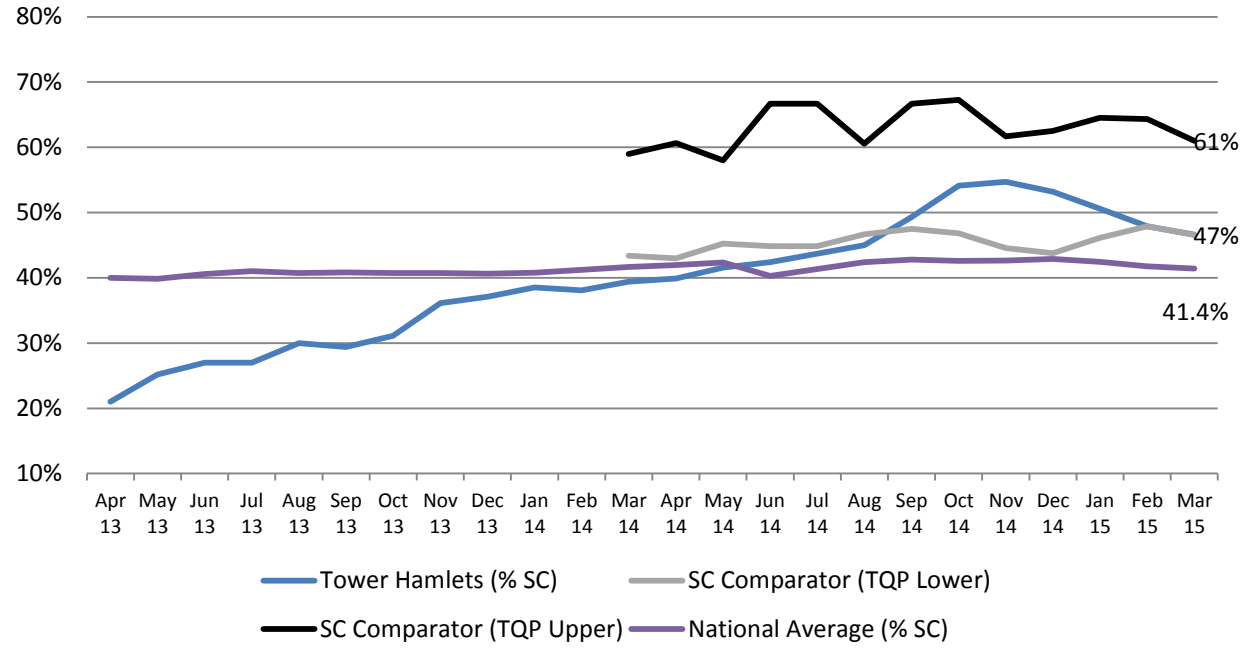


The chart above compares the trend in the proportion of opiate clients in treatment that successfully complete treatment compared to Lower and Upper comparator area average performance range and national average. The partnership aspires to achieve a rate in the comparator performance range. Currently Tower Hamlets is performing outside of the comparator performance range but has closed the gap over the last 12 months.

9.2.2 Successful completions – Non-opiate

Tower Hamlets has seen an increase in the number of non-opiate successful completions over the last 12 months. The number of successful completions increased from 57 in April 2014 to 80 in the year leading up to March 2015. This is set against an increase in the number of non-opiate clients in the treatment system. The partnership has performed well over the last 6 months and has achieved performance within the comparator range required and above the national average (42%).

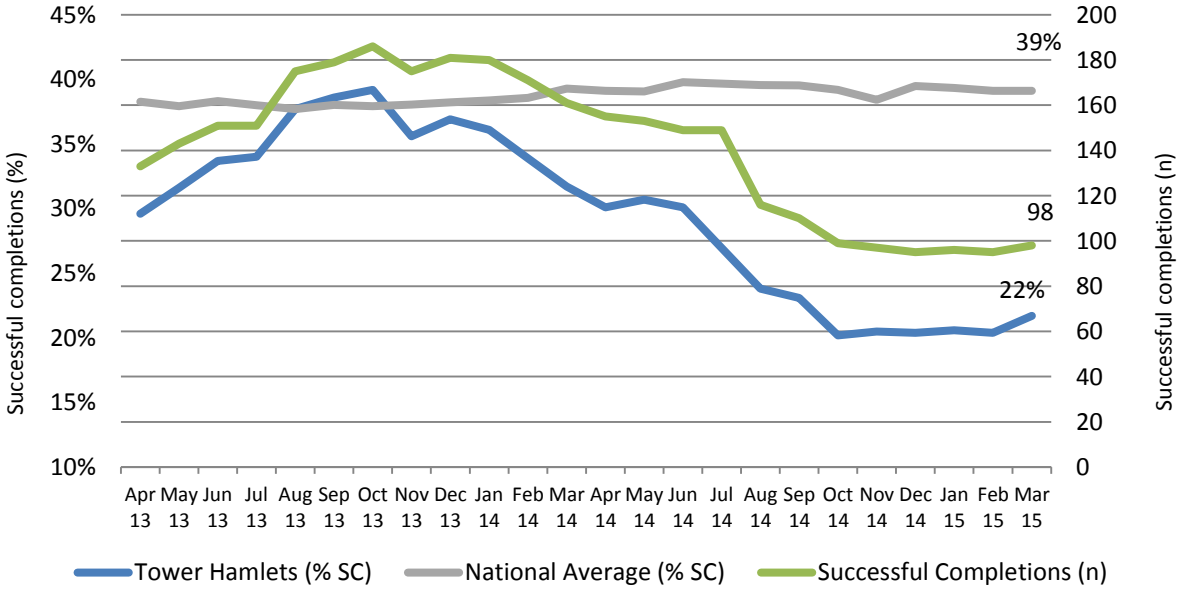
Chart 52: Tower Hamlets Non-opiate % Successful Completions April 2013 to March 2015
(Source: NDTMS Successful Completions Partnership Performance Data)



9.2.3 Successful completions – Alcohol

Tower Hamlets has seen a substantial decrease in the number of alcohol successful completions over the last 12 months. The number of successful completions dropped from 155 in April 2014 to 95 in the year leading up to March 2015. This is set against a decrease of alcohol clients in the treatment system. The partnership is currently performing 19 percentage points below the national average. No data for comparator areas is currently available but will be developed by PHE.

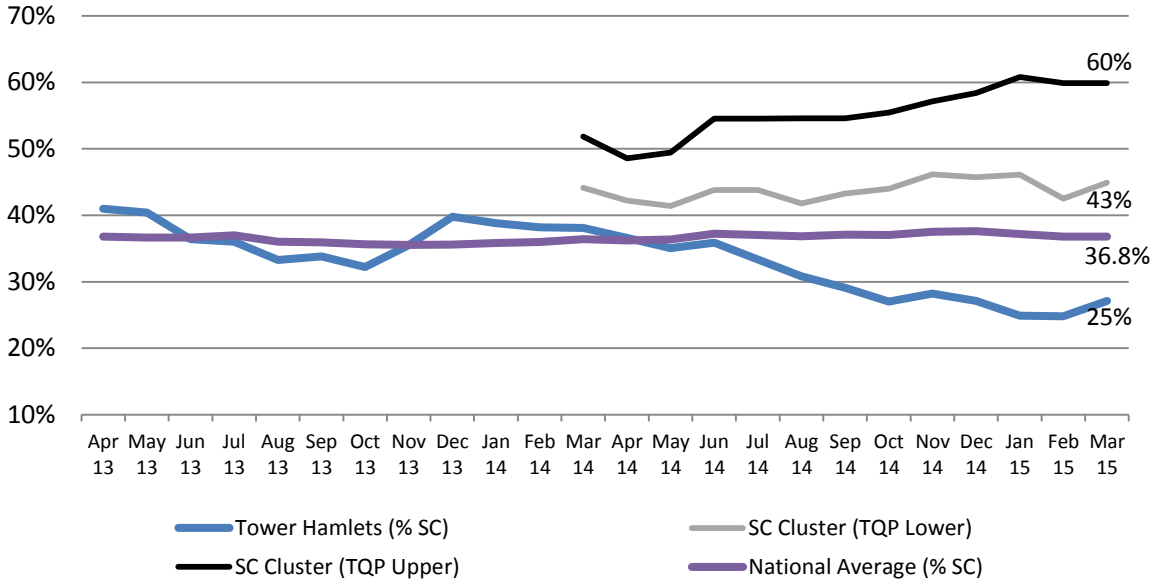
Chart 53: Tower Hamlets Alcohol % Successful Completions April 2013 to March 2015



9.2.4 Successful completions – Alcohol & Non-opiate

Tower Hamlets has seen a decrease in the number of alcohol & non-opiate successful completions over the last 12 months. The number of successful completions dropped from 71 in April 2014 to 51 in the year leading up to Feb 2015. This is set against a small increase of alcohol & non opiate clients in the treatment system. The partnership is currently performing more than 10 percentage points below the national average and below the recommended comparator cluster.

Chart 54: Tower Hamlets Alcohol & non-opiate % Successful Completions April 2013 to March 2015 (Source: NDTMS Successful Completions Partnership Performance Data)



9.3 Representation rates

The quality of a successful completion is measured against the proportion that re-present to treatment within 6 months of successfully leaving treatment. This is calculated by taking the number of clients successfully completing treatment in the first half of a 12 month period and then monitored for re-presentations to treatment in the latter 6 months of the same reporting period.

9.3.1 Re-presentation of Opiate clients

The proportion of opiate clients re-presenting to treatment has decreased over the last 12 months but shows an unexpected rise in March 2015 26.3%. However, the rate has remained above the comparator range of 16% to 9%.

9.3.2 Re-presentation of non-opiate clients

The level of re-presentations in non-opiate clients has been maintained at a much lower level than for opiate clients, dropping to zero representation in the March 2015 reporting period.

9.3.3 Re-presentation of Alcohol clients

The level of re-presentations in alcohol clients has been maintained over the last 12 month, currently at a level of around 14.8% with 8 clients representing in March 2015.

9.3.4 Re-presentation of Alcohol and non-opiate clients

The level of re-presentation in alcohol & non-opiate clients has been relatively volatile over the last 12 month, with currently 16% (total of 5) successful completions representing. In general the low numbers are causing some volatile trends in the data. See both charts below.

Chart 55: Representations in Partnership for Opiate, non-opiate, Alcohol and Alcohol & non-opiate April 2013 to March 2015 (%) (Source: NDTMS Successful Completions Partnership Performance Data)

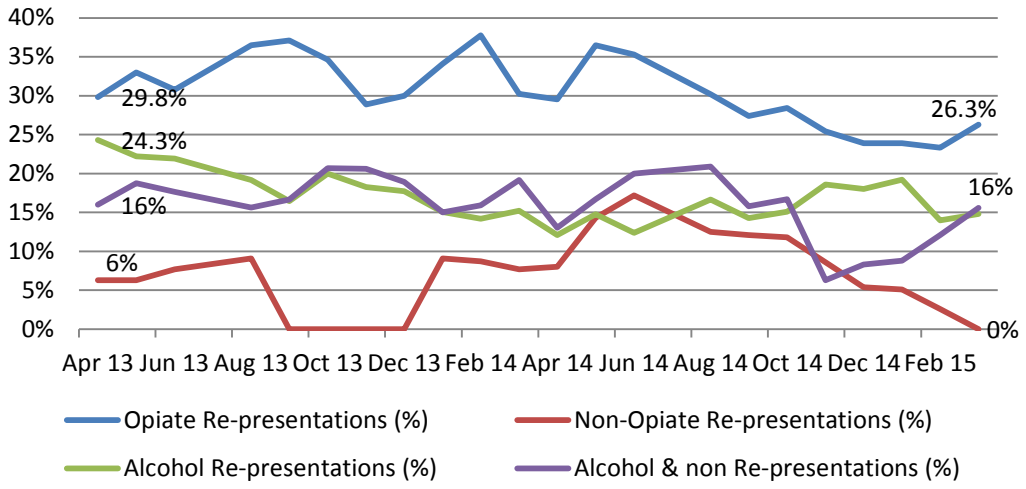
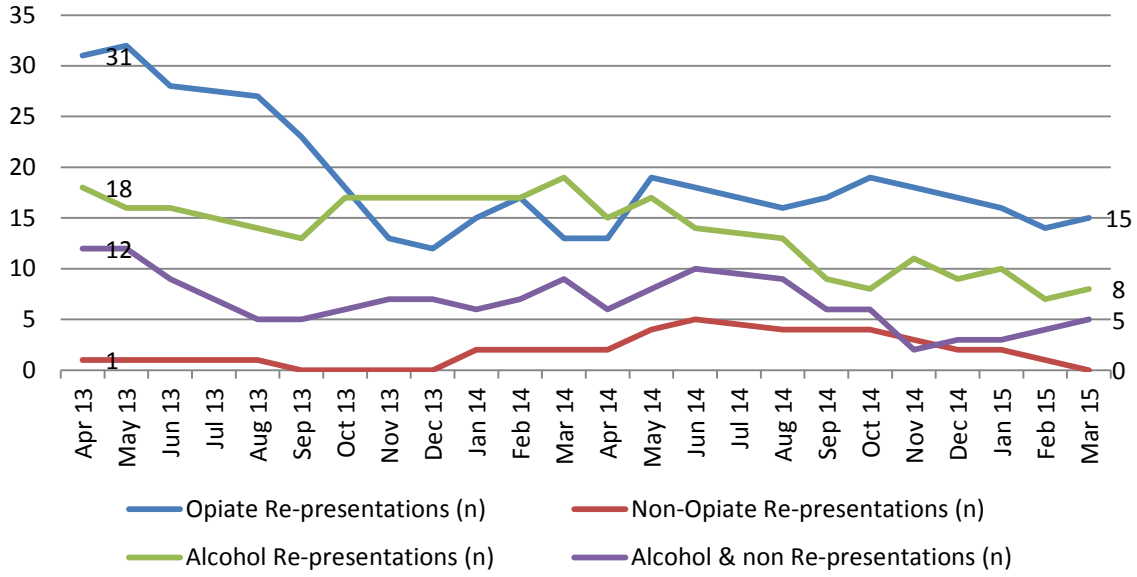


Chart 56: Representations in Partnership for Opiate, non-opiate, Alcohol and Alcohol & non-opiate April 2013 to March 2015 (n) (Source: NDTMS Successful Completions Partnership Performance Data)



9.4 Treatment Exit Outcomes[26]

Clients that drop out of treatment, or enter treatment and then decline further support or do not transfer into continued treatment within 21 days of being discharged have a detrimental effect on the treatment systems ability to produce the expected or desired outcomes. Currently, more clients are dropping out of treatment in Tower Hamlets than leaving treatment in a planned way.

In 2014/15, 37% of clients were discharged in a planned way. This was below the unplanned exit rate of 45%. In the same period, 8.3% were transferred – not in custody but were not picked up by another partnership in England. Around 6.5% of clients were transferred – in custody.

Overall, clients dropping out of treatment will continue to have an impact on the successful completions rates, as it is likely a significant proportion of those may re-present to treatment. The proportions of successful transfers into continued treatment are a measure of positive treatment exit outcomes. However, in Tower Hamlets the proportion of clients that are transferred remain low and clients that do transfer a proportion similar to the national average (9%) are not picked up, indicating negative treatment exit outcomes.

9.5 Length of Time in Treatment

Data from the Recovery Diagnostic (RDT) Report 2014/15 evidences the relationship between successful completions and length of time in treatment and previous treatment journeys.

Opiate clients

In Tower Hamlets around 41% of opiate clients in treatment have been in treatment for less than one year. The rate is higher compared to the local outcome comparator (LOC) rate of 32%. However, Tower Hamlets has slightly higher successful completion rates for this group (11%) compared to the local outcome comparator rate (9%).

Around 15% of Tower Hamlets opiate clients have been in treatment for 6 years and more. This rate is actually significantly lower compared to the outcome comparator areas rate of 29%. However, the data shows that the total number and proportion of clients in treatment for 6 years and longer has increased from 140 (9%) in 2012/13 to 221 (15%) in 2014/15.

Figure 22: Length of time in treatment and successful completions - Opiate clients in in Tower Hamlets and Outcome comparator area (LOC) 2014/15

2014-15	< 1 years	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6 + years
In treatment Tower Hamlets (n)	**588**	227	145	114	75	67	**221**
In treatment Tower Hamlets (%)	**41%**	16%	10%	8%	5%	5%	**15%**
In treatment (LOC) (%)	**32%**	13%	8%	6%	6%	5%	**29%**
Completions Tower Hamlets (n)	**62**	13	6	*	*	*	**7**
Completions Tower Hamlets (%)	**11%**	6%	4%	4%	3%	4%	**3%**
Completions LOC (%)	**9%**	8%	7%	7%	6%	7%	**5%**

(Source: NDTMS RDT Opiate 2014/15, * data suppressed)

[26] Source: NDTMS Adult Activity Partnership Q4 2014/15

The table (figure 22) above shows that with the increasing time in treatment, the successful completions rate decreases. In tower Hamlets, the rate dropped from 11% to only 3% for clients in treatment for 6 years or longer.

Non – opiate clients
The vast majority of non-opiate clients spend less than one year in treatment (91%) This is above the local comparator area average of 85% in 2014/15. 7% of Tower Hamlets non-opiate clients spend 1 to 2 years in treatment while around 5% spend 2 or more years in treatment.

Successful completions rate by length of time in treatment varied slightly from 36% (less than one year in treatment) to 38% for clients in treatment for 1 to 2 years. Completions rates were close to comparator area averages of 40% and 39% respectively.

Alcohol clients
Compared to 2013/14, Alcohol clients in 2014/15 stayed longer in treatment. The group of clients in treatment for 6 to 9 month increased while the group in treatment for 1 to 3 months decreased. The proportion of clients in treatment for 6 to 9 months was 21%, noticeable larger than the national cohort (14%).

In Tower Hamlets, around 30% of alcohol clients left within 3 months of treatment, a rate below the national average of 37%. Around 8% of clients stayed longer than 12 months, a rate below the national rate of 13%.

The alcohol successful completion rates by time in treatment were all below national rates. However, the best completions rates were achieved with clients who have been in treatment for 6 to 9 months. The largest gap between national and local rates was in the early months of treatment. This indicates opportunities to improve successful completions especially for clients attending treatment for shorter periods.

Figure 23: Length of time in treatment and successful completions - alcohol clients in in Tower Hamlets and national average 2014/15

2014-15	< 1 month	1-3 months	3-6 months	6-9 months	9-12 months	12 + months
In treatment Tower Hamlets (n)	**19**	116	152	97	32	**36**
In treatment Tower Hamlets (%)	**4%**	26%	34%	21%	7%	**8%**
In treatment National (%)	**12%**	25%	28%	14%	8%	**13%**
Completions Tower Hamlets (n)	**n/a**	15	30	34	9	**9**
Completions Tower Hamlets (%)	**5%**	13%	20%	35%	28%	**25%**
Completions National (%)	**24%**	38%	45%	45%	41%	**35%**

(Source: NDTMS RDT Alcohol clients 2014/15, n/a – suppressed for confidentiality reason, data rounded)

9.6 Clients Living with Children[27]

More than a third of clients (807 / 35.5%) in treatment were living with children in Tower Hamlets. Clients are considered to be 'living with children' if they report at any point in their treatment journey that they live with at least one child. The majority of those were opiate clients (491), followed by Alcohol (207), Alcohol & Non-opiates (57) and Non-opiate (52) clients.

Treatment outcomes of Clients living with Children

Nearly one third of all opiate clients in treatment live with children. They had a successful completion rate of 8.8%, slightly higher than the whole opiate treatment population rate of 7.4%. The SC completion rate for Alcohol clients with children (24.6%) was also above the general rate for Alcohol clients of 20.4%. However, the data indicates that clients with children in treatment for non-opiates and alcohol & non-opiates don't have significantly different completions rates compared to clients without children.

9.7 Effective Treatment – All Drugs and OCUs

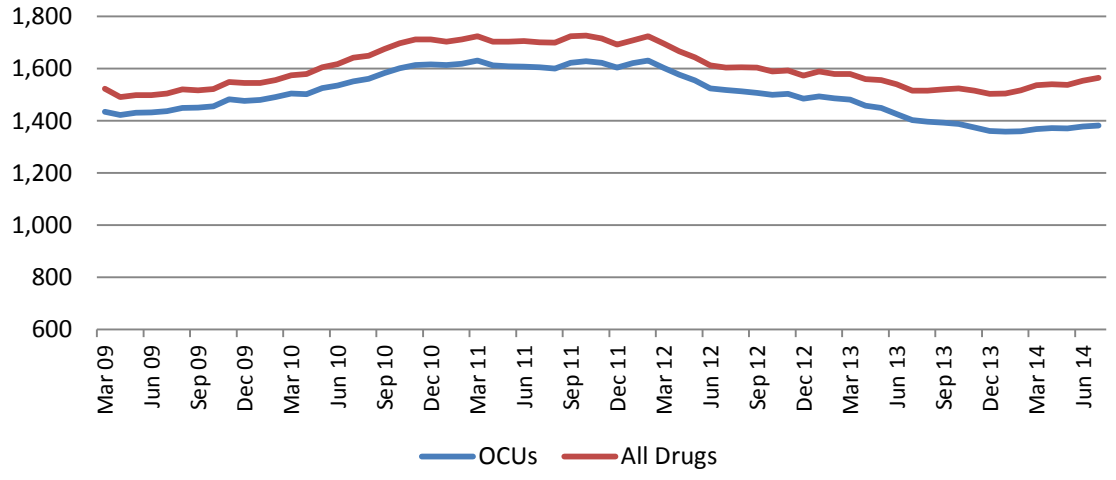
It is important to point out that the total number in treatment differs to the numbers "in effective" treatment, as the former is a count of anyone in treatment for any length of time, the latter is a count of those clients that have been retained in treatment for a minimum of 12 weeks (measure of effective engagement in treatment) or completed successfully within this time.

Between August 2013 and July 2014, there were 1,564 All Drugs clients in effective treatment in the partnership. Nearly 88% (n 1,381) were OCU clients. Over the last 12 months, the number of All drug clients has increased slightly by 3% while the number of OCUs dropped marginally by 1%.

The chart below shows the trend in the number of OCUs and all drug users in effective treatment between 2008/09 and July 2014. Between 2008/09 and 2009/10, the treatment population was growing while from 2010/11 onwards, the numbers have shown a steady decline, falling below 2008/09 levels. Only at the end of 2013, a more positive trend emerged, with around 1,381 OCUs in treatment and 1,564 all drug clients by July 2014.

Chart 57: Numbers in Effective Treatment OCUs and All drug March 2009 – July 2014

(Source: NDTMS Monthly OCU and All Drugs Data)



[27] NDTMS DOMES report Q3 2014/15 12 months period.

10 Provider Performance

This section does not attempt to benchmark or compare the performance of providers as it is recognised in a treatment system that each provider offers different treatment to clients with different levels of client complexities and who are at different stages of their treatment journey.

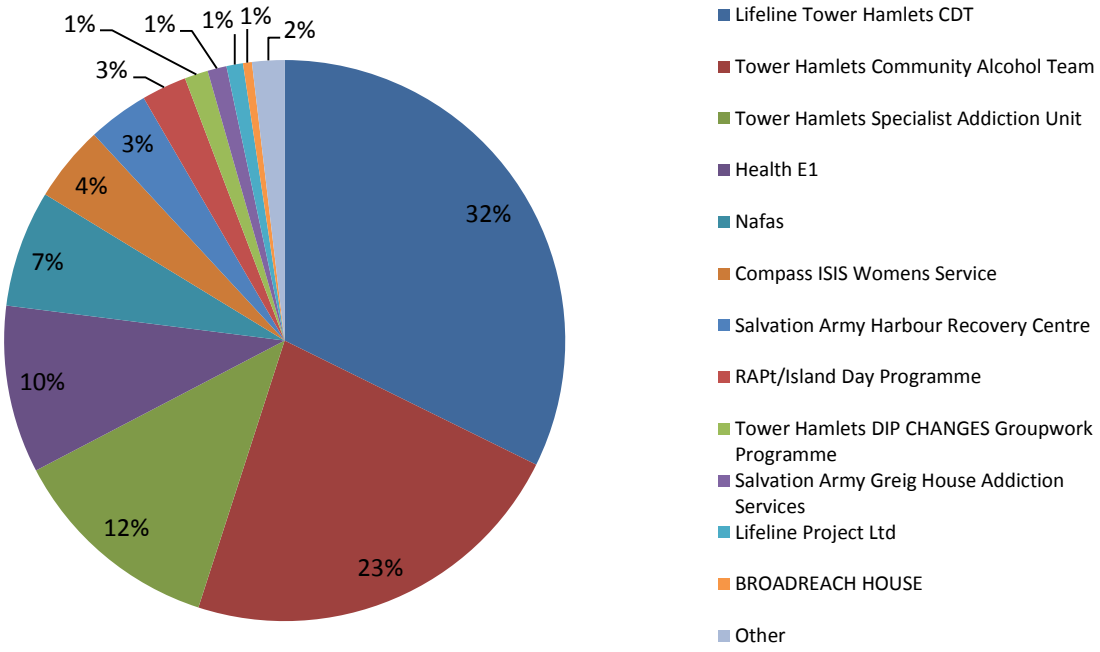
Tower Hamlets has numerous providers reporting to NDTMS, however the bulk of opiate clients are distributed amongst seven main treatment providers and non-opiate clients amongst five.

10.1 Treatment providers by size

In the latest 12 month period (April to March 2015) the number of clients in treatment across all providers ranged from 883 to below 10 clients. Lifeline CDT had the highest number of clients in treatment while various Tier 4 providers offered treatment to less than 10 residents.

The second largest provider in the partnership was the alcohol service, THCAT, with 620 clients, followed by TH SAU (338), Health E1 (264), NAFAS (184), ISIS Compass (120) and Harbour recovery (96).

Chart 58: Numbers of clients in treatment by provider 2014/15



(Source: NDTMS Q4 2014/15 Adult Activity)

Compared to 2013/14, the number of clients with CDT increased by nearly 15% and ISIS numbers increased by 10%. However, treatment numbers for Harbour Recovery, IDP and DIP Changes dropped notably. See table below.

Figure 24: Numbers of clients in treatment (residents) by provider

Provider Name	2013/14	2014/15	Change in %
Lifeline Tower Hamlets CDT	769	883	14.8
Tower Hamlets Community Alcohol Team	635	620	-2.4
Tower Hamlets Specialist Addiction Unit	358	338	-5.6
Health E1	261	264	1.1
Nafas	181	184	1.7
Compass ISIS Women's Service	109	120	10.1
Salvation Army Harbour Recovery Centre	128	96	-25.0
RAPT/Island Day Programme	96	71	-26.0
DIP CHANGES Group	53	37	-30.2
Salvation Army Greig House Addiction Services	20	30	50.0
Lifeline Project Ltd	39	26	-33.3
BROADREACH HOUSE	6	14	133.3
Other	88	51	-42.0
Total	2,737	2,734	

(Source: NDTMS Q4 2014/15 Adult Activity - episodes)

10.2 Successful Completions

Successful completions as a proportion of the treatment population are a key measure in gauging the level of throughput in treatment. This is particularly important for those with large numbers of opiate users in their treatment service.

The tables below show the trend in the proportion of clients successfully completing treatment over the last three years by main treatment provider, focusing on all clients and broken down by specific substances.

Overall, the largest numbers of successful completions are achieved by THCAT, CDT, NAFAS and Harbour. Taking the overall treatment population into account, the highest successful completion rates in 2014/15 were observed in NAFAS, Harbour and IDP.
On a partnership level, developments in CDT and NAFAS were positive and promising while the drop in successful completions in THCAT impacted poorly on partnership performance overall.

Figure 25: Successful completions by treatment provider (total and %) – TOTAL

	Mar-13	Mar-14	Mar-15
NAFAS	30.2% (45)	33.3% (60)	40.2% (74)
Harbour	40.7% (50)	14.8% (19)	34.4% (33)
IDP	63.2% (103)	26% (25)	28.2% (20)
THCAT	33% (202)	34.7% (220)	19.4% (120)
CDT	5.1% (43)	5.3% (41)	8.8% (78)
DIP CHANGES	*	*	*
SAU	2.7% (9)	3.9% (14)	3% (10)
ISIS	7.3% (9)	7.3% (8)	*
Health E1	2.3% (6)	*	*
Tower Hamlets Partnership	**17.3%**	**16.4%**	**14.7%**

(Source: NDTMS TH Successful completions & re-presentations report, * data suppressed)

This picture is mirrored in the opiate completions where NAFAS, Harbour and CDT achieved high total numbers while Harbour and NAFAS achieved the highest completions rates.

Figure 26: Opiate - Successful completions (total and %)

	Mar-13	Mar-14	Mar-15
Harbour	40.7% (50)	14.8% (19)	33.7% (32)
IDP	*	*	*
NAFAS	21.5% (20)	20.2% (20)	22% (22)
THCAT	*	42.1% (8)	*
CDT	4.4% (35)	3% (21)	5.3% (40)
DIP CHANGES	*	*	*
SAU	*	3% (10)	2.2% (7)
ISIS	6.8% (7)	*	*
Health E1	2.3% (6)	*	*
Tower Hamlets Partnership	**9.2%**	**5.7%**	**6.8%**

(Source: NDTMS TH Successful completions & re-presentations report, * data suppressed)

A similar trend emerged for non-opiate clients with NAFAS and CDT achieving the highest numbers and completions rates. It appears that more non-opiate clients are being treated by services and successfully complete treatment in the partnership. Data for the other services is suppressed for confidentiality reason.

Figure 27: Non opiate – Successful completion (total and %)

	Mar-13	Mar-14	Mar-15
NAFAS	34.5% (10)	48.3% (28)	65.1% (41)
CDT	*	31% (30)	37% (34)
Tower Hamlets Partnership	**23%**	**39.4%**	**46.6%**

(Source: NDTMS TH Successful completions & re-presentations report, * data suppressed)

THCAT and IDP are responsible for all alcohol only successful completions in Tower Hamlets. The abstinence based programme IDP, achieved higher completion rates while THCAT is responsible for the largest group of successful completions in the borough.

Figure 28: Alcohol - Successful completions (total and %)

	Mar-13	Mar-14	Mar-15
IDP	74.1% (20)	20.7% (6)	41.7% (10)
THCAT	31% (147)	34.5% (184)	19.9% (96)
Tower Hamlets Partnership	**31.1%**	**31.7%**	**21.7%**

(Source: NDTMS TH Successful completions & re-presentations report)

The majority of alcohol & non-opiate clients are being successfully treated in THCAT, IDP and NAFAS. While successful completions have dropped in the borough in general, NAFAS appears to achieve the highest completions rates.

Figure 29: Alcohol and non-opiate - Successful completions (total and %)

	Mar-13	Mar-14	Mar-15
NAFAS	55.6% (15)	52.2% (12)	55% (11)
SAU	*	*	*
IDP	61.2% (30)	36.1% (13)	30.4% (17)
THCAT	47.8% (54)	34.6% (28)	19.6% (21)
CDT	*	41.2% (7)	*
ISIS	*	*	*
Dip Changes	*	*	*
Health E1	*	*	*
Tower Hamlets Partnership	**40.6%**	**38.1%**	**27.1%**

(Source: NDTMS TH Successful completions & re-presentations report, * data suppressed)

10.3 Re-presentations

The data showed an overall decrease in re-presentation in the partnership. Improvements have been observed across providers in the partnership. THCAT, NAFAS, CDT and Harbour were the providers with the highest number of re-presentations.

Figure 30: Re-presentation of drugs and alcohol clients (total and %)

	Mar-13	Mar-14	Mar-15
DIP CHANGES	*	*	*
IDP	35% (14)	*	*
Harbour	33% (10)	*	*
SAU	*	*	*
NAFAS	17% (6)	*	15% (6)
THCAT	16.4% (19)	14.7% (22)	13.7% (8)
CDT	12.2% (6)	*	*
ISIS	*	*	*
Health E1	*	*	*
Tower Hamlets Partnership	**21.7% (64)**	**17.8% (43)**	**15% (28)**

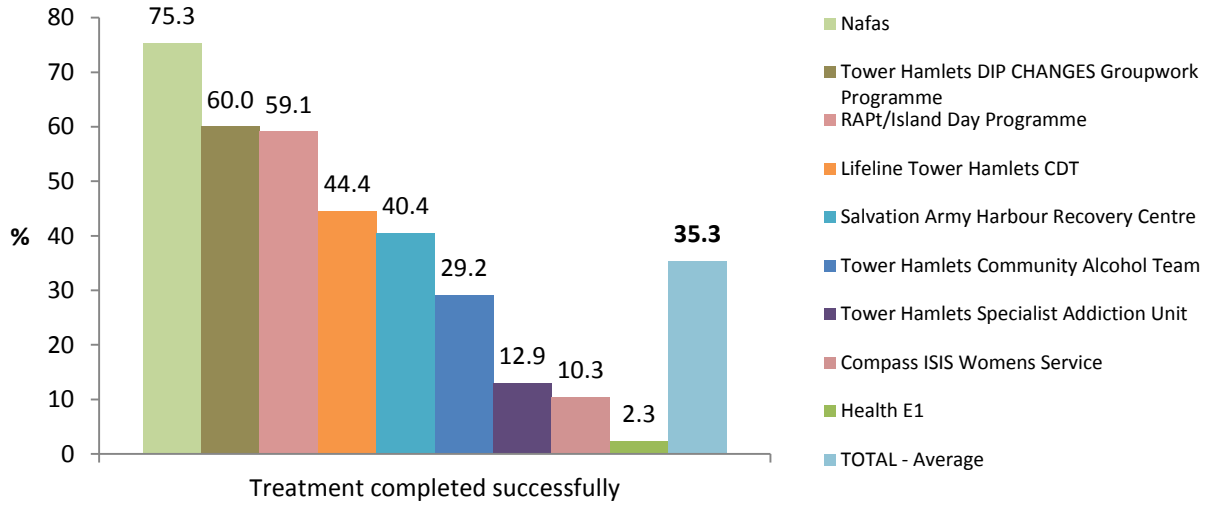
(Source: NDTMS TH Successful completions & re-presentations report, * data suppressed)

10.4 Treatment Exits / Discharges

A total of 907 clients were discharged from treatment in 2014/15. Out of those, 850 were discharged from the main treatment providers while 57 were discharged from other Tier 4 providers and the young people service. The analysis here focuses on the main treatment provider cohort with 850 clients exiting treatment. Around 35% left treatment as drug or alcohol free or as occasional users (not heroin or crack). Around 31.2% of those clients were treated for alcohol, 29.3% for Opiate use, 24.3% for non-opiates and around 15% for alcohol & non-opiates.

The highest discharged as treatment completed rates were achieved by NAFAS (75%), DIP Changes Group (60%) and IDP (59%). The lowest rates were in Health E1, ISIS and SAU. Those providers work with far more complex clients, aim to stabilise clients and transfer clients who continue their treatment journey elsewhere.

Chart 59: Treatment successfully completed by main Tower Hamlets service provider 2014/15



(Source: NDTMS TH Successful completions & re-presentations report)

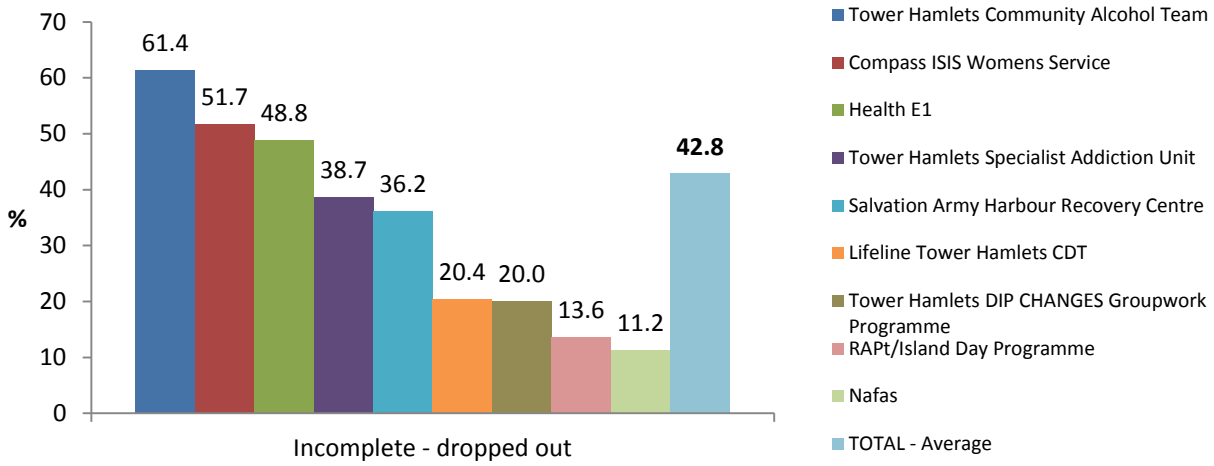
Around 41% of clients did not finish treatment and dropped out of treatment. The highest proportion of clients exiting treatment as incomplete & dropped out were in THCAT (62%), ISIS (52%), Health E1 (49%), SAU (39%) and Harbour (36%).

Figure 31: Partnership exits / Total Discharges – Incomplete / Dropped out 2014/15

	Incomplete exits – dropped out	All discharges – exits	Dropout rate (%)
THCAT	240	391	61.4%
ISIS	15	29	51.7%
Health E1	21	43	48.8%
SAU	24	62	38.7%
Harbour	17	47	36.2%
CDT	33	162	20.4%
DIP Changes	*	*	20.0%
IDP	*	22	13.6%
NAFAS	10	89	11.2%
Other providers	6	57	10.5%
Summary main treatment providers only	**364**	**850**	**42.8%**
Tower Hamlets partnership (total includes Tier 4)	**370**	**907**	**40.8%**

(Source: NDTMS TH Successful completions & re-presentations report, * data suppressed)

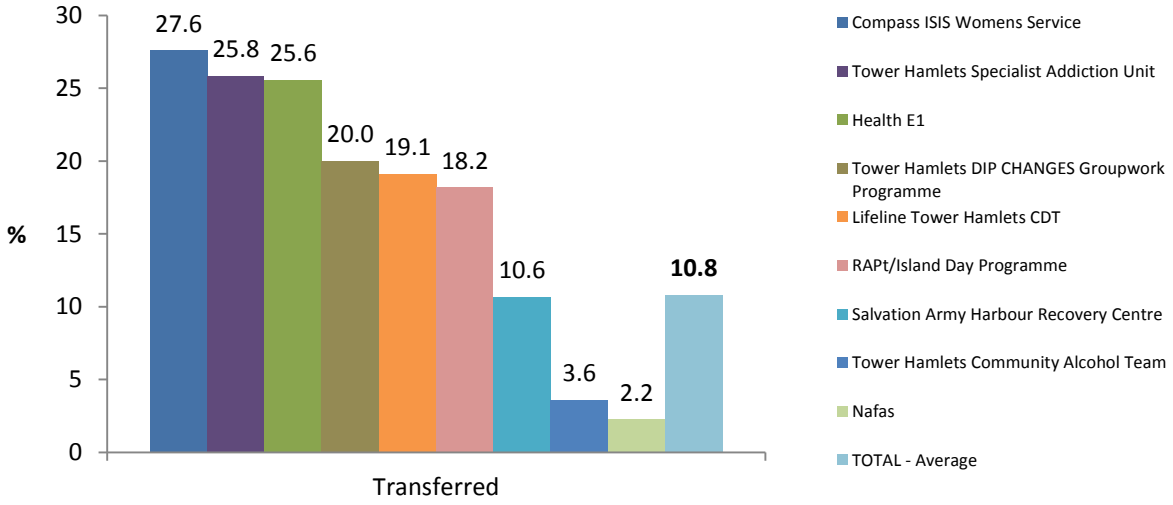
Chart 60: Treatment incomplete / client dropped out by main Tower Hamlets service provider 2014/15



(Source: NDTMS TH Successful completions & re-presentations report)

Successful transfers as part of the treatment journey matter significantly. Out of all exits in 2014/15, around 11% were transfers to other treatment provider. The data indicates that agencies that are required to transfer clients have naturally the highest referral rates. See chart below.

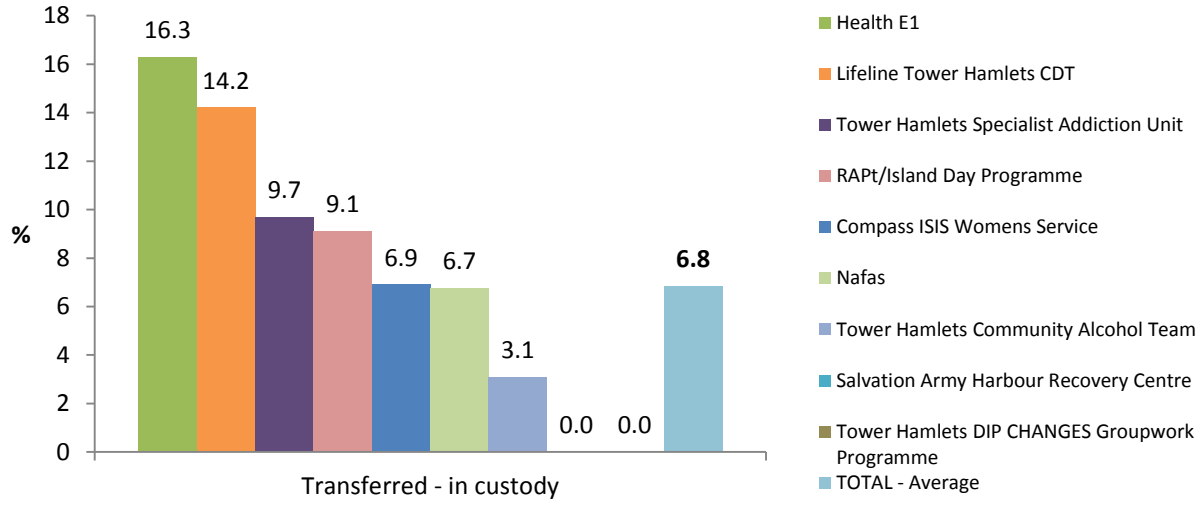
Chart 61: Clients transferred to another service by main Tower Hamlets service provider 2014/15



(Source: NDTMS TH Successful completions & re-presentations report)

Treatment exit outcomes also include clients that were transferred to custody, for these providers a total of 58 clients were transferred to custody mainly originating from CDT (23), THCAT (12) and Health E1 (7). The highest proportion of clients exiting treatment and being transferred into custody originated from Health E1 (16%) and CDT (14%). See table below.

Chart 62: Chart: Clients transferred – In custody by main Tower Hamlets service provider 2014/15



(Source: NDTMS TH Successful completions & re-presentations report)

10.6 Subsidy per head benchmarking

PHE / NDTMS will make newly updated value for money data available in September 2015. For this reason, this section will only discuss limited unit costs information based on numbers in treatment and providers budgets.

The table below sets out a simple method for local benchmarking, by calculating the subsidy per outcome. The approach is a basic calculation of subsidy which can be compared year on year to identify performance and act as a barometer of value.

The approach is based on calculating the number of achieved performance measures to generate a per head benefit based on the 2013/14 budget allocated to each treatment provider and the partnership as a whole. The outcomes used for this calculation are based on NDTMS performance data 2013/14 to date and totalises the number of clients in treatment (all drugs).

Figure 32: LBTH 2013/14 Subsidy per head of beneficiary for provider and partnership

Contract	Provider	Total budget allocation to service 2013/14	Numbers in treatment (2013/14)	Subsidy per head of NIET
Community Drug Team (CDT)	Life Line	£791,612.00	769	£1,029.40
Community Alcohol Team	RAPT	£600,000.00	635	£944.88
Specialist Addiction Unit	ELFT	£1,077,419.00	358	£3,009.55
Island Day Programme	RAPT	£353,077.00	96	£3,677.89
Changes Programme	RAPT	£56,000.00	53	£1,056.60
Harbour Recovery	Salvation	£503,607.00	128	£3,934.43

	Army			
Nafas	Nafas	£491,267.0	181	£2,714.18
ISIS	Compass	£292,892.00	109	£2,687.08
Health E1		£122,000.00	261	£467.43
Average / TOTAL		**£4,287,874**	2,590	£1,655.55

(Source: Own calculation based on annual budget and clients in treatment)

Figure 33: Subsidy per head of beneficiary for provider and partnership 2012/13 to 2014/15

Contract Name	2012/13	2013/14	2014/15
Community Drug Team (CDT)	£860	£1,029	£895
Community Alcohol Team	£990	£945	£968
Specialist Addiction Unit	£3,526	£3,010	£3,188
Island Day Programme	£2,802	£3,678	£4,973
Changes Programme	£982	£1,057	£1,514
Harbour Recovery Centre	£4,094	£3,934	£5,246
Nafas	£3,290	£2,714	£2,670
ISIS	£2,343	£2,687	£2,493
Health E1 Specialist Substance Misuse Provision	£475	£467	£462
Average (main providers only)	**£1,649**	**£1,656**	**£1,643**

(Source: Own calculation based on annual budget and clients in treatment)

The overall subsidy per head information shows that overall costs in the partnership have not changed. The TH budget has remained the same and the treatment population has been stable. However, differences can be noted within some providers including smaller providers with less direct impact at the partnership scale. However, it is clear that the additional clients in treatment in CDT meant that the overall treatment unit cost decreased there.

On a partnership level, Harbour Recovery and RAPT IDP had the highest cost unit ratio based on the calculation above. However, it should be noted that the subsidy levels cannot be compared directly as each treatment provider is responsible for very different work, with staff and treatment budgets. Still, the information does serve as a useful benchmark which can assess changing subsidy levels.

It remains clear, by attracting additional clients into services and improving completion rates, subsidy levels will reduce and cost benefit ratios in the partnership should increase.

Further information

This Substance Misuse Needs Assessment was produced by the Tower Hamlets Drug & Alcohol Action Team. The document was written by Matthias Schneppel (Tel: 020 7364 3176)

Appendix 1: Glossary of Abbreviations

ATR	Alcohol Treatment Requirement
BBV	Blood Borne Virus
CCA	Community Care Assessment
CCG	Clinical Commissioning Group
CDT	Community Drug Team
CJS	Criminal Justice System
CRC	Capture Recapture
DAAT	Drug and Alcohol Action Team
DAIT	Drug Action Intervention Team (former DIP)
DIP	Drug Interventions Programme
DH	Department Of Health
DRR	Drug Rehabilitation Requirement Order
DUO	Drug Using Offender
DV	Domestic Violence
ETE	Education, Training and Employment
GPRD	General Practice Research Data
GPWSI	General Practitioner with Special Interest in Drugs and Alcohol
HO	Home Office
HRC	Harbour Recovery Centre
IDU	Injecting Drug User
IOM	Integrated Offender Management
LAPE	Local Alcohol Profiles for England
LAS	London Ambulance Service
LBTH	London Borough of Tower Hamlets
LCPF	London Crime Prevention Fund
MOPAC	Mayor's Office for Policing and Crime
NATMS	National Alcohol Treatment Monitoring System
NDTMS	National Drug Treatment Monitoring System
NTA	National Treatment Agency
NWPHO	North West London Public Health Observatory
OASys	Offender Assessment System
OCU	Opiate and/or Crack User
PACT	Prescribing Analysis and Cost Data
PCT	Primary Care Trust
PHE	Public Health England
SAU	Specialist Addictions Unit
THCAT	Tower Hamlets Community Alcohol Team
VAWG	Violence Against Women and Girls
VFM	Value for Money