

## **11. Drug Misuse**

### **Chapter Summary**

- During 2010/11 nearly three quarters of people accessing treatment services are aged 35 and over (n=1,844).
- The number of young people (under 25 years) accessing treatment has decreased by almost 18% from 235 in 2008/09 to 193 in 2011/12.
- This older drug taking population has implications for the wider health needs and consequent provision of health services and links with public health programmes being further developed.
- There are low numbers of drug users from the Black and Minority Ethnic community in contact with treatment services representing 1.3% of the total in treatment population.
- Glasgow University prevalence estimates also show there were 793 crack/opiate users who have not been in contact with services over the last two years, of those it is estimated that 23% (n=183) are aged 15-24. However local data does not support there being this many young people using problematic drugs.
- Hepatitis C prevalence figures suggest over 50% (n=1158), of current/previous injecting drug users in Wirral are Hepatitis C positive, however local analysis would suggest that the figure for Wirral is significantly lower at 27-30%.

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## Further information

- Wirral has a high treatment penetration level of 84% of problematic drug users compared to the national (69%) and regional (70%) levels (National Drug Treatment Monitoring System). Based on these figures, Wirral's drug treatment services overall are successful in engaging and retaining drug users in treatment, it compares well with national and regional performance (See table 11.2).
- Glasgow University prevalence estimates in October 2011 show declining numbers of new opiate users (-9%), opiate and crack users (-10%) and crack cocaine users (-47%), this reflects the successful outcome from the previous drugs strategy of people having readily access to treatment. However, there has been an increase in injecting crack/opiate users (+7%) since 2006.
- The number of problematic drug users (PDUs) successfully completing treatment has increased by almost a third since 2009/10, and non problematic drug users successfully completing treatment have increased by 16%. This increase in the number of successful completions is partly due to the recovery services now embedded within the treatment system which is aiding service users to gain abstinence, but another factor that has made a substantial contribution is the engagement between the commissioned services and the peer support/12 step fellowship network.
- The proportion of individuals testing positive through the Drug Intervention Programme has fallen by 8% in 2010/11 compared to the previous year, and the number attending structured treatment has also fallen by 28%, this reflects a similar trend in the treatment system as a whole and reflects the success of the system in moving people through the system effectively.
- Of those arrested through the Drug Intervention Programme, 67% were already accessing treatment in Wirral and 83% had been in treatment at some point in the last two years.

### 11.1 Introduction

Wirral's drug treatment system was established in the 1980s. Wirral has a reputation for strong drug treatment services which give people the flexibility to move on with their lives. The system was primarily borne out of a heroin epidemic that swept the peninsula in the 1980s, thus now reflected in the ageing population which is evident through analysis of service data. The drug treatment system in Wirral is mainly made up of two main providers of adult treatment. Arch Initiatives which is a community based service providing counselling and structured day programmes. This service has seen numbers in treatment almost triple since the introduction of the Drug Intervention Programme (DIP) in 2004. The other main provider is Wirral Drug Service (WDS), who are a predominately prescribing service, approximately half of all their clients are prescribed through primary

care (approximately n=800) and the majority of these are estimated to be accessing some type of employment.

Wirral is recognised by the National Treatment Agency as having a flexible system which users can easily fall out of but can just as easily walk back in. Historically the treatment system showed the majority of people had been in service for +3 years with little or no movement between the different modalities within this time. During 2008 Wirral began work on the new drugs strategy recovery agenda, and it is becoming evident through this years treatment map analysis that this is improving with referrals between services having doubled.

Wirral has exceeded all National Treatment Agency targets over the past 10 years in relation to getting people into treatment. However with the introduction of the Treatment Effectiveness Strategy in 2005 the ethos has shifted and a strategic priority for the Drug and Alcohol Action Team (DAAT) is to move service users into becoming drug free and entering education, training and employment, therefore the range of services being offered in Wirral has now extended far beyond the two main providers to a range of aftercare and abstinence based services to encourage people to move towards exiting treatment in a completed manner.

## 11.2 Prevalence

[Please consider 'Wirral population' Chapter \(via this link\) in conjunction with this section](#)

Glasgow University were commissioned by the Department of Health to carry out a three year national prevalence study that was intended to provide a robust estimate for the size of the problematic drug using population both nationally, and across each Drug and Alcohol Action Team (DAAT) area. The first data was produced in 2006 and informed the needs assessment that year and for the following four years. This years estimates reflect 2009/10 data (this is the latest estimates available as at July 2012) and can be seen in table 11.2.1a below.

Table 11.2.1a Glasgow Prevalence estimates for Wirral smoothed estimates 2010/11 Vs. 2009/10 estimates

<b>Prevalence Area</b>	<b>Smoothed Estimate* (number)</b>	<b>2009/10 Estimate</b>	<b>Difference Smoothed Vs. 2009/10</b>	<b>Difference (%) Smoothed Vs. 2009/10</b>
<b>Opiate - Crack users</b>	3527	3173	354	-10%
<b>Opiate users</b>	3066	2797	269	-9%
<b>Crack Cocaine Users</b>	2769	1464	1305	-47%
<b>Injectors</b>	911	971	60	+7%

Source: NDTMS.Net October 2012 [www.ndtms.net](http://www.ndtms.net)

*\*smoothed estimates are an average of prevalence figures from 06/07, 07/08 and 08/09, which were given to DATs by the National Treatment Agency in 2009/10.*

*The opiate only and crack only users are a subset of the opiate and crack users however an individual would be counted once as an opiate and crack users but counted also in opiate only and crack only.*

### **11.3 In Treatment**

Between April- December 2011 Wirral had, 2,360 drug users in effective treatment, a decrease of 184 individuals or 7% on 2008/09 figures. Number in effective treatment was a key indicator for the DAAT in previous years however this has now been superseded by the introduction of completion targets reinforcing the recovery agenda in drug treatment systems.

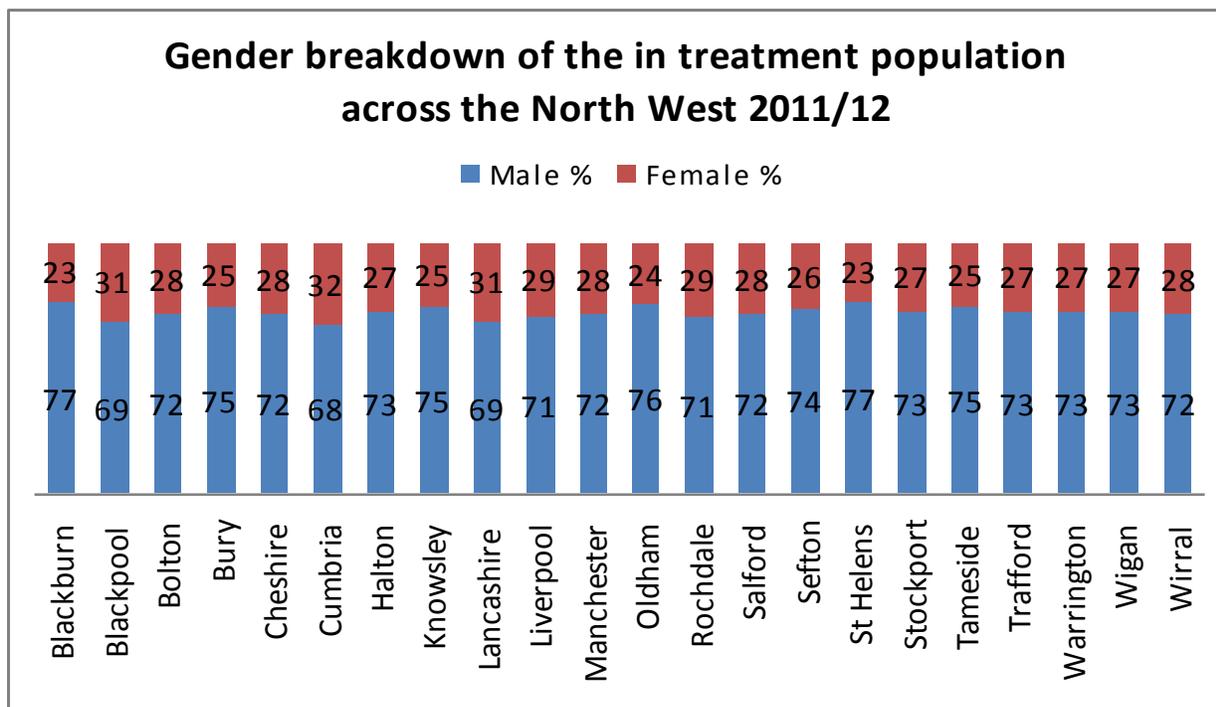
Of these 2,360 drug users, 2,011 were Problematic Drug Users (PDUs) and similar proportions of these have fallen since 2008/09. The main drug of choice for those accessing services was heroin with 66% (n=1,619) of individuals citing this as their main drug, compared with 73% (n=1,865) in 2009/10.

Over the last five years there has been evidence of a steady and consistent decline in the numbers engaging with effective treatment since this was introduced as a performance measure in 2007. This indicator has previously been a national indicator for the DAAT however the emphasis over the last 12 months has now changed to reflect the recovery system and people moving on successfully in their treatment journey therefore this is no longer a national indicator for DAATs but will continue to be monitored locally as performance against this indicator is still linked to funding.

Although figures in effective treatment continue to decline over a rolling 12 month period in 2011/12 there were still 415 new PDU treatment journeys commencing with 81% engaged in effective treatment, suggesting that the treatment system remains accessible and retains users effectively.

The breakdown of those in treatment, as can be seen in Figure 11.3a, analysis by gender shows that one in seven people accessing treatment services are males (72%), on par with both the regional and national average.

Figure 11.3a Bar chart showing the gender breakdown of the 'in treatment' population in the North West 2011/12



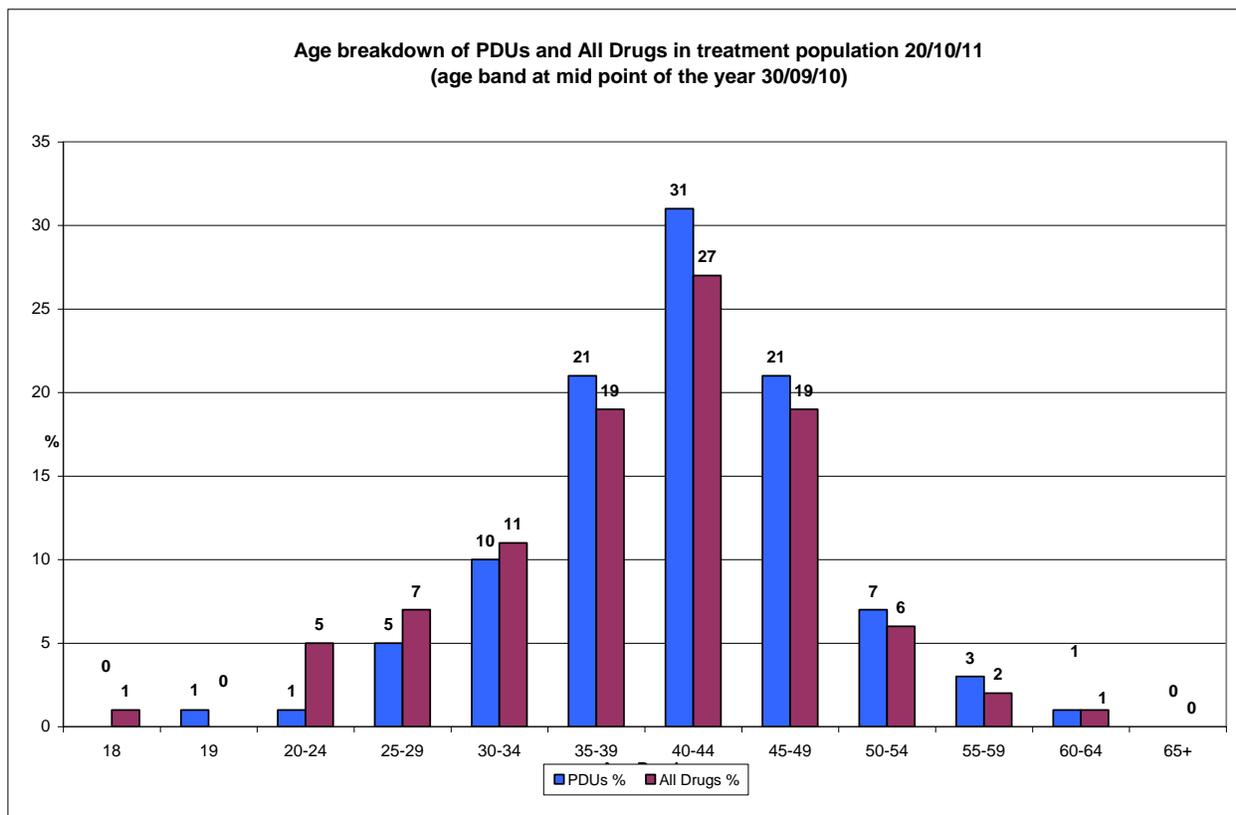
Source: National Drugs Treatment Monitoring System 2012 [www.ndtms.net](http://www.ndtms.net)

Wirral has a relatively older population accessing treatment services those in treatment aged 35+ accounted for 75% of the in treatment population in 2011/12, whilst in contrast the number of people aged under 25 years remains low (8%) as seen in Figure 11.3b.

This has potential implications for the wider health needs as the drug using population gets older and risk taking behaviour continues over long periods of time this can lead to respiratory and digestive diseases such as chronic obstructive pulmonary disease and pneumonia.

Provision of health services and links with public health programmes are being developed further through winter health checks and flu vaccinations in an effort to reduce deaths and disease locally.

**Figure 11.3b: Bar chart showing the age breakdown for Problematic Drug Users (PDUs) and ALL Drugs in Wirral on 30/09/11**



Source: National Drugs Treatment Monitoring System 2012. [www.ndtms.net](http://www.ndtms.net)

The ethnicity breakdown for those accessing treatment services in Wirral in 2011/12 shows that 2% of drug users in Wirral are from Black and Minority Ethnic (BME) groups; the majority of whom are White Irish (n=10). According to the ONS 2009 mid year estimates, 5% of Wirral’s population are from a BME group, this would suggest that those from the BME community are currently under represented within treatment services in Wirral. (See [JSNA population chapter](#)).

**[Please use this link to access information on engaging BME communities in Drug and Alcohol services and service provision](#)**

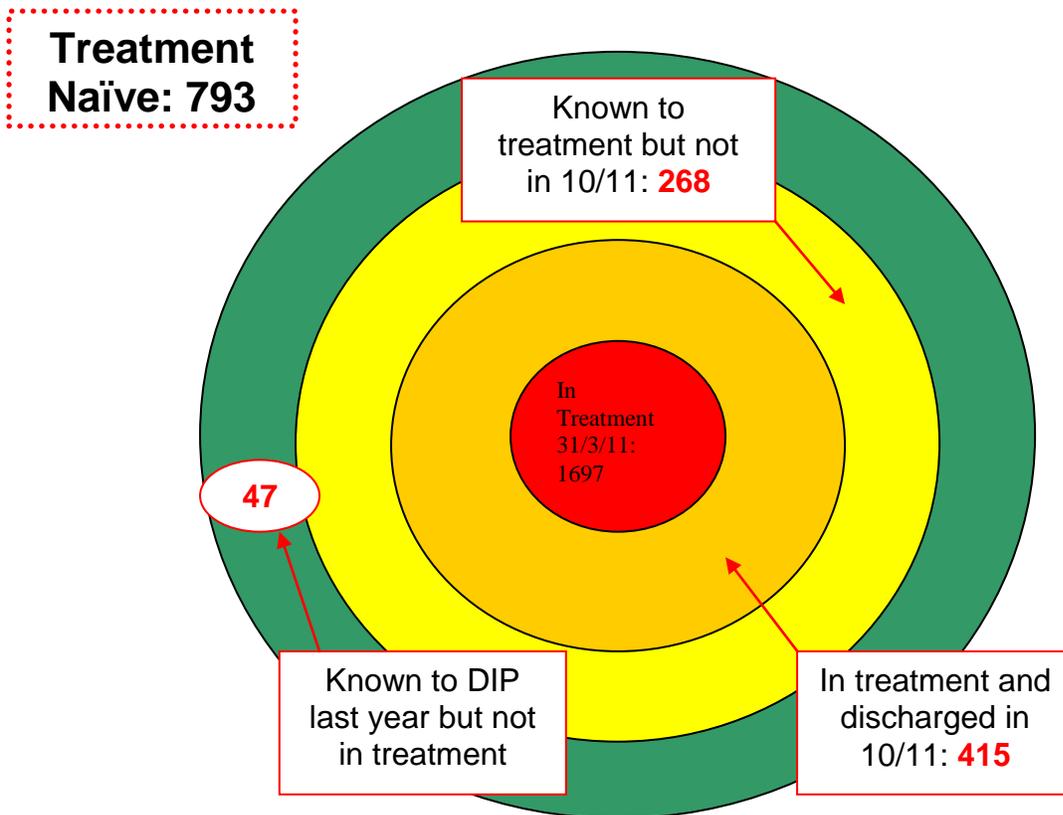
### 11.3.1 Treatment Naïve Populations (Estimating those not in treatment services)

The following bullseye methodology (Figure 11.3.1a) uses the Glasgow prevalence estimates coupled with in treatment data to identify those who are treatment naïve (i.e. individuals in Wirral who are not accessing services). The bullseye on the next page shows the following:

- Using 2009/10 prevalence estimate (3,173) the bullseye reveals Wirral to have a treatment naïve population of 793.

- Wirral's treatment naïve population has declined by over 40% in the last two years (n=542).
- Further analysis of the in treatment population shows the number of clients have declined over this time period however increases are evident in successful completions and those known to treatment but not in the last two years which would suggest that not only are clients successfully completing treatment they are also not relapsing and re-entering treatment services with opiate/cocaine issues.

Figure 11.3.1a Wirral DAAT Opiate and/or Crack Users Bullseye



Source: National Drugs Treatment Monitoring System 2012 [www.ndtms.net](http://www.ndtms.net)

*Note - Treatment naïve suggests individuals in Wirral who are not accessing services*

## 11.4 Treatment Exits

Over the last decade Wirral's drug treatment system has had outstanding success in relation to making treatment accessible and sustainable for people in the borough.

With the introduction of the National Drug Strategy in 2010 came a shift in ethos which looked to move people on from structured treatment and into recovery orientated communities.

Wirral has been acknowledged as embracing this agenda and has made great strides in gaining successful outcomes for clients who want to move on in their treatment journey.

However Wirral has a large population nearing 1500 clients who still remain within the treatment system and 46% (see table 11.4.a below), of those have been in treatment six years or more. Therefore the treatment system has adapted to this agenda to move people from being effective treatment to a successful treatment exit and abstinence.

Therefore successful completion of drug treatment is a key measure for the DAAT and when public health moves from the NHS to local authorities in 2013. The drug treatment measure is part of the new Public Health Outcomes Framework that describes the strategic direction for the new public health system from April 2013.

The drug treatment indicator is based on the number leaving treatment free of their drug of dependency, who do not then re-present to treatment again within six months. This is expressed as a proportion of the total number in treatment.

Table 11.4.a Table showing the length of time individuals have been in the treatment system in Wirral during 2011/12 compared to the national average

	1 to <2 years	2 to <4 years	4 to < 6 years	6 years +
<b>Wirral</b>	7%	14%	9%	46%
<b>National</b>	14%	21%	14%	21%

Source: National Drugs Treatment Monitoring System 2012 [www.ndtms.net](http://www.ndtms.net)

## 11.5 Successful completions of Opiate and Crack Users (OCUs)

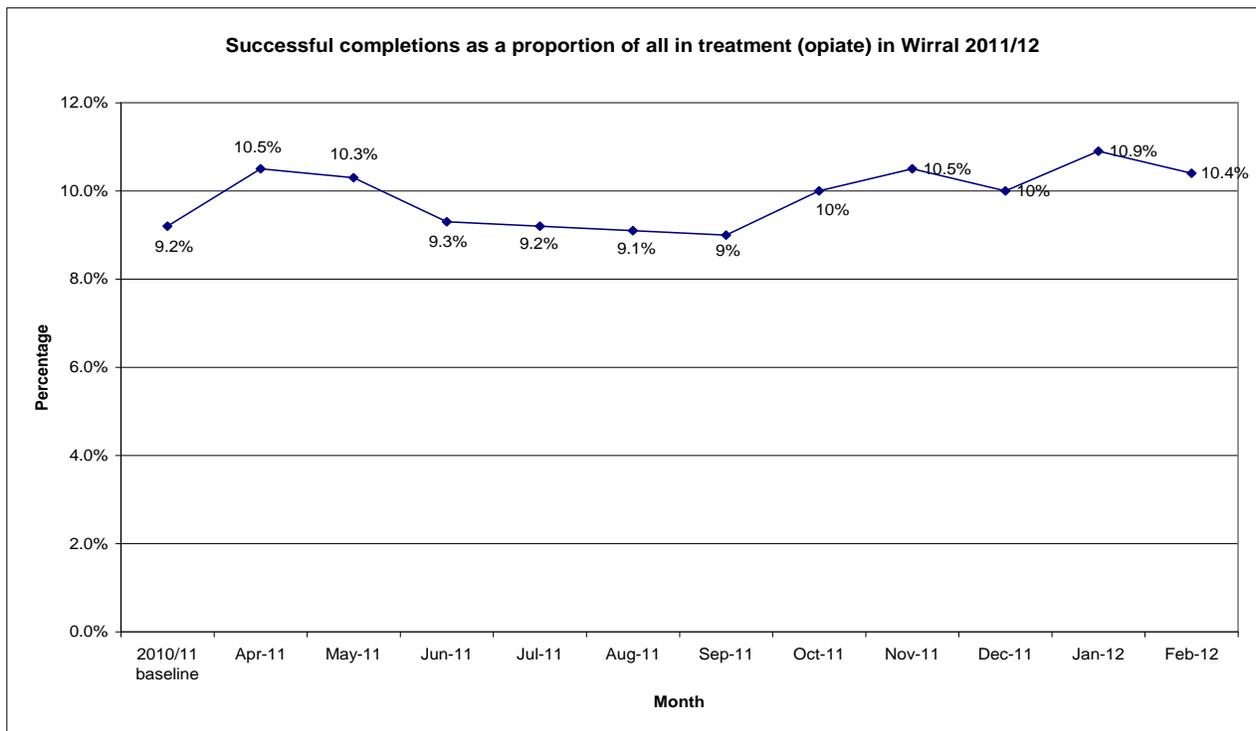
As can be seen in figure 11.5a, the proportion of successful completions of opiate users as a proportion of those in treatment during 2011/12 was 9.4%, this equates to 187 opiate users completing treatment out of a treatment population of 1989, the third highest across the North West.

The target for Wirral for 2011/12 is 12%.

Analysis up to May 2012 shows for Wirral that the proportion of people completing treatment has increased and further analysis shows this is due to the number successfully completing increasing and not due to numbers in treatment falling.

As of August 2012 Wirral's performance is 9.9% against the target of 12%.

**Figure 11.5a Line Graph showing the percentage of successful completions as a proportion of all in treatment (Opiate and Crack Users) 2011/12**



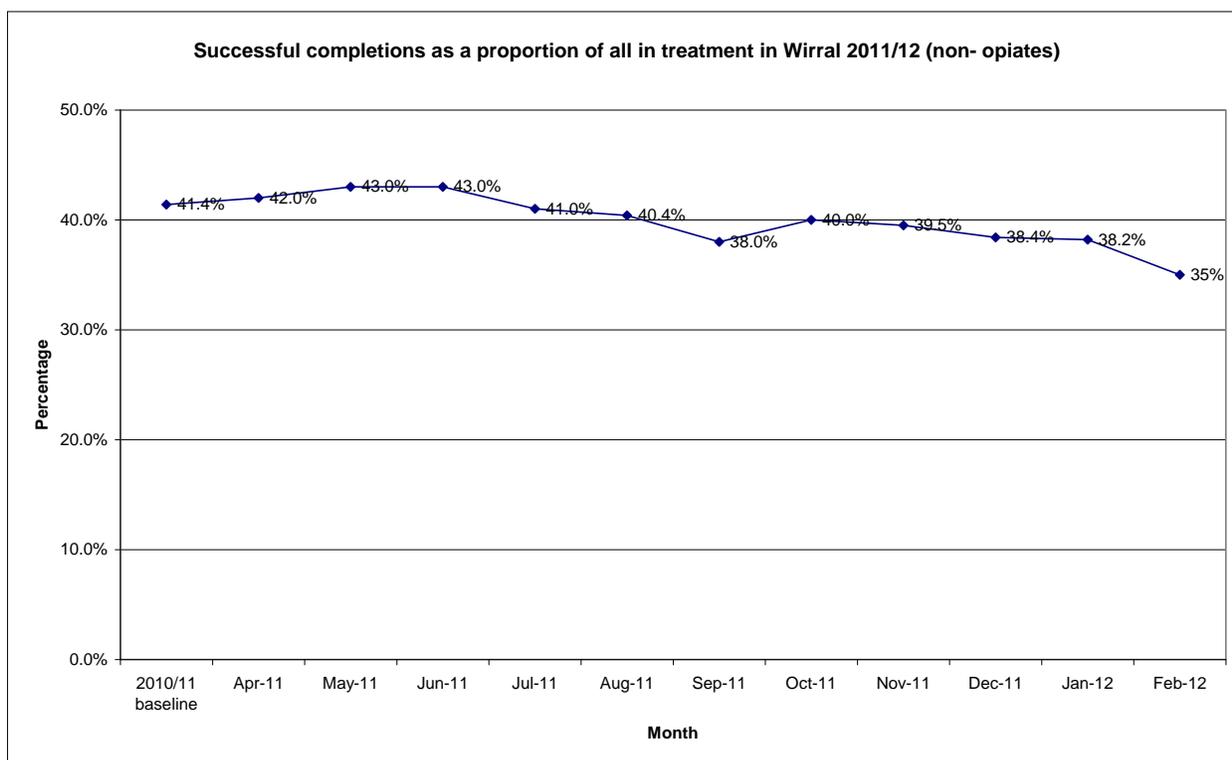
Source: National Drugs Treatment Monitoring System 2012 [www.ndtms.net](http://www.ndtms.net)

## 11.6 Successful completions of non-opiate and crack users

The proportion of successful completions of non opiate users as a proportion of those in treatment during 2011/12, as seen in figure 11.6a, was 33.9% non-opiate users in contact with treatment services in Wirral. During the same period there were 161 successful completions. This equates to 154 non-opiate users completing treatment out of a treatment population of 454, 15<sup>th</sup> out of the 24 DAATs in the North West.

The target for Wirral for 2011/12 is 34%. Analysis up to May 2012 shows Wirral has increased month on month the proportion of people completing treatment this is due to non-opiate users now receiving a less intensive intervention and being discharged to aftercare as successful. As of August 2012 Wirral's performance has increased significantly to 46.2% against the target of 34%.

Figure 11.6a Line Graph showing the percentage of successful completions as a proportion of all in treatment (Non-Opiate Users) 2011/12



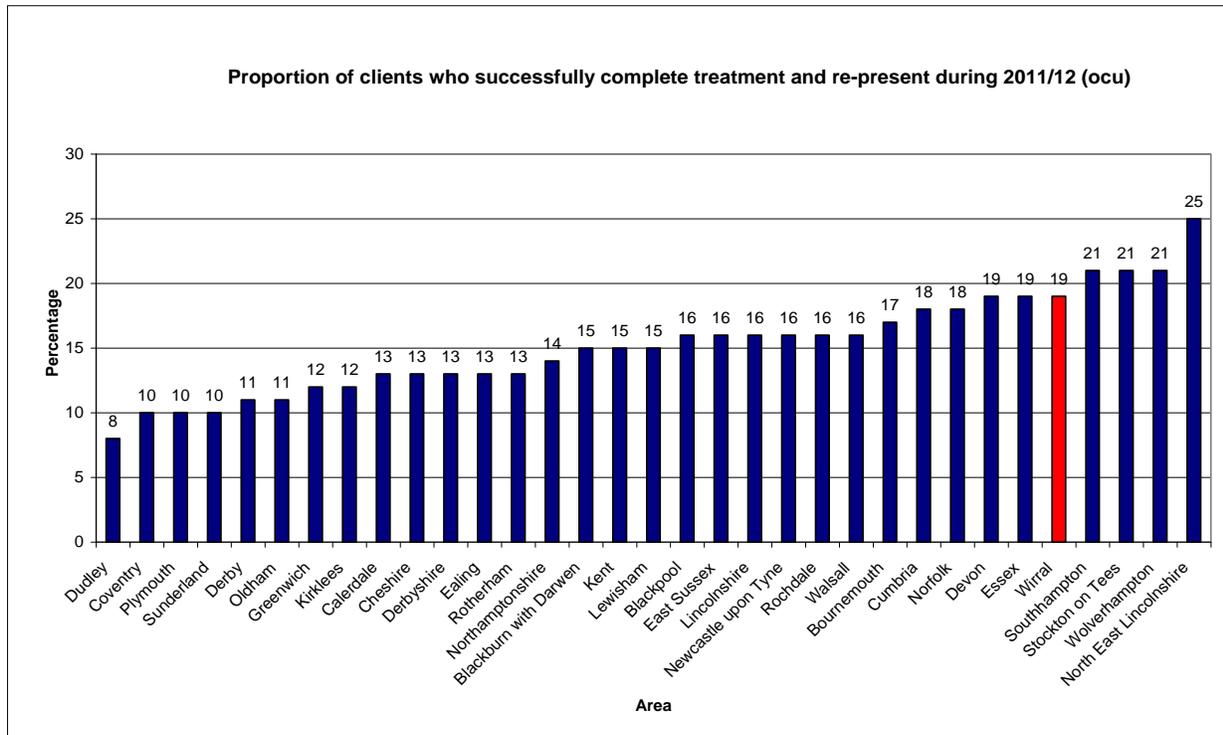
Source: National Drugs Treatment Monitoring System 2012 [www.ndtms.net](http://www.ndtms.net)

## 11.7 Re-Presentations

DAAT Partnerships are required to be performance managed not only in relation to the number of clients who successfully complete treatment but also in relation to the number of those who have successfully completed who do not return to treatment within six months. Wirral's performance, as seen in Figure 11.7a, against this indicator for 2011/12

was 19% against a target of 12%, this equates to out of 217 exits only 44 drug users re-presented in a six month period.

**Figure 11.7a Bar Chart showing the proportion of clients who successfully complete and re-present within the preceding 6 months 2011/12**



Source: National Drugs Treatment Monitoring System 2012 [www.ndtms.net](http://www.ndtms.net)

## 11.8 Drug Use and Crime

There is strong evidence to suggest that acquisitive crime is associated with drug use (Seddon 2000, Stewart et al. 2000); research suggests that crack and heroin use are linked with offenders stealing to fund their drug habit (Stewart et al. 2000).

- Around a third of acquisitive crime is believed to be undertaken to fund drug addiction
- The harms are significant and wide ranging and cost an estimated £15.4 billion a year nationally.

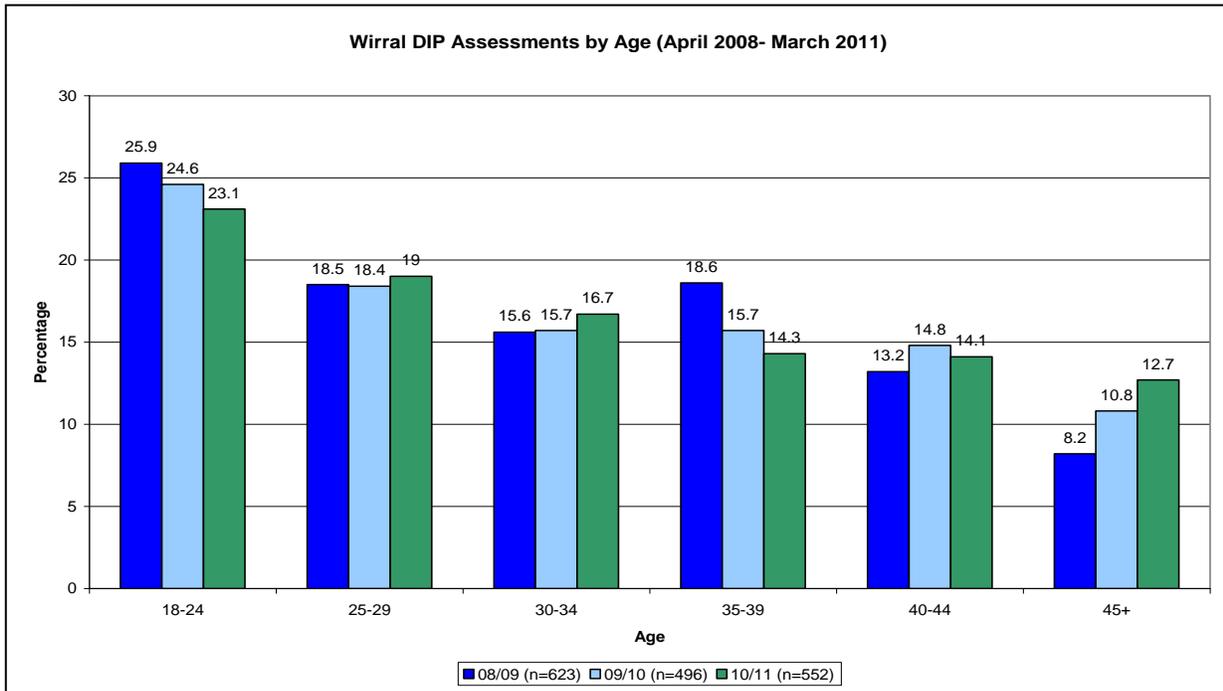
The Drug Intervention programme (DIP) was introduced nationally in 2003 to reduce crime and direct offenders out of crime and into treatment. DIP provides new ways of working linking services across the criminal justice system, healthcare and drug treatment and a range of other supporting services. DIP has introduced a case management approach to offer treatment and support to offenders from the point of arrest to beyond sentencing. Sharing information on the treatment needs of individual offenders allows professional multi-skilled teams to provide tailored solutions.

### 11.8.1 Drug Testing Analysis

In figure 11.8.1a it describes the number of Drug Intervention programme (DIP) assessments by age 2008/2011

- During 10/11 there were 3188 successful drug tests a slight decrease from the previous year (n=3296).
- Of those tested 18% were for non-trigger offences approximately the same as last year.
- Those testing positive in 10/11 were amongst the lowest levels in the last five years with only 29% of those tested testing positive, compared to 53% in 04/05.
- The lowest proportion of positive tests were in December (24%) and the highest was June (33%)
- 908 individuals were required to attend an initial assessment in 10/11, an increase of 100 individuals on the previous year.
- Of the 908, 89% had a full DIP assessment and 61% of those went on to receive a further intervention, the proportion of clients being assessed had decreased substantially since 08/09 when 1177 clients were assessed.
- The majority of clients assessed in the last three years were white males. Wirral clients coming into contact with DIP through the assessment process in the last three years have displayed a relatively young profile, with clients under 25 making up the largest age grouping, though proportions of clients in this age group decreased slightly year on year. There was also an increase seen in the proportion of clients over the age of 40 being assessed year on year.

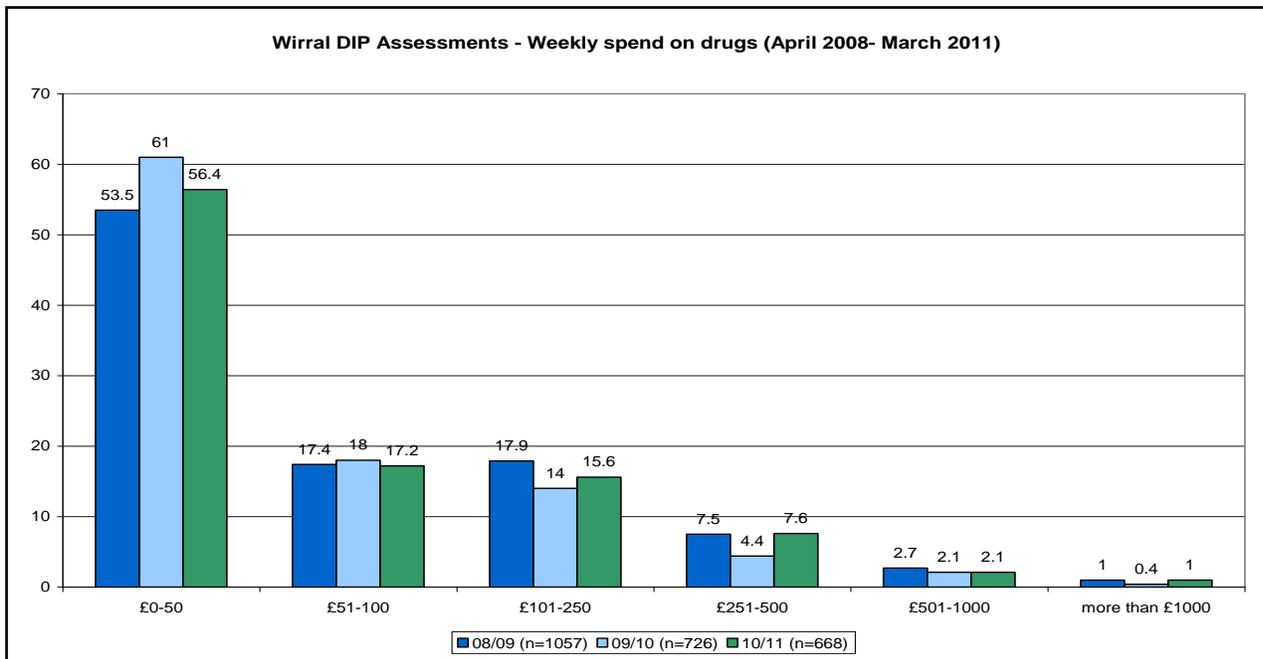
**Figure 11.8.1a Bar Chart showing the number of Wirral DIP assessments by age 2008-2011**



Source: John Moore's University, 2011

- A total of 515 offenders were taken onto the caseload in 10/11, compared to 565 in 09/10.
- Cocaine was the most commonly used drug among clients assessed by Wirral DIP in the last three years with proportions of clients reporting its use remaining at a similar level year on year. Proportions of clients using heroin rose between 08/09 and 09/10 but fell again between 09/10 and 10/11. In addition proportions of clients assessed that used crack or cannabis fell between 08/09 and 09/10 but rose again between 09/10 and 10/11.
- In figure 11.8.1b it suggests that the highest proportions of clients assessed in all three years reported spending between £0 and £50 on drugs per week, though it should be noted that this proportion decreased between 09/10 and 10/11.

Figure 11.8.1b Bar Chart showing Wirral DIP Assessments broken down by weekly spend on drugs 2008-2011



Source: John Moore's University, 2011

- Over a third of clients assessed in 10/11 reported never consuming alcohol, an increase on the proportion in 09/10. However, at least half reported drinking in excess of daily recommended levels at least once a week in all three time periods. Of those clients who reported drinking, the most common pattern was to drink 2-4 times a month.
- The most common offences committed by clients assessed were Misuse of Drugs Act offences. Proportions of clients who were arrested for burglary or shoplifting have increased consistently (if by small proportions) over the last three years.
- While proportions of clients assessed that were arrested for public order offences increased between 08/09 and 09/10, they fell again between 09/10 and 10/11. In

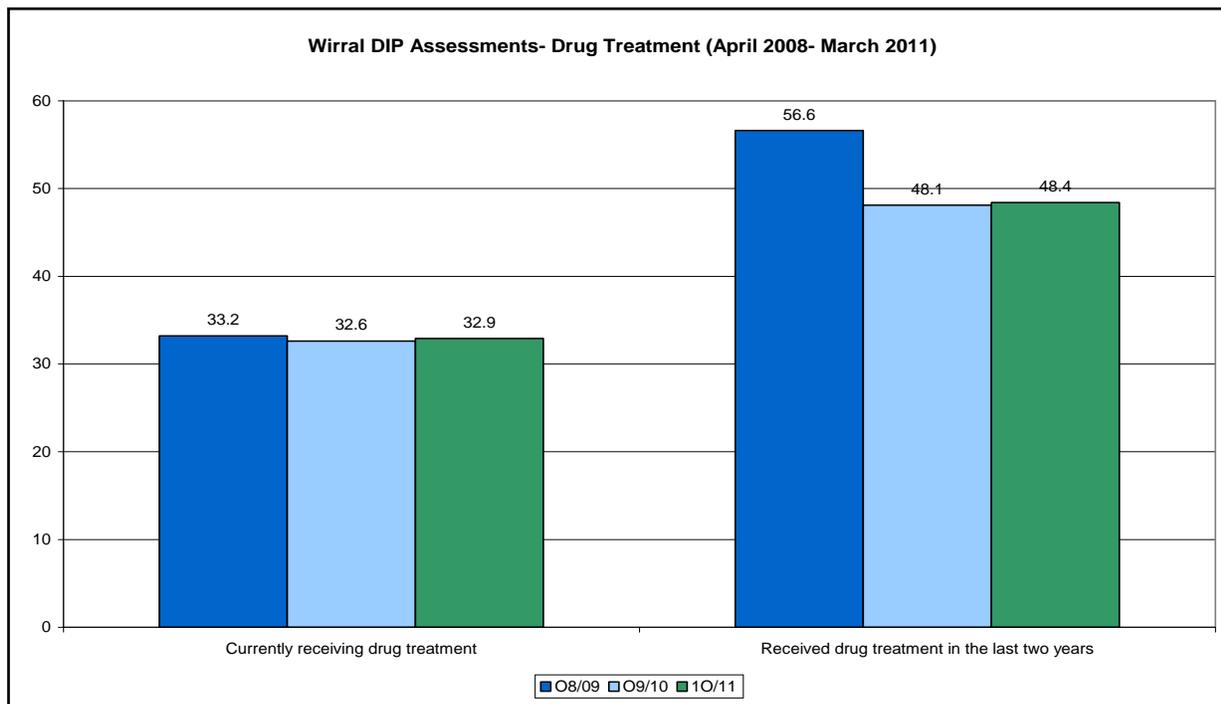
contrast to this trend, proportions of clients arrested for wounding/assault fell steadily year on year.

- The most common employment status of clients assessed in all three time periods was unemployed with proportions remaining steady between 08/09 and 09/10, but falling substantially between 09/10 and 10/11. By contrast, proportions of clients assessed that were economically inactive at the time of their assessment increased year on year.

### 11.8.2 Treatment Outcomes for DIP Clients:

- In figure 11.8.2a suggests that of 61 DIP referrals reported for Wirral residents between 1st September and 31st December 2010, 73.8% were engaged in structured drug treatment.

Figure 11.8.2a Bar Chart showing Wirral DIP Assessments against those receiving drug treatments 2008-2011



Source: John Moore's University, 2011

- Whilst clients who engaged in structured drug treatment had a younger mean age than those who did not, this difference was not statistically significant.
- There were no significant associations between treatment engagement and gender, offence type, drug use type, injecting status, accommodation status or employment status.
- Of the 45 Wirral residents who engaged in treatment, 62.2% had exited treatment by the 30th June 2011. For clients with a successful treatment exit, the highest

proportion (52.9%) reported 'treatment complete – drug free' as their exit reason. 'Transferred in custody' (63.6%) was the most common unsuccessful treatment exit reason.

- Whilst clients with a successful exit were younger than those with an unsuccessful exit, this difference was not statistically significant.
- There were no significant associations between treatment exit status (successful/unsuccessful) and gender, offence type, drug use type, injecting status, accommodation status or employment status.
- A Spearman correlation on clients' age and the length of time they were in treatment showed no significant relationship ( $r_s=0.081$ ,  $N=28$ ).
- There were no significant differences in length of time in treatment when compared across gender, offence type, and drug use type, injecting status, accommodation status or employment status.
- Whilst clients with a successful treatment exit spent a longer period of time in treatment than those with an unsuccessful treatment exit, this difference was not statistically significant.
- There were no significant changes between the first and last Treatment Outcome Profile (TOP) in the number of days on which any substances were used. Significant improvements were reported in the clients' health (psychological and physical). Days in paid work or education did not change significantly between first and last TOP. Very low numbers of clients reported having an accommodation problem at their first and last TOP.
- There were significant differences between clients with a successful treatment exit and those with an unsuccessful treatment exit in terms of changes in number of days on which substances were consumed (opiates and 'other' drugs). Clients with a successful exit had little change in the number of days they used opiates and 'other' drugs whilst those who had an unsuccessful exit increased the number of days on which they used opiates but decreased the number of days they used 'other' drugs.

### 11.8.3 Serious Acquisitive Crime

The findings in and NTA report ['Estimating the Crime Reduction Benefits of Drug Treatment and Recovery'](#) are based on statistics from the National Drug Treatment Monitoring System (NDTMS), conviction records from the Police National Computer, and self-reported offences data from the Drug Treatment Outcomes Research Study. The empirical analysis has been endorsed by the Home Office.

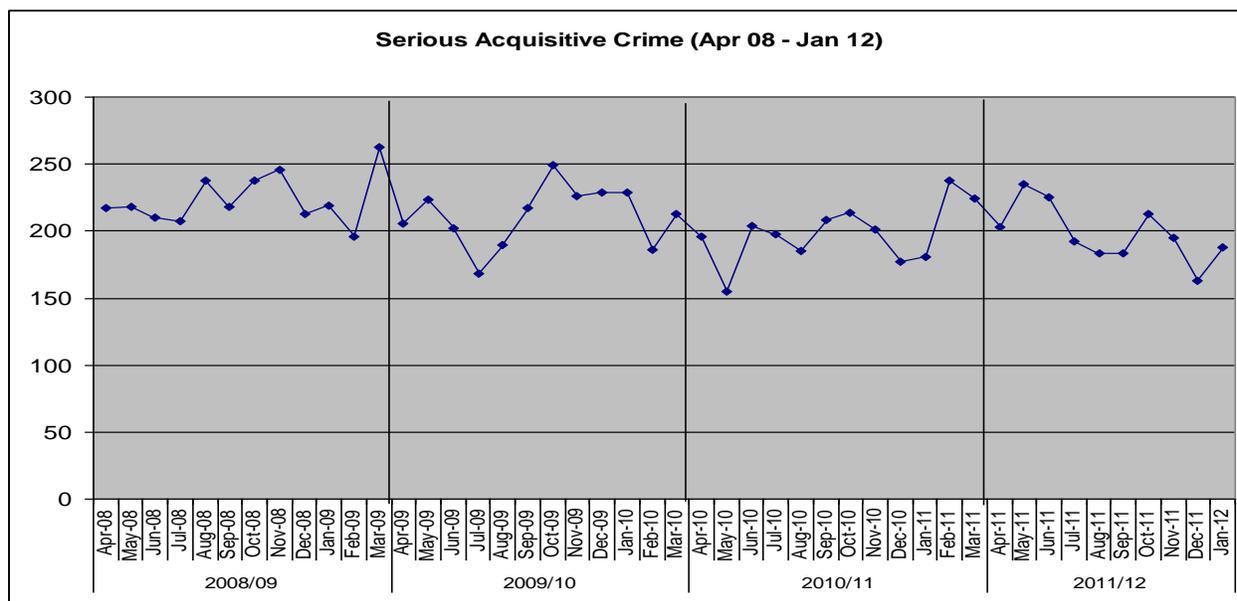
The report estimates that the average cost of crime for a dependent drug user would be £26,074 every year if they were not in treatment, and that treatment prevents 26 offences for every offender in effective treatment. The overall reduction in crime by 4.9 million a year translates into an estimated:

- 100,000 fewer burglaries and robberies, saving homes and businesses £605 million
- 75,000 fewer car thefts and break-ins, saving motorists and businesses £155 million
- 350,000 fewer acts of prostitution
- million fewer shoplifting thefts, saving retailers and businesses £137 million
- 25,000 fewer bags snatched.

The report estimates that these benefits will accrue each year if funding for drug treatment continues at current levels. In addition, it estimates that the accumulated effect of more people sustaining recovery would prevent a further 4.1 million offences over the next nine years.

The graph in figure 11.8.3.a shows the levels of acquisitive crime in Wirral from 2008-2012 and evidences how the levels of acquisitive crime have fluctuated in Wirral over this period.

**Figure 11.8.3a Line Graph showing the levels of serious acquisitive crime in Wirral 2008-2012**



Source: Wirral Community Safety Partnership 2012

### Reduction

The monthly multi agency Serious Acquisitive Crime group meeting addresses burglaries and vehicle crime across Wirral. This meeting links Police intelligence with policy makers across the Community Safety Partnership to ensure interventions are focused upon vulnerable locations and individuals, and appropriate enforcement made upon perpetrators. This is an action focused intelligence lead meeting.

### The year on year decline and monthly fluctuation in acquisitive crime

Acquisitive crime has fallen in Wirral broadly reflecting patterns across England and the North West. Comparing 2008/9 with the previous year there was a 14% reduction with subsequent years then demonstrating reductions of 5%, 6% and 4%. The current end of year forecast (based on the acquisitive crime up to August 12) suggests a 15% reduction on last year is possible.

Though Wirral and the nation are seeing an overall year on year reduction in acquisitive crime, the monthly trends, even in a population of over 300,000 with over 145,000 residential properties is notoriously volatile.

Recent years have seen radical changes in the types of items stolen. Where a TV and VCR might have been targeted in the past an iPad and Satellite Navigation systems are now more valuable, concealable, transportable, available and easily sold. There is also speculation that financial hardship increase acquisitive crime. Whilst attempts have been made at correlating increases in both Job Seekers Allowance and acquisitive crime there is no hard evidence in Wirral or Merseyside. Obviously it is not as simple as

taking up a life of crime soon after redundancy. However, anecdotal evidence suggests an economic downturn improves the market for selling stolen goods and former 'career' criminals will be more likely to offend at least on an opportunistic basis.

Offenders themselves affect the crime rates and a spree of offending can markedly alter the statistics for given months whilst the criminal justice system reacts

Overall, the rate of any crime type per population is determined by a wide range of national and local factors. Generally areas of greater deprivation and population density can expect higher crime rates. In order to benchmark Crime Safety Partnership performance comparisons are drawn with areas where crime is deemed just as likely to occur. Wirral is compared to a family of 15 'Most Similar Groups'. These are areas the Home Office has identified as demographically similar to Wirral. These comparisons demonstrate that the initiatives and interventions put in place in Wirral are effective with Wirral ranked 2nd of 15.

Wirral, itself is geographically polarized in terms of deprivation and population density. Initiatives and interventions to address acquisitive crime therefore face extreme challenges but these challenges also present opportunities. Small pockets of intense deprivation enable initiatives to be focused in small problem areas. An example of this is the marked reduction in burglary in Wirral after alleygating traditional Victorian back alleys. Wirral used the Neighbourhood Renewal Initiative to help address high burglary and anti-social behaviour areas. Funding was made available to address those areas where burglary was over 4 times the national average. Creating areas previously accessible through back alleys into instant (partially) gated communities prevented the most common modus operandi for burglary, breaking through back doors and windows.

#### 11.8.4 Domestic Violence

During 2010/11 and 2011/12, 2038 referrals were made to the family safety unit for cases of domestic violence. Of those cases referred over a quarter had drug misuse as an aggravating factor by the perpetrator and 17.3% were alcohol related. Drug misuse has seen a 55% increase in 2011/12 compared to 10/11. This is due to increase again in 2012/13 as the position at September 2012 is 206 drug misuse cases.

## 11.9 Offender Health

Offender health is part of Wirral DAATs programme its aim is to improve the health and social care outcomes for adults and children in contact with the criminal justice system, focusing on early intervention, liaison and diversion. This is also an important component of the reducing re-offending and health inequalities agenda, with many offenders having mental health and/or substance misuse problems and social care needs.

Offenders often experience significant problems gaining access to health care services which can add to problems of social exclusion, and puts offenders at risk of continued offending. Responsibility for offender health care lies within the NHS to give offenders access to the same quality and range of health care services as the general public receives in the community.

Prisoners have an opportunity to consider health needs and concerns that they may not have been able to deal with and get help with on the outside. Prisons and custodial settings can provide a unique opportunity to reduce health inequalities through health promotion, health education, and disease prevention measures, and engaging offenders in primary care, mental health, and drug and alcohol services.

Offender's health is significantly worse than the general population, particularly mental health. Singleton et al (1998) found 78% of male remand prisoners had personality disorders, 64% for male sentenced prisoners, and 50% for female prisoners. 30% of the prison population had self harmed at least once. Other key health issues include HIV and Hepatitis B and C.

Improving offender health has been brought to the top of the agenda with The Care Quality Commission and her Majesty's Inspectorate of Prisons calling for improvements in NHS healthcare provided for adults in the prison system.

Many of offenders in prison have very complex substance misuse needs. In Scotland it is estimated that 45% of prisoners are likely to have an alcohol problem compared to 15% of men and 9% of women in the general population (The Scottish Health Survey, 2008), and 71% of prisoners tested positive for illegal drugs on reception to prison with 29% testing positive on release (Drug Misuse Statistics Scotland, 2009).

Other key statistics relating to offender health are:

- Up to 55% of new receptions to prison are problematic drug users (PDUs), the majority of whom will be short sentenced prisoners (i.e. sentenced to less than 12 months)
- 63% of sentenced males and 39% of sentenced females were classed as hazardous drinkers in the year before coming to prison. Of those engaged in hazardous drinking, 71% of male remand prisoners and 59% of male sentenced prisoners were assessed as having two or more mental health or behavioural disorders

- Male prisoners are six times more likely to be a young father than men in the general population.

7% of prisoners have an IQ less than 70 and a further 25% have an IQ of less than 80. Furthermore, 20% of the prison population has some form of 'hidden disability', which will affect and undermine their performance in both education and work settings.

- Access to coordinated health services within prison and on leaving prison can significantly impact the likelihood of re-offending and further imprisonment. A half of those sentenced to custody are not registered with a GP prior to be sent to prison

### **11.10 Harm Reduction:**

The sharing of drug-taking paraphernalia remains the most efficient route of transmission of blood borne viruses such as Hepatitis C and HIV. In 2011, the Health Protection Agency (HPA) continued to report that the sharing of drug-taking paraphernalia is most probable route of transmission in over 90% of all diagnosed cases of Hepatitis C in the UK.

The HPA in collaboration with NTA estimate Hepatitis C prevalence in Wirral, as in the North West, to equate to over 50% of the local Injecting Drug Using (IDU) population. This equates to at least 627 previous/current IDUs (n=1,253 for Quarter 4, 10/11) in contact with treatment. However local analysis would deem the figure for Wirral to be much lower at 27-30%.

However, a Dried Bloodspot Testing Pilot Programme was introduced locally in March 2011. This has been an overwhelming success with significant take up of testing from local service users, particularly those with poor venous access resulting from sustained intravenous drug use. One advantage of this method of testing was that a single sample can be tested for Hepatitis C, Hepatitis B and HIV.

In table 11.10a describes the outputs achieved by the pilot had achieved as at January 2012 for the 11 months that it has been running:

Table 11.10a Results of Dried Bloodspot Testing Pilot in Wirral 2011/12

March 2011 to January 2012	Total Number of Tests	Number of Positive Test Results
Total number of Hepatitis C Tests completed	338	61 (18%)
Total number of Hepatitis B Tests completed	329	5 (1.5%)
Total number of HIV Tests completed	333	0 (0%)
Total number of Dry Blood Spot tests completed*	347	66

Source: Wirral Drug service, 2012

\* This is all tests including stimulant and steroid users

The detection rate for Hepatitis C for this sample cohort shows a prevalence of 18%, much lower than the HPA/NTA estimate of 50%. Further analysis of the data in the table below shows that across the previous four year period, 833 new clients have been referred to the Specialist Hepatitis C Nurse for screening. A total of 191 individuals were found to be Hepatitis C positive which equates to a prevalence of 23% for this group. Further investigation is recommended to determine a local prevalence estimate for Hepatitis C amongst previous/current IDUs.

Treatment for Hepatitis C is usually a 6 or 12 month regime, dependent upon genotype and some clients who start treatment in one year and may not complete until the following year. Therefore care should be given to interpretation of the data below:

- Hepatitis C Prevalence figures suggest over 50% of current/previous injecting drug users in Wirral are Hep C Positive (n=1206). However NTA figures show only 61% of current/previous injecting drug users have been screened, an increase of almost 15% compared to the same period last year.
- This compares to regional performance of 51% and a national average of 65%
- During 10/11 referrals to the specialist Hep C nurse decreased by 6% on the previous year (n=1160) but it is still nearly a quarter higher than levels in 2008/09 and almost double than those referred in 07/08
- 200 of these referrals were new clients.
- Following polymerase reaction tests, 45 clients tested positive for Hep C and 73% of those commenced treatment. A decline of a quarter of clients compared to 2009/10 activity.
- Over the last four years, of the 92 individuals who have completed their treatment over two thirds (n=61) have cleared the virus.

The increase in partnership performance against the Hepatitis C indicator over the past 12 month period is attributable to Wirral drug service who have made significant progress

to rectify a longstanding data problem which occurred with the transition to a new case management system on 1<sup>st</sup> April 2009. But also, the introduction of the Dried Blood Spot Testing Pilot Programme which has created interest and uptake of Hepatitis C screening, with professionals and service users citing that the advantages to this method of testing is that it is quick, less invasive and is particularly good for service users with poor venous access due to long-term intravenous drug use.

### **11.11 Drug related Deaths:**

There is expected a more recent report on drug related deaths due in March 2012.

- In 2007 and in 2008, the number of reported deaths of drug and/or alcohol users peaked to 34 in both years.
- In 2009, this number fell to 30 and 2010 has seen the trend continue, with a reported 25 deaths of drug and/or alcohol users in 2010. Of the 25 deaths, 10 were drug-related, 13 were due to natural causes/chronic illness and 2 were unknown.
- The number of drug-related deaths in 2010 (n=10) has risen from the previous year (n=8) but is still less than in 2008 (n=12) and 2007 (n=14). As stated in the previous JSNA, the number of drug-related deaths for those individuals in contact with treatment services has remained constant, whereas there is greater variance those individuals were not in treatment at the time of their death
- Deaths for those not in treatment peaked in 2007, however this can be attributed to the initiation of the Enhanced Surveillance system and its ability to identify deaths to those not in treatment. People who have died in Wirral were two and a half times more likely to be in treatment in than not
- Males in Wirral are four times more likely to die from a drug related death than females.
- A reflection of Wirral's ageing drug population is also evident when analyzing the drug related death data in 2010, all drug-related deaths occurred between the ages of 30 to 59 years of age, with the majority occurring within the 40 to 49 year group. 70% of all drug-related deaths occur in the over 40's age group which is broadly consistent with 61% of the local treatment population who are 40 years of age and above.
- Of the 47 drug-related deaths from 2006 to 2010, over 57% (n=27) involved alcohol. Drug only overdose deaths tend to be pretty static, with 3 to 4 reported annually across the four year period. However, overdose deaths where alcohol is a factor contribute significantly to those years where overall number of overdose deaths is high. This underlines the contributory role played by alcohol in increasing respiratory depression when it is used in combination with alcohol.

- On a regional level, Wirral has a comparatively high number of deaths in treatment which continues to cause concern. Some reasons could be better data quality or an ageing drug using population, the DAAT has now commissioned JMU to analyse drug related deaths.
- A report by the Office of National Statistics looking at drug related deaths concluded that a high proportion of Wirral Drug Service Clients were dying from causes not classified as drug related. Of those 14.7% non drug related deaths were attributed to alcohol related damage of the liver.

Data for the above analysis was produced by John Moore's University.

### **11.12 Service user and carer involvement**

A consultation with a targeted audience of service users took place at The Quays Project in February 2012; the aim of the consultation was to obtain service users views on a range of topics including improvements in service provision, treatment goals, rehab and recovery. Additional questionnaires were also distributed around the larger service providers, in total 38 questionnaires were completed. The service users were targeted on the basis of their overall length of time spent within treatment services of which there were four categories; 12 months or less, 1-3 years, 3-10 years or 10 years or more.

Over a third of the service users consulted had been in treatment for 12 months or less (34%, n=13), almost a quarter for 3-10 years (24%, n=9), and a fifth had each been in either 1-3 years (21%, n=8) or 10 years or more (21%, n=8)

Most service users stated that they were currently receiving treatment at ARCH (n=14) or Wirral drug service (n=13), followed by TTP (n=8) and TSP (n=6). The majority were in treatment for 12 months or less (n=46%) were currently receiving treatment at ARCH, similarly for those in treatment 1-3 years (63%), however most of those in treatment 3-10 years were currently attending either WDS or TTP and 88% who had been in treatment 10 years or more were attending WDS which corresponds with the high proportion of OCU's who have been in treatment with Wirral drug service for many years

#### **11.12.1 Service Improvements**

The most commonly stated improvements in service provision were around:

- Travel allowances available
- More organisations & activities to attend
- GP's being more flexible
- More support and activities to occupy their time
- More staff who have personal experience of addiction

### 11.12.2 Treatment Goals

The most common treatment goals when treatment journey began:

- Support to become abstinent / drug free
- Help to improve physical and mental health
- Improve confidence and self esteem
- Improve family relationships
- Education & employment
- Structured days

Of all those consulted, 72% felt they had achieved their goals.

On further analysis of responses it suggests that the longer the time spent in treatment the less service users felt they had achieved their goals with a figure of 31% (12 months or less) and 19% (1-3 yrs) of those newest to treatment compared with just 14% (3-10 yrs) and 8% (10 yrs+) of those longest in treatment.

A response to further questions around support from treatment provider to achieve goals and whether treatment was reviewed and updated regularly follows a similar trend. Almost three quarters (74%, n=28) of the service users rated their overall satisfaction with their treatment service as 'Very Good' almost a fifth (18%, n=7) responded with 'Good', 5% (n=2) felt 'Satisfied' and 3% (n=1) responded with 'Very Poor'

Although those in treatment 10 years or more were less positive than the other service users around treatment goals, further analysis of this cohort shows that of the 8 people consulted, over a third (38%, n=3) had achieved their goals, almost two thirds (63%) had received enough support, 88% were happy with treatment reviews and 50% rated their level of satisfaction as very good.

Some comments regarding support from treatment provider included '*key worker is extremely good*', '*the nurse helped me*', and '*too much caseload / not there for clients as don't have enough time*'

### 11.12.3 Rehabilitation

Respondent were asked whether they thought residential rehabilitation (rehab) was accessible and of the 34 responses:

- 71% - Yes
- 20% - Didn't know
- 9% - No

Those who answered 'Yes' to this question were more likely to be from the group who had been in treatment 10 years or more (88%). However those in treatment 12 months or

less stated 'Yes', this is likely due to those in treatment for 10 years or more having had experienced rehab at least once during their years in treatment.

Just over a quarter of people felt rehab could be run differently to help people from relapsing in the future whilst half were satisfied with how it was currently operated.

Not surprisingly those in treatment 10 years or more left more comments than the other cohorts about rehab, comments from all four cohorts included '*more aftercare support when rehab has been completed*', '*greater emphasis on social needs and mental health needs*', '*more staff/ volunteers who have been in similar position themselves*', '*accessible but could be more quicker and efficient in some instances*'

#### 11.12.4 Recovery

A figure of 95% (36 of the 38 people consulted) confirmed that they had been informed about the recovery options available to clients via their current treatment provider with Arch Aftercare, Trust the Process, The Quays, Narcotics Anonymous and Alcoholics Anonymous, The Social Partnership and Phoenix being the agencies they had most been informed about

Additional recovery options suggested by service users included:

- Additional activities in evening/weekend/outside of Wirral
- More 1:1 support
- More help getting paid work / courses / house or flat
- Free fitness/gym pass
- Drop-in for people serious about not using

What can be done differently to stop people relapsing when abstinent?

- Support of an evening and weekends by having drop-in service
- Consistency in treatment and support by matching service users to keyworkers
- Invest in education and job experience
- Somewhere to go that is strictly for people who are drug free that links all services working together
- More options and choices of aftercare

Other comments made:

- *Its amazing the things that are out there for people to access (client 12 months or less in treatment)*

- *The Conservation Programme improves both manual and interpersonal skills whilst helping the local environment (client 12 months or less in treatment)*
- *Just want everything to carry on the way it is. It has given me my life back again one day at a time (client 1-3 years in treatment)*
- *If people don't want to be scripted before going into Birchwood they shouldn't be made to because the detox would be quicker instead of having to detox at the beginning then at the end as the methadone is harder to get off (client 1-3 years in treatment)*
- *Lived in Scotland where services limited and many appointment only, no expenses or service users employed, to me the services in Wirral are excellent (client 3-10 years in treatment)*
- *ARCH has been paramount in my recovery (client 3-10 years in treatment)*
- *I am 4 years drug free with the help of WDS (client 10 years + in treatment)*
- *More key workers needed as they have too many clients to help appropriately (client 10 years + in treatment)*

## 12. Young People

The content related to Young People and substance misuse is currently being developed and we expect it to be available by December 2012

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