

Adult Substance Misuse: Factsheet

Tower Hamlets Joint Strategic Needs Assessment 2010-2011

Executive Summary

Drug misuse is when a person regularly takes one or more drugs to change their mood, emotion or state of consciousness¹. It is also about the impact the substance has on health and social functioning which can range from non-problematic to dependent. In 2009/2010 the total number of Problematic Drug Users (PDUs) in Tower Hamlets has fallen from 3849 to 3795 (-54). Opiate use has fallen from 2913 to 2837 (-76) and crack use fell from 2760 to 2600 (-160). The treatment naïve population in 2009/10 was 46%.

Evidence suggests that drug treatment is effective and that timely entry to treatment leads to both reduced drug use and improved social functioning. The Drug Strategy 2010 highlights the importance of 3 structured themes: reducing demand, restricting supply and building recovery in communities. Success will be measured through a reduction in illicit and other harmful drug use and an increase in the numbers recovering from their dependence².

Locally we have a number of services in place in order to encourage and support people into structured and appropriate treatment; there are also harm reduction strategies in place in order to minimise the harm from taking/injecting drugs. Tower Hamlets has a wide range of services available delivering community based and inpatient drug treatment programmes (including pharmacological interventions), often in multidisciplinary teams and with psychosocial support.

Recommendations

Treatment System

- Number of successful treatment completions to become an increasing priority for 2011/12 as performance measures change.
- Working with agencies to ensure minimal fallout from treatment, including during cross agency referrals.
- An audit to be carried out assessing clients who have been in treatment for more than two years and identification of reasons.
- Ensuring that we are continuing to work with a Partnership³ approach to reduce the numbers of PDUs naïve to treatment and tackle unexpressed need, especially among females.
- Working with young people (particularly 18-24 year olds) to reduce unplanned exits and premature

¹ NHS Choices <http://www.nhs.uk/conditions/drug-misuse/pages/introduction.aspx>

² Drugs Strategy 2010 Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life, Home Office 2010 <http://www.homeoffice.gov.uk/publications/drugs/drug-strategy/drug-strategy-2010?view=Binary>

³ Partnership approach refers to the the borough's Local Strategic Partnership and was launched in November 2001, bringing together key stakeholders to work together to provide and improve services for local residents. Members of the Partnership include the Council, Police, the Primary Care Trust, public services, voluntary and community groups, faith communities and local businesses and residents. http://www.onetowerhamlets.net/about_us.aspx

departures from the system, whilst ensuring that transition work continues.

Outcomes

- The current limitations of the data in several areas including dual diagnosis was highlighted last year and must remain a priority for improvement in consistency and reliability. Treatment Outcomes Profile data must be better utilised by agencies.

Service Users and Carers

- Carers of people with substance misuse problems are extremely hidden and stigmatised and consequently risk marginalisation. Their inclusion in a user group to share experiences, gain advice and support is advocated.

Blood Borne Viruses/Needle Exchange

- Dried blood spot testing to be incorporated into treatment in 2011/12.
- An evaluation of Needle Exchange services in Tower Hamlets to be carried out and inform a larger whole system review of substance misuse services in Tower Hamlets.

Partnership working

- The DAAT are currently in the process of setting up firm links between hostels and a nominated drug treatment agency to ease the process of referral and encourage multidisciplinary care planning.
- The first Hidden Harm Strategy for Tower Hamlets was developed in 2009/10 which prioritises partnership working between adult drug and alcohol service providers and the Children, School and Families Directorate. This work should continue in order to ensure that children whose parent's substance misuse remain high priority.

Criminal Justice System

- Continuing work with the Criminal Justice System and more specifically the Drug Intervention Programme (DIP) to ensure that the numbers accessing treatment remain on the increase.

Other

- The development and publication of a new Tower Hamlets drugs strategy.
- Embedding the recommendations from the Health Equity Audit undertaken and the ongoing need for all agencies to continue collecting data across all 6 Equality Strands.
- Intention to undertake a whole systems review of substance misuse services in Tower Hamlets in 2011/12 with a view to re-commissioning services.

1. What is substance misuse?

A drug is a chemical substance that acts on the brain and nervous system, changing a person's mood, emotion or state of consciousness. Drugs are often classified by the effect they have. Drug misuse is when a person regularly takes one or more drugs to change their mood, emotion or state of consciousness⁴. It is also about the affect the substance creates on health and social functioning which can range from non-problematic to dependent.

The definition of a Problematic Drug Users (PDUs)⁵ in this factsheet covers those using illicit drugs of opiates and/or crack cocaine. The information that we have regarding wider substance misuse, including that of a legal nature is very limited. Furthermore, it is difficult to estimate prevalence of unexpressed need for this population group. This factsheet covers adult substance misuse in Tower Hamlets. Substance misuse issues relating to children and young people are covered in a separate factsheet.

The impact of substance misuse can be wide reaching and felt not only by the individual but those around them. The National Drugs Strategy⁶ acknowledges the focus that should be made on protecting families and strengthening communities against the potential harms of substance misuse.

2. What is the local picture?

Tower Hamlets has many of the risk factors for substance misuse at both individual and community level and prevalence is therefore expected to be high. Some of these risk factors include: high population density, overcrowding, high rates of unemployment and poverty, poor physical health and poor mental health. Tower Hamlets has a significant street and hostel based homeless population, many of whom have drug problems. Tower Hamlets also has a well established commercial sex working population and evidence of widespread substance misuse exists among this group.

The most recent available estimates of the prevalence of drug use estimate that Tower Hamlets has 3795 problematic drug users; significant proportions (46%) of whom are suspected to be naïve to drug treatment⁷.

In 2008/09 there were estimated to be 3849 Problematic Drug Users in Tower Hamlets of this number, 1825 (47%) were estimated to be naïve to treatment. In 2009/2010 the total number of PDUs has fallen from 3849 to 3795 (-54). Opiate use has fallen from 2913 to 2837 (-76) and crack use has fallen from 2760 to 2600 (-160). The treatment naïve population in 2009/10 is 46% and we know that approximately 51% of these treatment naïve clients are known to the Drug Intervention Programme (DIP). National Data Treatment Monitoring System (NDTMS) data shows that there were 1574 over 18 year olds in effective treatment between April 2009 and March 2010. Of these 1338 (85%) identified heroin as their first drug (a rise from 80% in 2008/09), 110 (7%) identified crack as their first drug and 31 (2%) identified cocaine as their first drug.

⁴ NHS Choices <http://www.nhs.uk/conditions/drug-misuse/pages/introduction.aspx>

⁵ 'The term Problematic Drug User (PDU) refers to someone who uses opiates (e.g. heroin, morphine) and/or crack cocaine. It will encompass those who 'use' as well as those that 'misuse' or 'abuse' these types of drugs. Opiates and/or crack cocaine may not be the primary drugs in use and those who also use other types of drugs in addition to opiates and crack cocaine will be included. This definition does not include people who only use other types of drug, such as amphetamines, ecstasy or cannabis' http://www.nta.nhs.uk/areas/treatment_planning/docs/guidance_using_pdu_estimates.pdf

⁶ National Drugs Strategy 2008-2018
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/PublicHealth/HealthImprovement/Drugmisuse/DH_08588

⁷ Glasgow PDU Estimate 2010 - The Glasgow Estimates are developed using a capture recapture estimation technique. This method pulls together a sample of drug users from a number of different data sources e.g. Drugs Intervention Programme (DIP), National Drug Treatment Monitoring System (NDTMS) and other Police and Prison data sources.

Drug related deaths

There was a statistically significant decline in age standardised drug misuse death rates between 6 time periods (1994-1998 through to 1999-2003) in a few London borough including Tower Hamlets and Barking and Dagenham⁸.

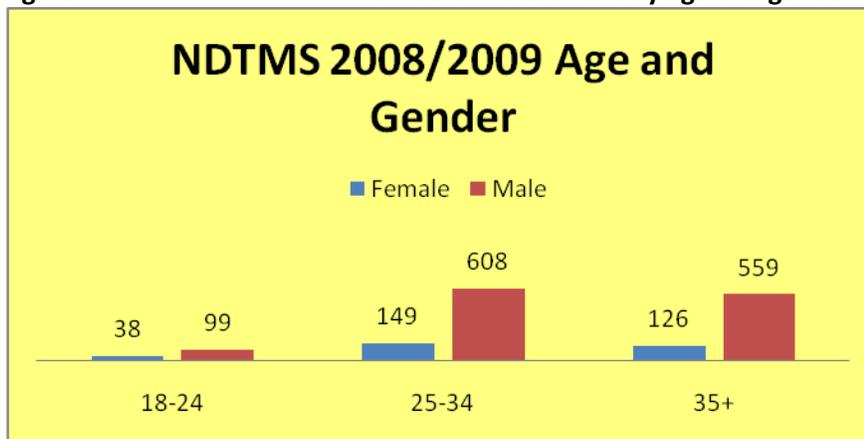
Hospital Admissions

The actual numbers of people admitted to hospital, with an ICD10 code attributing the admission to drugs, are very small - 157 (2008/2009). The most important observation from the data available however is that the Tower Hamlets drug related admission rate is not significantly different when compared to neighbouring boroughs. When looking at age of the most admissions in Tower Hamlets between 2002-09, 23% of male patients are aged 35-39 years and 20% aged 30-34 years. Among women 23% are 25-29 year olds and 21% are in 30-34 year olds. The ethnic distribution of admissions mirrors that of the borough with the majority consistently coming from a White background and Bangladeshis also heavily represented.

Profiling those in treatment

Using National Data Treatment Monitoring System data we are able to characterise clients entering either Tier 3 or Tier 4 treatment services.

Figure 1 Numbers in treatment by age and gender



Source: National Drug Treatment Monitoring System

Of the 1579 recorded in effective treatment in 2008/2009, 80% of those in treatment were male and 20% were female. (2007/2008 79:21). 8% (137) were aged between 18-24 years (11% 2007/2008); 50% (757) were aged between 25-34 years (41% 2007/2008) and 42% (685) were aged over 35 years (48% 2007/2008).

Compared to neighbouring boroughs and those boroughs displaying similar characteristics as Tower Hamlets (Bradford and Leicester), Tower Hamlets sees a similar percentage of female clients. This year 299 (19%) were female and 1275 (81%) were male, seeing a rise in the number of females in treatment but a slight fall in the percent. This is similar to the last two years.

In 2009/10 676 (43%) of individuals in treatment were White British (45% 2008/09 and 47% 2007/08); 551 (35%) individuals were Bangladeshi (29% in 2008/09 and 28% in 2007/08); and 8% were White Other (126) the same as in the previous two years.

⁸http://www.lho.org.uk/LHO_Topics/Health_Topics/Determinants_of_Health/Lifestyle_and_Behaviour/DrugsandHealthBehaviour/DrugRelatedDeaths.aspx#Local

3. What are the effective interventions?

Evidence suggests that drug treatment is effective and that timely entry to treatment leads to both reduced drug use and improved social functioning, although there have been vast improvements made in reducing the number of PDUs naïve to treatment, there remain substantial numbers of drug users who are recognised to not be in contact with treatment services.

The Drug Strategy 2010 highlights the importance of 3 structured themes: reducing demand, restricting supply and building recovery in communities. Success will be measured through a reduction in illicit and other harmful drug use and an increase in the numbers recovering from their dependence. There is continued focus on the importance of harm reduction strategies.

The 2008-2018 National Drugs Strategy⁹ identifies the overall ambition for treatment as helping individuals overcome drug dependency, enhance their life experiences, improve the contribution they can make to the community, and minimise the risks they pose to themselves and others. Training, skills and employment opportunities are central to the achievement of these ambitions and meaningful employment, paid or unpaid, is often a vital component of recovery. Barriers to PDUs accessing employment include a possible past history of offending, limited skills and mental health problems.

NICE guidelines

Drug Misuse - Opioid Detoxification, 2007¹⁰

Detoxification should be a readily available treatment option for people who are opioid dependent and have expressed an informed choice to become abstinent. Methadone or buprenorphine should be offered as the first-line treatment in opioid detoxification. When deciding between these medications, healthcare professionals should take into account whether the service user is receiving maintenance treatment with methadone or buprenorphine; if so, opioid detoxification should normally be started with the same medication. The preference of the service user is also key.

Drug misuse - Psychosocial interventions, 2007¹¹

Opportunistic brief interventions focused on motivation should be offered to people in limited contact with drug services and staff should routinely be providing information to people who misuse drugs about self help groups. Drug services are recommended to introduce contingency management to reduce illicit drug use and/or promote engagement with services for people receiving methadone maintenance treatment.

Needle and Syringe Programmes, 2009¹²

Needle and Syringe Programmes (NSPs) supply needles and syringes, in addition they often supply other equipment used to prepare illicit drugs (for example filters and sterile water). The key aim is to reduce the transmission of blood-borne viruses (BBV) and other infections causes by sharing injecting equipment. As best practice NSPs should also include: advice on safer injecting practices, advice on how to avoid an overdose, information on safe disposal of injecting equipment, access to blood-borne virus testing, vaccination and treatment services.

⁹ Drugs: Protecting families and communities, 2008

¹⁰ Drug misuse – opioid detoxification <http://guidance.nice.org.uk/CG52>

¹¹ Drug misuse – psychosocial interventions <http://guidance.nice.org.uk/CG51>

¹² Needle and syringe programmes <http://guidance.nice.org.uk/PH18>

4. What is being done locally to address this issue?

Locally we have a drugs strategy in place as well as a communications campaign and a commitment to partnership working within the borough on tackling issues surrounding problematic drug use.

Primary Care - In Tower Hamlets we have a Drugs Local Enhanced Service (LES) and Shared Care Scheme with community substitute medication prescribing facilities within a primary care setting.

Treatment Services (Tier 3 and Tier 4) - The treatment system in Tower Hamlets offers a spectrum of evidence based stepped care services in line with the Models of Care for Treatment of Adult Drug Misusers¹³ to clients. Tower Hamlets has a wide range of services available delivering community based and inpatient drug treatment programmes (including pharmacological interventions), often in multidisciplinary teams and with psychosocial support. There are also provisions for more culturally sensitive programmes, for women and those in contact with the Criminal Justice System. In-patient detoxification facilities also exist.

Needle exchange – needle exchange is currently available through a number of services in Tower Hamlets including specialist drug services and pharmacies.

Blood Borne Virus Team – the BBV team offer a wide range of interventions including access to BBV screening, immunisation and treatment, wound care, safe injecting, advice and sexual health screening. The team operates from a wide range of locations in Tower Hamlets.

Hidden Harm

While we know the numbers of parents among clients in treatment, estimating the number of children affected by parental substance misuse is complex. Agencies must be alert to the possibility of substance misuse leading to a child needing to be safeguarded; the Hidden Harm strategy's vision focuses on partnership working, robust protocols and training of staff¹⁴. Furthermore, there are services that exist to support children affected by parents who substance misuse.

Equality

The National Treatment Agency strategy recommends the following in line with the 6 Equality Strands¹⁵: *'(services should)...Promote equal access and appropriateness of drug treatment services for all regardless of their: age, ethnicity, gender, drug of choice, health, status, mental health, offending background, physical ability, place of residence, political beliefs, religion, sexuality or other specific actors which result in discrimination.'* This data is now being collected locally.

5. What evidence is there that we are making a difference?

Many of the substance misuse services in Tower Hamlets have been working to maximise harm reduction strategies and provide pharmacological and psychosocial support for those misusing drugs, as well as working towards reducing unexpressed need and those naïve to treatment.

Progress has been made in supporting drug users into treatment with 1458 PDUs recorded as being in effective treatment in Tower Hamlets, an increase of 100 individuals from the previous year. To refine and test treatment protocols, shared assessment and shared referral tools have been developed in 2009/2010 to improve access

¹³ Models of Care for Treatment of Adult Drug Misusers

http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_update_2006_moc3.pdf

¹⁴ 2010/2011 Adult Substance Misuse Needs Assessment

¹⁵ Improvement and Development Agency's definition of 6 Equality Strands

<http://www.idea.gov.uk/idk/core/page.do?pagelid=9422139>

across the system. Significant investment has been made historically in the borough to support vulnerable female drug users, and a female specific service (ISIS) exists for this group, as well as culturally specific services for BME groups, which may also be a contributing factor to the increased number of Bangladeshi's we are seeing in treatment services. The development of care pathways has meant a move towards a more integrated system.

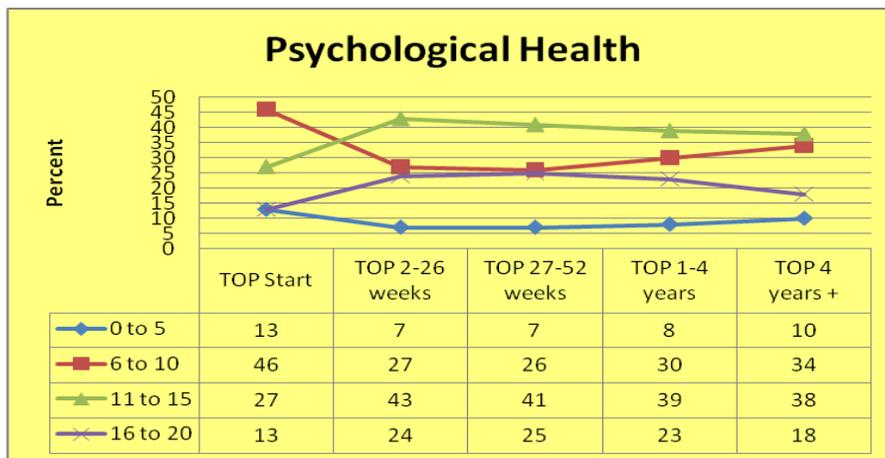
Criminal Justice System

In response to intelligence that many of those naïve to treatment are known by the probation service, the Drug Intervention Programme commenced a training sechule in 2009/2010, targeting probation workers, and demonstrating how and when to refer generic drug using offenders into treatment. Furthermore, dedicated prison exit workers have been recruited to work with prisons to support the identification and referral of drug using offenders into treatment.

Recovery

In 2008/09 there were 1091 occasions when individuals were closed from a treatment journey with 38% of all discharges from treatment planned. The Partnership continues its success at supporting clients to complete treatment and a rise in the number of clients completing treatment drug free was observed this year; 119 clients compared to 40 in 2007/08.

Some of the Treatment Outcome Profile (TOP) data that is collected demonstrates successes in particular areas psychological health and quality of life does rise the longer a clients is in treatment, but after 27-52 weeks we start to see a rise of clients placing themselves in the bottom quartile.



Source: National Drug Treatment Monitoring System

Needle exchange

The partnership continues to embed the NICE guidance¹⁶ on needle and syringe programmes to ensure optimum harm reduction which includes increasing the proportion of people who have over 100% coverage (i.e. the number who have more than one sterile needle and syringe available for every injection). A needle exchange evaluation is currently underway.

Equity Audit

An equity audit has been commissioned in order to understand the potential barriers to those accessing treatment services and this report will shortly be available.

¹⁶ <http://www.nice.org.uk/nicemedia/pdf/PH18Guidance.pdf>

6. What is the perspective of the public on support available to them?

Summary of 'The Voices of our Service Users' (2010/2011, Adult Needs Assessment)

A series of user group workshops and focus groups were held as part of SURG (service user representation group) meetings. Users were asked a series of questions and the responses are synthesised and grouped below.

Why do you think clients leave/drop out of treatment?

- When discussing reasons for attrition from treatment, users emphasised the importance of provision of wrap around services, clear pathways between services and the importance of staff competence,

What could providers do to encourage clients to seek treatment?

- Users listed methods of encouraging other users into services; these focused on a) providing targeted information and support to families b) involving clients to greater degree in decision-making process c) improving advertising/promotion of services and communication between agencies and d) ensuring agency staff are competent and empathetic.

What are the barriers to accessing treatment?

- Users emphasised the importance of overcoming structural barriers to treatment; specific recommendations to facilitate this included: a) ensuring the accessibility of services - a review of this is recommended b) meeting housing, employment or benefits related needs c) clarifying pathways into and between services d) ensuring services are female friendly e) ensuring that staff have the experience and the skills to manage problem use of all drugs.

Who is not getting into treatment? How can we support these groups to access services?

- The groups previously identified through data and Expert Group workshops whose needs were not being met were echoed by service users also. These groups are crack users and women, who were identified as particularly vulnerable to unmet need.
- Recommendations for overcoming those barriers were listed as a) ensuring services are both female and family friendly b) promoting services available to crack users c) publicising services more generally d) targeting schools and colleges to facilitate awareness of services among young people.

Tower Hamlets service user representation group (SURG) are an active group and recently undertook research into unplanned exits and some of the issues surrounding this. The main area of concern arising from the research was that of care plans. It was felt by those interviewed that care plans should drive their treatment and be comprehensive to the client who would then feel involved and this would help clients leave treatment in a planned way rather than leave because they felt nobody was interested¹⁷.

7. What more do we need to know?

- Audit on barriers to accessing treatment – the findings from the report could support and inform future

¹⁷ Tower Hamlets Service User Representation Group (SURG)* were asked by LBTH DAAT to lead on a piece of user led research on why clients in Tower Hamlets leave treatment in an unplanned way. This report examines the results of this questionnaire.

commissioning decisions.

- Needle exchange evaluation planned in order to understand the issues in low coverage, location of services and types of services available, this evaluation could inform the future configuration of NSPs¹⁸ in Tower Hamlets.
- There is a gap in NICE guidelines recommending the local development of contingency management¹⁹. However, it is worth noting that some of the NICE recommendations could be considered a little dated and not entirely relevant locally.

8. What are the priorities for improvement over the next 5 years?

Treatment System

- Number of successful treatment completions to become an increasing priority for 2011/12 as performance measures change.
- Working with agencies to ensure minimal fallout from treatment, including during cross agency referrals.
- An audit to be carried out assessing clients who have been in treatment for more than two years and identification of reasons.
- Ensuring that we are continuing to work with a Partnership²⁰ approach to reduce the numbers of PDUs naïve to treatment and tackle unexpressed need, especially among females.
- Working with young people (particularly 18-24 year olds) to reduce unplanned exits and premature departures from the system, whilst ensuring that transition work continues.

Outcomes

- The current limitations of the data in several areas including dual diagnosis was highlighted last year and must remain a priority for improvement in consistency and reliability. Treatment Outcomes Profile data must be better utilised by agencies.

Service Users and Carers

- Carers of people with substance misuse problems are extremely hidden and stigmatised and consequently risk marginalisation. Their inclusion in a user group to share experiences, gain advice and support is advocated.

Blood Borne Viruses/Needle Exchange

- Dried blood spot testing to be incorporated into treatment in 2011/12.
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Partnership working

¹⁸ Needle & Syringe Programmes

¹⁹ NICE guidelines: Drug misuse - Psychosocial interventions, 2007

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Other

- The development and publication of a new Tower Hamlets drugs strategy.
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- Intention to undertake a whole systems review of substance misuse services in Tower Hamlets in 2011/12 with a view to re-commissioning services.

9. Key Contacts

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Date updated:	March 2011	Updated by:	Rakhee Lahiri, Public Health Strategist	Next Update Due:	February 2012
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Date signed off by Senior JSNA Leads:	<i>Date factsheet signed off by senior JSNA leads from Public Health and LBTH</i>	Signed off by (Public Health Lead):	<i>e.g. Director or Associate Director</i>	Date signed off by Strategic Group:	<i>Date factsheet signed off by Strategic Group</i>	Sign off by Strategic Group:	<i>Name the relevant Strategic Group</i>
		Signed off by (LBTH Lead):	<i>e.g. Director of Adults/CFS</i>				