

Executive summary

This document reports the findings of the Gloucestershire Safer and Stronger Communities Partnership Adult Drug Treatment Needs Assessment. This process is undertaken on behalf of GSSCP by DAAT staff based in Gloucestershire Primary Care Trust (PCT).

The full document accompanies the Adult Drug Treatment Plan Parts 1, 2 and 3 and is submitted to NTA on 31st March 2010. The document and subsequent planning documents form the basis for planning and commissioning and monitoring adult treatment services in 2010/11. **This is a separate mandatory process from JSNA and other MAIDEN related data collection. However all data worked on together with reports produced are given to JSNA to ensure local alignment of information**

This document was written by Gloucestershire DAAT Database (GDD) team in collaboration with the Joint Commissioning manager and Gloucestershire Needs Assessment Expert Group. This is the fourth year of undertaking this process and this document builds on previous versions. In addition to this main document there is a summary document which highlights the main findings. This document is also informed by a service user survey undertaken by the service user coordinator and service providers. The commissioning manager also meets with the coordinator and service users to discuss elements of the NA and Treatment Plan.

The aim of the Needs Assessment is to identify areas of unmet treatment and harm reduction need, both in the local adult drug using population and those not in treatment within the county and inform the 2010/11 Adult Drug Treatment Plan. Multiple data sources and a variety of methods of analysis were used to conduct the needs assessment. Young people under 18 are not a focus for this assessment as this work is undertaken in a specific young people's needs assessment.

This year has seen a change of emphasis to this NA. In previous years we have worked on assumption that there could be significant numbers of Heroin and crack users/PDU's not accessing treatment. This was based on the 'Glasgow' estimate below.

This year a combination of evidence and intelligence from: Criminal justice cell based information; consistently low wait times for structured treatment and crucially service user/patient consultation indicates this does not appear to be the case. It must be emphasised this does not mean either that a) there are no PDUs in the community that want treatment or b) that this indicates that all treatment needs are met for each individual PDU. However this Hypothesis has allowed us to concentrate on segments of the PDU population and the overall quality of all service user treatment and potential recovery.

The key findings of the needs assessment are:

Prevalence and penetration levels:

1. According to the estimate produced by the University of Glasgow, there are 3180 problematic adult drug users (PDUs) using opiates and/or crack in Gloucestershire (95% confidence interval: 2493 - 3871). Of these, an estimated 999 (31%) are defined as treatment naïve, that is, they have not been in contact with Tier 3 / 4 treatment services in the last two years.
2. Amongst the treatment naïve population, 216 accessed needle exchange and a further 65 have received the Drug Intervention Program (DIP) during 2008/09. This leaves a population of c718 PDU's that are not in contact with treatment services. Profiles of these clients suggest that treatment naïve drug users are more likely to be male and aged 25 years or older.
3. The profile of the 'in treatment' population in Gloucestershire is, in general, similar to the regional and national averages. The most substantial differences relate to treatment exits, where Gloucestershire has much higher levels onward referrals (29% of treatment exits) and far lower levels of planned discharges (30% of discharges). Gloucestershire services are currently analysing the number of referred on clients in more detail.

Treatment system mapping

4. The treatment system map highlights higher levels of unplanned discharge at Inde Trust, whilst CSSM's, CJDT and PCT's had higher percentages of onward referrals. CSSMS and CJDT had the lowest levels of unplanned discharges although this may also be a consequence of their higher levels of onward referrals.

Attrition rates and treatment outcomes:

5. Retention rates (75%) in Gloucestershire were generally found to be below the regional (81%) and national averages (83%). The current rate in Gloucestershire has decreased from 78% in 2007/08, whilst during that same time frame regional and national averages have increased.
6. Exploration was carried out into retention and discharge from treatment by county district. Retention was lowest in the Gloucester (72%) and Cheltenham (77%), this has changed slightly since last year when Costwolds (64%) and Gloucester (68%) were lowest. Planned discharges were highest in the more rural localities of Stroud (84%), Cotswolds (83%) and Forest of Dean (81%).
7. Analysis is being carried out by services relating to clients who have exited treatment before 12 weeks. It is anticipated that this work will help to identify potential unmet need and enhance the effectiveness of the Gloucestershire treatment system.

Client characteristics – met and unmet need:

8. The profile of the 'in treatment' population is similar to regional and national averages. Gloucestershire has a slightly higher proportion of clients aged 25-35 and a higher proportion of clients using opiates and crack. The percentage of adults using Cannabis has also increased, although only so much as to bring Gloucestershire in line with the regional figures.
9. Based upon the bulls eye, the population reported to have the highest percentage of currently injecting are those currently in treatment. The majority of PDU's in treatment and currently injecting were opiate users.
10. The percentage of clients who have children living with them, has decreased between 2007/08 (23.2%) and 2008/09 (19%). Parents effectively engaging in treatment is below the national average, 75% compared to 86%. Parents also had fewer successful treatment exits.
11. The percentage of under 25's retained for 12 weeks is below the overall rate in Gloucestershire. They have a higher referred on rate, of which 73% are not picked up within 21 days. The under 25's also had the largest percentage of unplanned discharges when compared to other age groups.
12. During the past three years the number of people currently injecting has been falling. The percentage of people offered and accepted the Hepatitis B intervention has also been increasing, indicating improvements in harm reduction.
13. There are variations in retention and discharge percentages across regions within Gloucestershire. Gloucester had the lowest levels of retention and the lowest percentage of care planned discharges compared to the other areas (although these were not statistically significant).
14. It was hypothesised that the higher the level of deprivation the higher the numbers of people accessing treatment. As expected there was a relationship between these factors. It has also highlighted several areas with high deprivation where there are low numbers accessing treatment, indicating areas where treatment penetration may be low. Areas of particular interest were found within the Cotswolds and Forest of Dean

1. Introduction

The 2009/10 Gloucestershire needs assessment is a result of a collaboration of work steered by the Adult Treatment Planning and Monitoring Group and the Needs Assessment Expert Group. It utilises information from multiple sources including the Gloucestershire DAAT Database and the National Drug Evidence Centre (NDEC) to understand the needs of local drug users.

The information contained within this report follows the requirements of the National Treatment Agency (NTA) Needs Assessment guidelines to inform the Adult Treatment Plan 2010/2011.

The NTA recommends multiple data sources and a variety of methods of analysis are used to conduct the needs assessment (most recent data available from each source):

- **National Drug Evidence Centre (NDEC):** Data extracted on clients reported to the NDTMS who were in treatment during 2008/09 2007/08 and 2007/06.
- **Glasgow estimates of the prevalence of opiate use and/or crack cocaine use (2008/09):** Presents problem drug use prevalence estimates for the Drug Action Team (DAT) areas in the South West Government Office Region.
- **Gloucestershire DAAT Database (GDD)** – treatment commencements 2008-2009.

Due to different data extraction techniques and analysis, there is some variation within the timeframes used. In order to achieve a comprehensive assessment of the in treatment population, as well as potential unmet need, the analyses of these data sets provide the best fit for the criteria of the NTA needs assessment guidelines.

Please note: For the treatment bulls eye, the definition of a PDU is a person using opiates and/or crack cocaine. This makes all rings of the bulls eye consistent with the University of Glasgow overall prevalence estimate. Data presented in most other sections of this document relate to users of any illicit substance, unless stated otherwise.

In particular, the aim of the needs assessment is to understand:

- The prevalence of problematic drug use in Gloucestershire
- Unmet need, to include the estimated number of people not known to treatment, as well as those in treatment who needs are not fully met
- How effective our current treatment system is
- The profile of the treatment seeking population
- Facilitators and barriers to treatment access and retention

Additionally, following discussions in the Treatment Planning Expert Group (TPMG) a key objective has been to focus on the drug strategy priorities; under 25's and parents. The rationale for this relates to retention and treatment exits being below regional and national level. Harm reduction and county district has also been examined to further understanding of treatment need and penetration.

(Sources: The Gloucestershire Story 2006, Gloucestershire County Council & Gloucestershire County Council (2007) Population Projections to 2026)

- Gloucestershire is a large rural shire county with two large urban areas, Gloucester and Cheltenham. The total population resident in Gloucestershire is 577,476
- Gloucestershire is a relatively affluent county with above average educational attainment, relatively good health and below the national unemployment rate. The urban areas with Gloucestershire have higher levels of problems associated with deprivation such as crime
- 95% of Gloucestershire residents are 'White British'. In the most ethnically diverse ward (Barton & Tredworth, Gloucester), 65% of residents are White British and a further 10% describe themselves as being an 'Other White' ethnicity
- The population was projected to grow by 30,000 between 2001-2026, which is a 5.3% increase, mainly due to the level of people moving into the county, e.g. for retirement.

2. Methods

The needs assessment is a key and mandatory part of Adult Treatment Planning and is an iterative process. These methods include:

- Quantitative data scrutiny and analysis collated and analysed by the Gloucestershire DAAT Database (GDD) team

- Service user survey undertaken by service user coordinator
- Consultation with stakeholders in the county via Substance Action Groups

These findings are used as a rolling agenda for discussion and analysis by the Expert Group (membership below)

Ted Yates, Gloucestershire Probation service DIP Manager (Chair)
 Lisa Brown, Lead Public Health, NHS Gloucestershire (PCT)
 Steve O'Neill, Adult Joint Commissioning Manager, PCT, DAAT
 Pete Willsher DAAT Harm Reduction Coordinator, Gloucestershire PCT
 Brian Lawson, Performance Director Inde Trust
 Neil Bebbington, Information and Communication Manager Inde Trust
 Peter Steel, CEO - Inde Trust
 John Trolan, Clinical Manager Nelson Trust
 Sue Smith, Nelson Trust
 Karen Williams, 2gether Foundation Mental Health Trust (2FT) Clinical Director
 Andy Moore, Substance Misuse Service Director, 2FT
 Jack Beech, Independence Trust
 Ian MacDonald, Carer Representative
 Dave Stork, Service User Co-ordinator
 Sarah Dryden, GDD
 Carol Stalker, GDD
 Mark Giles, GDD

These discussions generated additional hypotheses which were investigated by returning to existing data sources and by collecting new information direct from clients. The aim of this process was to identify areas; of unmet need, areas of work where improvements can be identified and/or service redesign is required in the current treatment system.

This document presents the information generated by the Needs Assessment. Data is presented relating to the following:

- Prevalence of Problematic Drug Use in Gloucestershire
- Treatment Bulls eye
- Treatment System Map
- Profile of the In Treatment Population
- Retention in Treatment
- Harm Reduction
- Under 25's
- Parents
- Locality

The methods used to produce the information in each of these areas are described below.

2.1 Prevalence of Problematic Drug Use in Gloucestershire

The starting point for understanding unmet need and improving the treatment system is an estimate of the number of problem drug users (PDU's) in the population. However, deriving such an estimate is a complex process. The Home Office have contracted University of Glasgow to produce nationwide PDU prevalence estimates. The estimates relate to data collected on PDU's using opiates and/or crack cocaine, aged between 15 and 64 years. Two methods were used to produce the estimates:

- The 'capture-recapture' method – This method estimates the number of 'hidden' drug users by matching data obtained from four different agencies
 - Drug users in structured drug treatment (Source: NDTMS)
 - Drug users on probation (Source: OASys)
 - Drug users cautioned or convicted for offences involving possession of opiates or crack cocaine (Source: Police National Computer - PNC)
 - Drug users in Prison (Source: CARAT/DIP)

- Multiple indicator method – This method was used in DAATs where the capture-recapture (CRC) method could not be reliably applied. It involves extrapolating estimates from DAATs where the CRC method had been used to the remaining DAATs, based on multiple indicators of the characteristics of each area, including population estimates, crime and social deprivation statistics, drug related deaths etc.

Alongside the estimate, a 95% confidence interval is provided. This gives a range of values, within which it is 95% certain that the 'true' number of PDUs falls. The authors stress that it is important to consider the confidence intervals as well as the estimate itself, especially when comparing across DAATs. Previously the county used the Home Office Treatment Demand Model which produced a PDU figure of 3175.

2.2 Treatment Bulls eye

The treatment bulls eye is an illustrative tool designed by the National Treatment Agency (NTA) to define and better understand groups of problematic drug users (PDUs) based on their level of engagement with structured treatment.

There are four rings of the bulls eye, starting from the inner ring:

- **In treatment now** – Clients who were in contact with Tier 3 / 4 agencies on the 31st March 2009
- **In Treatment during financial year** – Clients who were in contact with Tier 3 / 4 agencies during 2008/09 but were no longer in contact on the 31st March 2009
- **Known to treatment, but not treated in last year** - Clients who were recorded in Tier 3 / 4 treatment in 2007/08 but had no contact in 2008/09
- **Not known to treatment** – Possible PDUs not known to the Tier 3 / 4 treatment system in either 2007/08 or 2008/09.

Information relating to PDUs in the three inner rings is supplied by the National Drug Evidence Centre (NDEC) at the University of Manchester and was generated from the data submitted monthly by Gloucestershire DAAT to the NDTMS.

Information relating to PDUs in the outer ring must be gathered from other sources. The number of PDUs in this ring was estimated using on the University of Glasgow prevalence estimate. Further information about the characteristics of these individuals can be gained from information gathered at Tier 1 and 2 services. In Gloucestershire, information about clients accessing Needle Exchange (NX) and the Drug Intervention Program (DIP) data has been used. Details of clients accessing treatment are matched with those in contact with NX and DIP, to establish how many of those known to NX and DIP, have not accessed structured treatment in the last two years.

Please note: For the treatment bulls eye, the definition of a PDU is a person using opiates and/or crack cocaine. This makes all rings of the bulls eye consistent with the University of Glasgow overall prevalence estimate. Data presented in most other sections of this document relate to users of any illicit substance, unless stated otherwise.

2.3 Treatment System Map

The Treatment System Map was designed by the NTA to provide a graphical representation of treatment pathways. It aims to produce quantifiable measurement of the existing treatment system and highlight any possible barriers to effective outcomes. The map helps to identify the numbers and case-mix of clients entering and exiting the treatment system and moving between services. Data to populate the treatment map is supplied by NDEC using data submitted to the NDTMS. The data relates to four stages of a client's treatment journey:

1. **Treatment System Entry** – shows the referral route for all clients starting a new treatment journey in 2008/09. An episode of treatment with an agency is only considered to be a new treatment journey, if the client is not currently accessing any other form of

structured treatment and has not done so for greater than three weeks. The multiple possible referral routes are condensed into five categories: criminal justice, GP, self, drug services and other. 2008/09 data is the first time that the category of drug services has been used previously these referrals were included in other.

2. **In Treatment** – shows the number of clients receiving structured treatment in each agency in 2008/09. Clients accessing the same agency more than once during the year are only counted once.
3. **Movement within the treatment system** – shows the movement of clients between agencies during the course of their treatment journey. Movement between agencies is documented only if the episodes with each agency are concurrent or if the client reaches the next agency within three weeks of being discharged from the previous one.
4. **Exiting the treatment system** – documents when a client is discharged from all Tier 3/4 provision and is no longer within the local treatment system. Discharges are recorded as either planned, unplanned or referred on.

Local DAATs receive spreadsheets from NDEC which contain an overall summary of the total number of individuals at each stage of the treatment map and a breakdown of the profiles of the individuals at each stage.

2.4 Profile of the In Treatment Population

Data supplied by NDEC profiles the 'in treatment' population in terms of age, gender, ethnicity, main problem substance and discharge reason. South West regional and national average data is also provided in order that the profile of the local 'in treatment' population can be compared. This comparison may highlight where local drug use differs from regional or national patterns or indicate where local treatment services are excelling or underperforming in comparison to the region or nation as a whole.

2.6 Treatment effectiveness

A client is considered to be in effective treatment if their treatment journey is 12 weeks or more in length or they have a care planned discharge (treatment complete or treatment complete, drug free) before 12 weeks. This definition of is derived from research which suggests that clients who remain in treatment for at least 12 weeks have better outcomes. Spreadsheets showing local retention rates are provided by the Quarter 1, 2009/10 treatment effectiveness data April 2008-March 2009 extract (see page 13 of this report). These detail the overall proportion of clients retained in effective treatment in Criminal Justice Service (CJS) and non-CJS settings, as well as breaking down the data by age, gender, ethnicity and substance used. The data provided also allows retention rates in Gloucestershire to be compared with the average South West regional and national retention rates.

2.5 Harm Reduction

Information about Hepatitis B vaccination status and Hepatitis C testing is routinely collected for drug users at the start of treatment and submitted to the NDTMS. Quarterly performance reports, provided by the NTA, provide summaries of this information for each DAAT area.

2.6 Under 25's and Parents

Discussions with the expert group led to the decision to focus this year's needs assessment on the drug strategy priorities, particularly the areas where retention and treatment exits were lowest. This has led the needs assessment to focus on, and provide a more detailed exploration into the areas of under 25's and parents. Under 25's refers to adults aged 18-24. For parents there are a number of definitions used. This document will explore them briefly before going on to focus on 'parents who have children living with them'. GDD was the main source of information for both under 25's and parents as the NDTMS data was not detailed enough to examine this area in depth.

2.7 Locality and Deprivation

Data relating to all new treatment episodes in 2008/09 was provided in the form of postcode reports for Gloucestershire; data used were taken from the quarter four reports as this provided year to date figures for 2008/09. This data was divided according to the six county districts in Gloucestershire: Tewkesbury, Cheltenham, Gloucester, Stroud, Forest of Dean and Cotswolds. Gloucester and Cheltenham are the main urban centres in Gloucestershire; the remaining districts are more rural. Information about retention, waiting times and discharges were examined along side the drug user profile information which contained information about ethnicity. During 2008/09 the NTA definition of clients being effectively retained in treatment was a treatment journey lasting for 12 weeks or more.

Data relating to deprivation and service access was provided by MAIDeN (as average Indices of Multiple Deprivation scores, 2007) and the GDD. Comparisons were made at postcode sector level between data sources, testing for both relationships and exceptions.

2.8 Housing and Employment

Data relating to housing and employment is recorded at triage. The NTA report back on housing status, this information was used as a starting point for the exploration into housing need amongst drug users in Gloucestershire. GDD data was then used to look into housing and employment further as the NTA reports were not detailed enough to examine the area in depth.

3. Results

3.1 Prevalence of Problematic Drug Use in Gloucestershire

The table below shows total PDU estimates for Gloucestershire provided by the University of Glasgow. Whilst the estimated number of PDUs for Gloucestershire has altered between this year and last year, the change is not statistically significant. The University of Glasgow data is based on 2007/08 population estimates. A refreshed/smoothed Glasgow estimate was made available in December 2008. This estimated the number of PDU's as 3180.

Type of user	Total PDU estimate		95% confidence interval	
	This year	Last year	This year	Last year
Opiate and/or Crack	3180	3101	2493-3871	1976-4235
Opiate	2299	2265	1844-2760	2153-2450
Crack	2562	1831	2135-3103	1610-2101
Injecting	1828	1476	1379-2280	1012-1940

The table below shows the University of Glasgow estimates for opiate and/or crack users in Gloucestershire and the South West per thousand resident population.

Smoothed Glasgow figure

	Estimate	95% CI	
		-	+
		Gloucestershire	3180
South West	29926	29325	31583

3.2 Treatment Bulls eye 2008/09

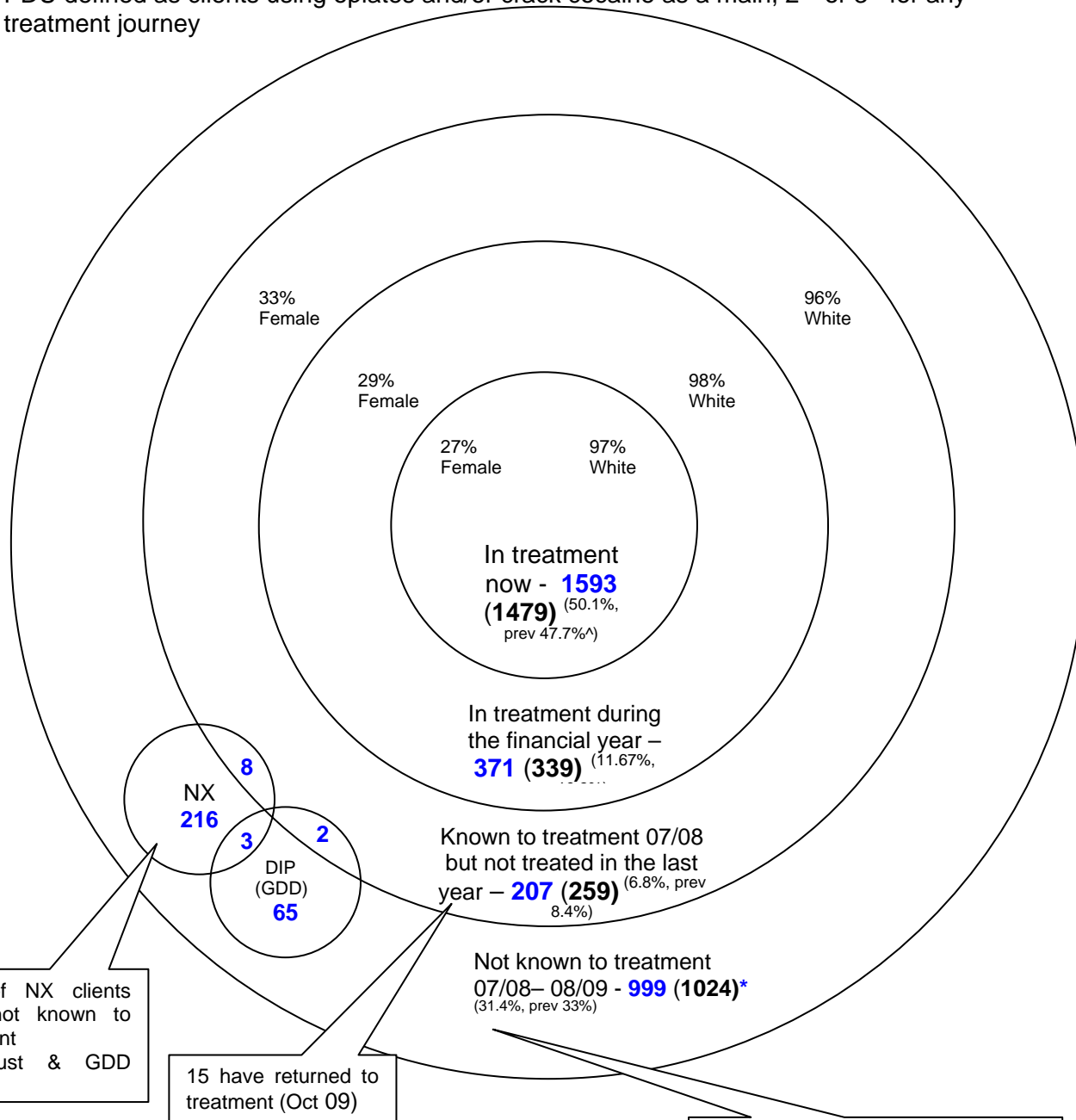
2008-2009 Bulls eye data				
	2006/2007	2007/2008	2008/2009	change
In treatment now	1330	1479	1593	114
%	43.66	47.69	50.09	
In treatment during financial year	367	339	371	32
%	12.04	10.93	11.67	
Known to treatment but not in last year	289	259	217	-42

%	9.49	8.35	6.82	
Not known to treatment	1060	1024	999	-25
%	34.80	33.02	31.42	
	3046	3101	3180	

Bulls Eye of Estimated Total PDU Population 2008-2009

Data Source: NTA needs Assessment Information 2008/2009

PDU defined as clients using opiates and/or crack cocaine as a main, 2nd or 3rd for any treatment journey



38% of NX clients were not known to treatment (IndeTrust & GDD data)

15 have returned to treatment (Oct 09)

Gloucestershire PDU estimate (Glasgow): range =2493 - 3871 (mid point 3180)

Calculated from:
 999 = 3180 - (1593+371+217)
 Glasgow figure: 3180 (3101)

- Needle Exchange:**
- There were 723 PDU NX records in 2008/09, equating to 590 people.
 - 363 had accessed treatment, either in 2007/08 or 2008/09 whilst 227 (38%) were not/no longer known to treatment.
 - Of the clients not/no longer known to treatment, the age split was as follows: 9% were under 25 years of age, 48% were aged 25-34, and 43% were 35yrs+. 22% of clients not/no longer known to treatment were female.
- DIP:**
- 224 people *received* DIP Assessment in 2008/09
 - 154 had accessed treatment in either 2007/08 or 2008/09
 - 70 were not/no longer known to treatment. 3% of these were female. 23% were under 25 years of age, 57%

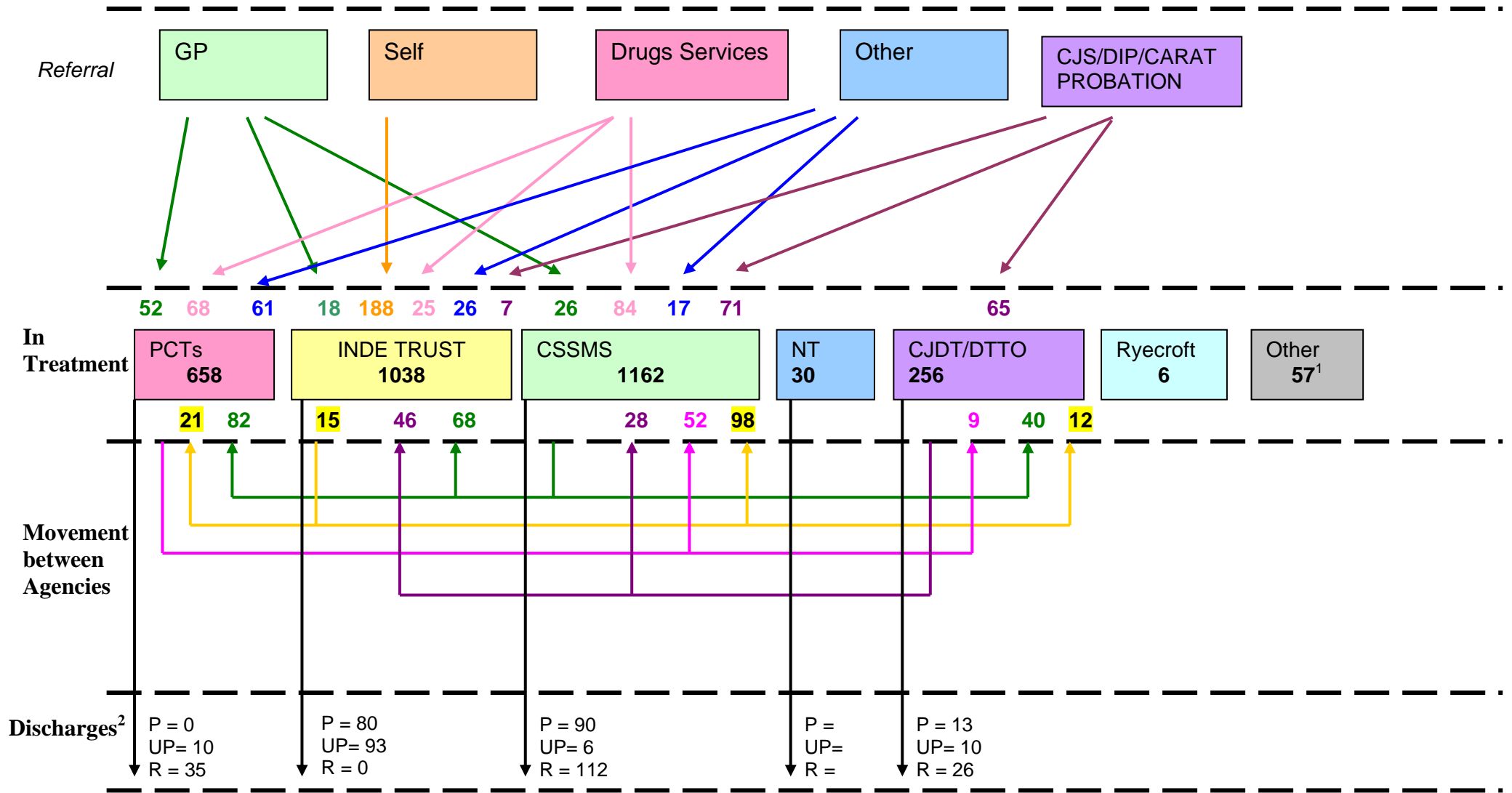
3.2.1 Profile of PDUs for each ring of the bulls eye

Opiate &/or crack users	In treatment on		In treatment during financial year		Known to treatment but not in the last year		Not known to treatment but accessing NX	
	31/03/2009	31/03/2008	2008/2009	2007/08	2008/09	2007/08	2008/09	2007/08
		n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Gender								
Male	1168 (73%)	1065 (72%)	265 (71%)	237 (70%)	145 (67%)	176 (68%)	241 (92%)	194 (84%)
Female	425 (27%)	414 (28%)	106 (29%)	102 (30%)	72 (33%)	83 (32%)	22 (8%)	37 (16%)
Ethnic group								
White	1472 (92%)	1310 (97%)	278 (98%)	309 (97%)	194 (96%)	227 (93%)	229 (87%)	No data
Asian or Asian British	8 (1%)	5 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)	6 (2%)	5 (2%)	No data
Black or Black British	7 (0%)	9 (1%)	2 (<1%)	1 (<1%)	1 (<1%)	5 (2%)	17 (6%)	No data
Other	30 (2%)	25 (2%)	4 (1%)	9 (3%)	7 (3%)	6 (2%)	11 (4%)	No data
Age								
15-24 years	120 (8%)	156 (11%)	60 (16%)	48 (14%)	28 (13%)	34 (13%)	44 (17%)	16 (7%)
25-34 years	805 (51%)	735 (50%)	155 (42%)	162 (48%)	84 (39%)	127 (49%)	147 (56%)	111 (48%)
35-64 years	668 (42%)	588 (40%)	156 (42%)	129 (38%)	105 (48%)	98 (38%)	72 (27%)	104 (45%)
Injecting Status								
Current	482 (30%)	476 (32%)	63 (17%)	94 (28%)	47 (22%)	47 (18%)	No data	No data
Previous	611 (38%)	470 (32%)	117 (32%)	113 (33%)	74 (34%)	89 (34%)	No data	No data
Never	274 (17%)	244 (16%)	87 (23%)	87 (26%)	60 (28%)	58 (22%)	No data	No data
Not known	226 (14%)	289 (20%)	104 (28%)	45 (13%)	36 (17%)	65 (25%)	No data	No data
Total	1593	1479	339	339	259	259		

Based upon the University of Glasgow estimate, 31% of opiate and/or crack users are treatment naïve, that is, they have not had contact with Tier 3 / 4 treatment services in the last two years. Looking at the client profiles across the inner three rings of the bullseye, there are no major differences. However those who had not been in contact for at least a year were more slightly likely to be female they were also more likely to be aged 35-64.

There are 252 PDU's under 25's who are known about within the bullseye (Appendix A). This age group has the lowest percentage actually in treatment (48%) and the highest not known to treatment but accessing NX (17%). Looking within the 25-34 age group they had a greater number in treatment (68%), and only 7% of 25-34 year olds were known to treatment but not in treatment within the last year. The 34-64 age group also had a high percentage in treatment (67%) and a low number not known to treatment (10%) but they had the lowest percentage not known to treatment but accessing NX. These comparisons indicate that the under 25's age group may be an area of unmet need, and justifies further investigation.

DRAFT
Gloucestershire Multi-agency Treatment Map 2008-2009



¹ Other includes out of county service and YP services accessed by adults (all with small n)

² Discharge reasons: P = Planned, UP = Unplanned, R = Referred On

The treatment system map shows the entry, movement and exit of all clients accessing treatment in Gloucestershire in 2008/09.

3.3.1 Referral into treatment

There were a total of 647 new presentations recorded in 2008/09. The majority of referrals were made to Inde Trust (41%) or CSSMS(31%). This is an increase in referrals to Inde Trust from 31% to 41%. This could be expected as self referrals had also increased from 16.5% of referrals to 29%; all self referral are to Inde Trust. These self referrals equated to 71% of all Inde Trust referrals. Most of the referrals to CSSMS were received from Drug services sources (42%) and criminal justice services (33%).

Compared with the previous financial year, the total number of referrals increased by 3% from 630 to 647. In 2007/08 most referrals were from 'other' (35%) followed by DIP/CJ, GP then self, however, in 2008/09 the sources of referral have been categorised slightly differently. In 2008/09 the main source of referral was self (29%) followed closely by Drugs Services (27%) then GP (15%).

3.3.2 In treatment

The majority of treatment in Gloucestershire was delivered by CSSMS (36%) and Inde Trust (32%). PCT's contributed 20% and CJDT/DTTO 8%. This is similar to 2007/08. Overall, the number of clients in treatment increased by 8% between 2007/08 (3020) and 2008/09 (3273).

3.3.3 Movement within the treatment system

There were more clients moving between agencies in 2008/09 (472) compared with 2007/08 (393). Most transfers were to and from Inde Trust and CSSMS, reflecting their larger client base.

3.3.4 Exiting the treatment system

There were a total of 475 treatment discharges during 2008/09, of which 39% were planned, 25% were unplanned and the remaining 36% were onward referrals. The number of discharges overall was up from the 422 in 2008/09 and the percentage split was very similar, 40% planned, 25% unplanned and 35% referred onwards. However, there is considerable variation seen across treatment providers in the number of unplanned discharges and referred on. Amongst the larger providers, Inde Trust had the highest unplanned discharge rate (54%). The PCT's had the highest onward referral rate (77%) followed by CSSMS (53%). This is a potential concern when onward referrals are documented in the treatment exit stage of the map, as it would suggest that these clients who were referred on did not successfully access the intended agency within 21 days. If this had been the case these clients would have appeared within the movement between agencies section of the map, rather than at treatment exit. CSSMS and CJDT had the lowest levels of unplanned discharges; this may be due to the higher percentages of clients recorded as referred on.

For 2009/10 there has been a change in definitions used for treatment exits. This may have an impact upon next years treatment map.

3.4 Profile of the In Treatment Population (using Q1 09/10 treatment effectiveness data April 2008-March 2009 extract)

The table below shows the profile of the in treatment population in Gloucestershire in comparison to the South West regional and national averages.

	Gloucestershire		South West Region	National
	n	%		
Gender				
Male	571	76%	73%	75%
Female	163	24%	27%	25%
Age Group				
Under 25	137	20%	20%	20%
25-34	337	50%	43%	44%
35+	206	30%	37%	37%
Ethnicity				
White	643	95%	94%	83%
Black	5	1%	1%	5%
Asian	7	1%	1%	4%
Mixed	6	1%	1%	3%
Other	1	<1%	1%	1%
Substance				
Opiates	273	40%	51%	39%
Crack	22	3%	4%	6%
Opiate & Crack	214	31%	20%	30%
Other Stimulant	89	13%	12%	13%
Cannabis	59	9%	9%	10%
Benzodiazepine	5	1%	1%	1%
Other	18	3%	3%	2%
Treatment Exits				
Planned	91	30%	43%	38%
Unplanned	123	41%	42%	47%
Referred on	86	29%	15%	16%

The profile of Gloucestershire's in treatment population is, in general, very similar to the regional and national averages. The main notable differences are:

- Slightly higher proportion of clients aged 25-35 years and a slightly lower proportion of clients over 35 years
- A higher proportion of clients using 'opiate and crack' compared with the regional and national figures. In previous years the proportions using cannabis were far lower than the regional figures however this year it is now very similar.
- A higher proportion of onward referrals, and a substantially lower proportion of planned exits

3.4.1 Clients in effective treatment

- An equal percentage of female clients (75%) and male clients (75%) were in effective treatment although the numbers of female clients are lower generally.

- 61% of clients under 25 were in effective treatment, this percentage is lower than the regional and national proportions of 75% and 78% respectively. 77% of clients aged 25-34 and 81% of clients aged over 35 were in effective treatment.
- Focusing on treatment exits, 57% of planned exits were from effective treatment and 26% of those who were referred on were in effective treatment at the time. 17% of unplanned exits were related to clients who were in effective treatment.
- Gloucestershire has a much higher proportion of referred on clients than the regional and national figures.

3.5 Supplementary data from the NTA (November 2009)

3.5.1 Effective engagement of new clients (1st July 2009-30th June 2009)

	No. of new treatment journeys All ages (Last year)	% of new treatment journeys engaged in effective tx	Regional %	National %
Crack	211 (270)	82 (81)	83	84

	No. of new treatment journeys -18+ (Last Year)	% of new treatment journeys engaged in effective tx	Regional %	National %
BME	23 (29)	74 (69)	82	82
Parents	138 (333)	75 (80)	84	86
CJS clients	160 (169)	69 (73)	76	80
Under 25s	134 (143)	63 (69)	77	78

3.5.2 Treatment exits (1st June 2009 to 30th September 2009)

	No. of clients exiting tx system	% of clients exiting tx successfully (Last year)	Regional %	National %
All clients	38	32	34	34
Crack	7	14	32	27
BME	0	---	37	33
Parents	10	---	35	33
CJS clients	8	13	26	27
Under 25s	15	40	34	36

3.6 Retention in Treatment *(using Q1 09/10 treatment effectiveness data April 2008-March 2009 extract)*

	Retained for 12 weeks %	In effective treatment %	In effective treatment	New Presentations
Glos.	68%	75%	511	680
South West	76%	81%	4727	5835
National	77%	83%	69057	83219

The table above shows the overall retention figures for the county, the region and nationally. Retention in Gloucestershire is slightly below the South West regional average and national average. The percentage in effective treatment has decreased from 78% in 2008/09 to 75% in 2008/09. Appendix B shows retention data in more detail and these findings are summarised below.

- Retention of DIP and CJS clients is lower in Gloucestershire and the South West in comparison to the national average. Overall, DIP and CJS clients are less well retained than non-CJS clients.
- The lowest retention rates were seen amongst the under 25's, of concern is that this has decreased to 61% in 2008/09 from 69 % 2007/08, whilst during the same period the percentage in the South West and nationally has increased. The retention rate across the age groups is marginally lower in Gloucestershire when compared to the regional and national average for all three age groups.
- Gloucestershire had slightly lower retention rates for clients using opiates and opiate/crack than the regional and national averages. Clients using Crack and those using other stimulants had retention rates far lower than the regional and national averages, although these substances have fewer numbers small changes in numbers can greatly affect the overall percentages.

3.7 Treatment Outcome Profile *(October 2007-October 2008) This data is currently not up to national standard but is used here illustratively as a future key component of Needs Assessment*

The TOP focuses on the four key areas; substance use, injecting behaviour, criminal activity, health and social functioning; that are usually used to judge improvement during and after treatment. It has been developed following a standard psychometric validation and rolled out nationally by the NTA. The Top is completed at modality start, each care plan review and discharge.

The TOP is a recent implementation (October 2007). During 2010/2011, more comprehensive outcome information will be available relating to treatment effectiveness within Gloucestershire. Due to the longitudinal nature of the TOP it takes the length of a client journey to collect outcome information, and only when sufficient numbers have entered and exited the system will this data become meaningful.

3.7.1 Employment

Information collated from the Treatment Outcome Profile shows that 20% of clients in Gloucestershire report being in employment (10 or more days of paid work in the last 28 days) at the point of discharge. This compares to 20% regionally and 26% nationally.

At the point of presentation to treatment, 21% of clients in Gloucestershire reported having housing problems. This compares to 20% regionally and 22% nationally. Of those who reported a housing problem on commencement of treatment and have since had a discharge TOP completed, 79% no longer reported a housing problem (this equated to 14 people).

3.7.3 Injecting Status

The group reporting the highest rate of currently injecting was those currently in treatment. The majority of PDU's in treatment and currently injecting were opiate users. Of those identified as in treatment 80% had an injecting status known. Of these 80%, 40% were currently injecting, 21% have never injected and 39% have previously injected. Of those who had been within treatment in 2007/08 and for which injecting status was known, 32% were currently injecting, 29% had never injected and 38% have previously injected. Of those known to treatment but not within the year, for which injecting status was known, 25% were recorded as currently injecting, 30% never injecting and 45% previously injecting

For PDU's who were injecting and in treatment 99% were opiate users, 42% were crack cocaine users and 4% as cocaine users. For those injecting who had been in treatment within the previous year, all were classed as opiate users, 50% were classed as crack cocaine users and 3% as cocaine users. For those who were known to treatment all were classed as opiate users, 48% of which were also crack cocaine users and 6% cocaine users. (Appendix E)

3.8 Harm Reduction

Injecting Status

NB- There are differences between the figures from GDD and the NDTMS reports. This is due to the NDTMS reports looking at new treatment journeys. The GDD figures are looking at information from all the assessment forms received for 2008/09.

3.8.1 Harm Reduction Overview

The figures from both GDD and the NDTMS show that the numbers currently injecting have decreased over the past 3 years. During this period the percentage of people currently injecting has also dropped whilst the percentage of people reporting having never injected has increased. This indicates that it there is not just a decrease in numbers due to an overall reduction in the number of assessments/treatment journeys.

Additionally, the percentage of people not being offered the Hepatitis B intervention over the past few years has decreased. During 2008-09 only 6% of all people starting a new treatment journey were not offered Hepatitis B intervention.

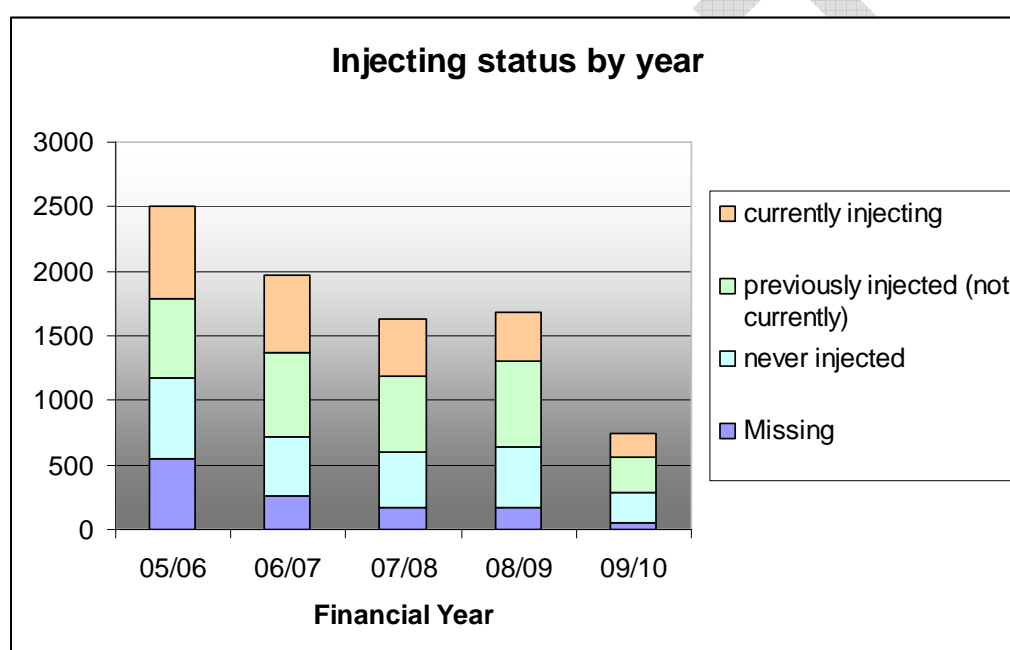
3.8.2 Injecting Status – Comparing the last 3 years

Figures from GDD - All assessments

Injection status as recorded on the assessment forms

Year	Total Known (all)	% unknown	Currently injecting	%	Previously injecting	%	Never injecting	%
2008-2009	1512 (1677)	9.8	380	25.1 (22.7)	657	43.5 (39.2)	475	31.4 (28.3)
2007-2008	1458 (1632)	10.6	441	30.2 (27.1)	585	40.1 (35.9)	432	29.6 (26.5)
2006-2007	1708 (1968)	13.2	598	35 (30.4)	648	37.9 (32.9)	462	27 (23.5)

(Source GDD 2008-2009)



Figures for 09/10 are only for part of the year (Source GDD 2008-2009) Note- these figures look at numbers of triaged not numbers of people in treatment

Figures from - NDTMS Quarter 4 reports – all new treatment journeys

Individuals starting new treatment journey

New Treatment Journeys								558
	Total		Currently injecting	%	Previously injecting	%	Never injecting	%
Total 2008-09	519 (558)		132	25	194	37	193	37
Total 2007-08	569 (595)		163	29	218	38	188	33
Total 2006-07	620 (659)		243	39	165	27	212	34

(Source NTA – Quarter 4 Reports 2008-09)

Intervention Status

Hepatitis B figures are all individuals starting a new treatment journey
Hepatitis C figures are individuals previously or currently injecting

	Offered and accepted	Offered and refused	Immunised already	Not offered	No status recorded	Total
Hepatitis B intervention status	189	135	153	35	46	558
%	34	24	27	6	8	
Hepatitis C intervention Status	142	109		38	37	326
%	44	33		12	11	

The numbers not offered Hepatitis B intervention have been decreasing over the past few years. In 06-07 12% weren't offered this dropped to 10% in 07-08 and dropped further to 6% in 08-09. This same trend can be seen for no status recorded, figures were 21%, 12% and 8% respectively.

Overall it appears that there have been improvements in harm reduction over the past 3 years, however, there is still a small percentage that are not being offered a Hepatitis B intervention, and also a small percentage for which no status is recorded.

3.9 Under 25's

The number of 18-24 year olds in treatment during 08/09 made up 12.6% of all adults in treatment. Despite the low percentage in comparison to other age groups the 18-24 year olds are an area of focus as this group appear to be less likely to be engaged in effective treatment. Specifically, they have the lowest percentage in treatment and the highest percentage known to treatment but not within the last year. Secondly the under 25's have the highest percentage of unplanned discharges when compared to other age groups.

3.9.1 Profile of under 25's

- 96% of under 25's who were triaged during 2008/09 were white British, compared to 93% in the rest of the adults in treatment.
- 67% were unemployed.
- 25% were defined as parents, however, only 11% had their own children living with them.

The number of under 25's in treatment during 08/09 is made up of 251 cases being triaged; this is made up of 175 individuals. 51 individuals were triaged more than once during 08-09, 6 people were triage 4 times.

With age the number of people in treatment generally increases. There are more males than females recorded in all ages except for the age 21 years, here the percentage of males reduces to 46%.

In the under 25's the age when non-prescribed drugs were first used ranged from 9 to 23 years, with the mean being 14 years. The age when drug use was first recognised as a problem ranged from 14 to 23 years, with the mean age being 17.

3.9.2 Under 25's treatment map

A treatment map (page 20) has been constructed for the under 25's to provide a graphical representation of the treatment pathways. The destinations for most referrals are very similar to the main multi agency treatment map (see page 10), for example most self referrals attend Inde Trust.

3.9.3 Referrals in the under 25's

The most common sources of referral were criminal justice services (31%) and self referral (24%) followed by statutory (18%) and non statutory drug services (9%). The under 25's had a wider range of referral sources including organisations such as connexions and youth offending team.

For 162 (77.5%) cases their current treatment was not a continuation of ongoing treatment, indicating that the client was not currently engaged in a treatment journey. This was out of 209 for which this status was known.

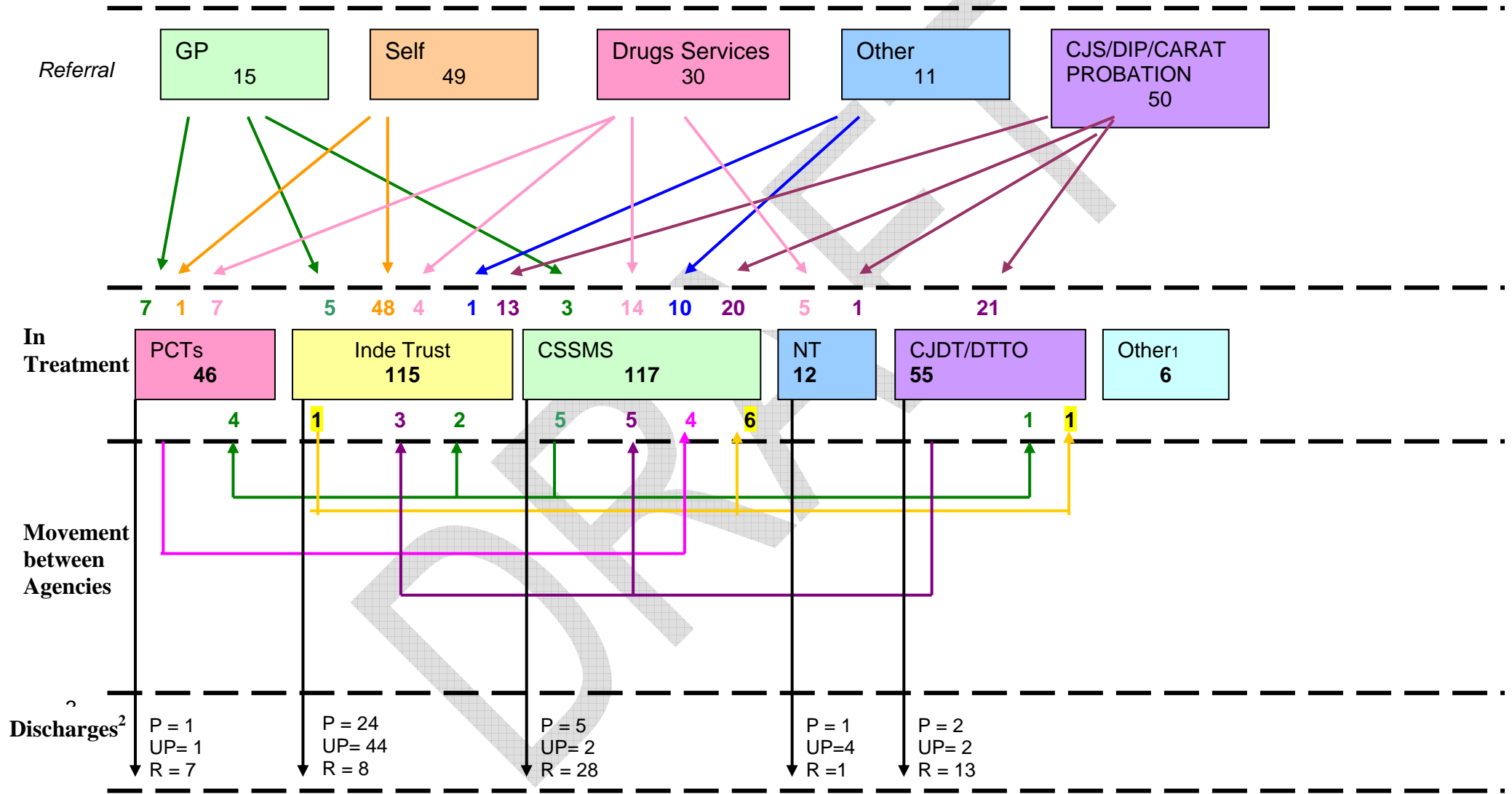
Of the 251, 144 (58%) reported that they had received structured treatment before. Most received structured treatment at the age of 18 or older.

As you may expect there was a correlation (0.296, significant at $p > 0.01$) between age and the number of times a person had been in treatment.

Agency	No previous record	%	Previous record	%	unknown	%
CJDT/DTTO	5	5.9	25	15.9	2	22.2
INDE TRUST	48	56.5	43	27.4	3	33.3
Nelson House	9	10.6	2	1.3		
YOT/YOS	2	2.4	3	1.9		
CSSMS/Partnership Trust	12	14.1	64	40.8	4	44.4
West Glos PCT	5	5.9	9	5.7		
Chelt/Tewk PCT	4	4.7	10	6.4		
Cots/Vale PCT			1	0.6		
	85		157		9	

Source GDD 2008-2009

Under 25's Gloucestershire Multi-agency Treatment Map 2008-2009 – Based on GDD figures



Note – There are few referrals between services as this map has been constructed using GDD data rather than NTA figures, as a result the transfer between services is not always clear.

¹ Other includes out of county service and YP services accessed by adults (all with small n)

² Discharge reasons: P = Planned, UP = Unplanned, R = Referred On

Most under 25's triaged accessed services with a main problem substance of heroin. Interestingly those with no previous record had a wider variety of main problem substances than those with more records.

Main problem substance and number of previous records

Substance	No previous record	%	2-5 Previous records	%	Over 5 previous records	%
Amphetamine/speed (if injected)	1	1				
Amphetamine (not injected)	2	2	2	3	1	1
Benzodiazepine			1	1		
Buprenorphine			1	1		
Cannabis (not injected)	16	19	8	10	1	1
Cocaine	3	4	1	1		
Crack Cocaine	2	2	3	4	5	6
Cocaine	19	22	5	6		
Diazepam			1	1		
Ecstasy	1	1				
Heroin	26	31	48	62	72	90
Ketamine	6	7	6	8		
Methadone	1	1				
Opiates	5	6			1	1
Solvents & gases	1	1				
Subutex	1	1	1	1		
Others	1	1				
Total	85		77		80	

Source GDD 2008-2009

3.9.4 Retention of under 25's

Of the 251 cases that were triaged in 08/09, 76 were open. These combined with those who were discharged after 12 weeks meant that 57% of cases triaged were in treatment for more than 12 weeks. Including planned discharges the retention rate for all cases triaged would be 67%.

Of the 107 discharged before the 12 weeks 25(23%) were planned discharges.

Retained for twelve weeks or more and reason for discharge

Exit Reason	RETAINED		Total
	No	yes	
planned	25	21	46
referred on	37	31	68
dropped out	41	12	53
unplanned other	4	4	8
Total	107	68	175
<i>Still in treatment</i>			76

Source GDD 2008-2009

There were 37 referrals before 12 weeks in treatment, of these 10 were picked up within 21 days of the discharge date however 27 were not. If those 27 had been picked up then the retention rate would have increased to 82%.

Due to the small numbers in the under 25 age group large percentage changes can be seen when relatively small changes in numbers are made.

The findings here suggest that more investigation is required to understand the factors associated with a client failing to attend a subsequent service within 21 days. One avenue that may be useful to look at is how services manage referred on clients. The table below highlights how 73% of clients referred on before 12 weeks in treatment were not picked up elsewhere within the 21 days.

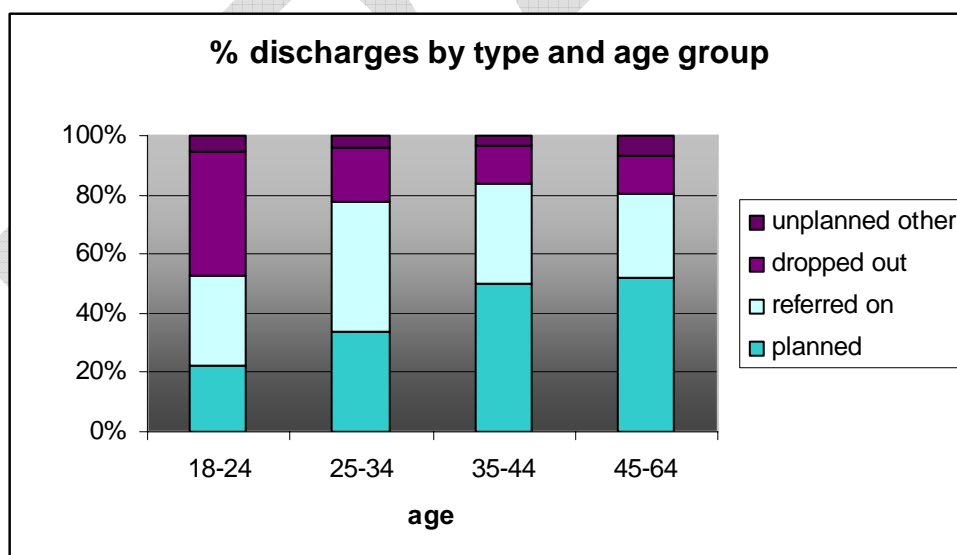
Onward referral

	CJDT	INDE TRUST	CSSMS	Total
Referral picked up within 21 days	3	4	3	10
Referral not picked up	7	4	14	27
Total	10	8	17	37

Source GDD 2008-2009

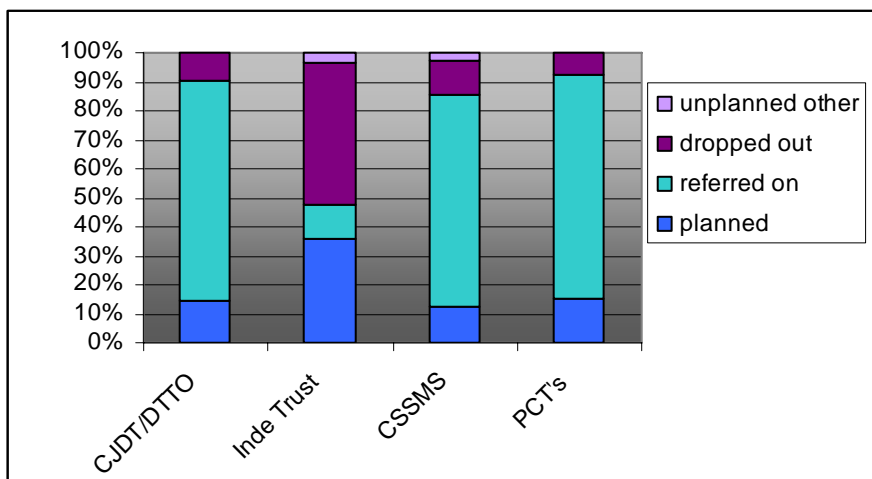
3.9.5 Discharges in the under 25's

Compared to the other age groups the under 25's have the greatest percentage of unplanned discharges. The largest number of actual unplanned discharges is also in this age group with 39 unplanned discharges, despite the total number of discharges being less than the 25-34 group and the 35-44 group. Of particular concern is the drop out rate for under 25's.



Source GDD 2008-2009

The greatest percentage of unplanned/dropped out discharges was found to be with Inde Trust however Inde Trust also had the highest percentage of planned discharges. The marked differences in unplanned/dropped out discharges may be indicative of the way the different services approach discharge and possibly differing usage of the referred on category.



Source GDD 2008-2009

3.9.6 Dropout rate by substance in the under 25's

		planned	referred on	dropped out	unplanned other	Total
Cannabis (not injected)		11	1	6	1	19
	%	57.9	5.3	31.6	5.3	
Crack Cocaine		3	2	4	0	9
	%	33.3	22.2	44.4	0.0	
Cocaine		8	4	10	0	22
	%	36.4	18.2	45.5	0.0	
Heroin		15	60	19	3	97
	%	15.5	61.9	19.6	3.1	
Ketamine		4	0	5	0	9
	%	44.4	0.0	55.6	0.0	

Source GDD 2008-2009

Looking at the main problem substances (with 5 or more records) the drop out rate is highest for those with a main problem substance of Crack Cocaine/Cocaine and Ketamine. Heroin users had the lowest drop out rate, instead the exit reason was more often referred on.

In the under 25's those who had not received previous treatment 37% dropped out and 34% had a planned discharge. This is both the highest drop out rate and the highest rate of planned discharge. These may be due to a number of factors, including, Inde Trust generally have a higher drop out rate and 57% of individuals with no previous record attended Inde Trust. It could also indicate that for a selection of under 25's when they are entering the treatment system for the first time they are more likely to drop out, however it could also indicate that for a selection of under 25's when they enter treatment for the first time they are more likely to have a successful/planned discharge.

3.10 Parental Status

3.10.1 Parents/families

	No of new treatment journeys (18+)	% effectively engaged	Glos effective engagement of PDU's	Glos effective engagement of all adults	Regional	National
Effective engagement	138	75%	82%	75%	84%	86%
	No clients exiting	% exiting successfully	Glos all planned discharges			
Treatment exits (June 2009-September 2009)	10		30%		39%	37%

(Data from NTA –Drug strategy priorities July 08-June 09)

The above table highlights that the percentage of parents effectively engaging in treatment (July 2008-June 2009) was only 75% compared to the regional engagement of 84% and national engagement of 86%. Parents also failed to exit successfully, particularly in comparison to the regional and national figures. It must be noted that when dealing with low numbers a small change in the figures would result in a large change in percentages. For example if 4 parents were to exit successfully that would result in the percentage exiting successfully raising to 40%.

Reported parental status of all cases triaged 2008-2009

Status	Number	Percentage
Children living with client	237	19
Children living with partner	223	18
Children living with other family member	102	9
Children in care	27	2
Other	65	5
No children	604	48
Not a parent	1	<1
Total	1259	100.0

(Data from GDD)

Parental status is split into several categories; this is based upon where children live the majority of the time. **From this point forward analysis will focus upon clients who have children living with them.** The number of children living with a client ranged from 1-5. Out of the 234 cases where the number of children living with a client was recorded 115 (49%) had only one child living with them. Over the years the NTA has changed the definition of being a parent.

Services accessed by parents 2008-2009

Service	Number	Percentage
CJDT	14	6
Inde Trust	86	36
CSSMS	78	33
PCTS	58	24
Total	237	

The services accessed by parents differed slightly from the overall profile of those in treatment, in that you find a lower percentage of parents at CJDT and a higher percentage at the PCT's. Of those triaged 26 % did not have a previous agency recorded on GDD, indicating the majority had been in treatment before. This is supported by the fact 25% reported at triage that they had never received structured treatment before. 20% of parents in treatment had over 10 previous records on our database suggesting they may have been in treatment some time.

Parents came into treatment through a variety of referral sources. The largest source of referral was through both statutory and non statutory drug services (39%). Self referrals accounted for 19% whilst GP referrals made up 14%. The remaining referrals included sources such as criminal justice services and social services.

Heroin was the main problem substance recorded by 76% of those triaged. The other substances most reported were Cannabis (6%), Crack Cocaine (4.3%) and Cocaine (4.2%).

3.10.2 Profile of parents

- Of the parents living with children 60% were male and 40% were female
- 55% of parents were aged 25-34 years, 35% were over 35 and 10% were between 18 -24 years
- 14% of parents were recorded as having a housing problem
- 92% classed their ethnicity as 'white British' which is slightly below the average in Gloucestershire
- The majority were unemployed (59%) with the remained being employed (19%), economically inactive (14%) or classed as other.

Retention of parents triaged 2008-2009

	RETAINED		Total
	under 12 weeks	over 12 weeks	
exit reason			
planned	18	27	45
referred on	24	24	48
dropped out	35	3	38
unplanned other	2	1	3
TOTAL	79	55	134
<i>Still in treatment</i>			<i>103</i>

Source GDD 2008-2009

Out of the 237 parents in treatment 134 had been discharged by the end of 2008/09. Taking into account planned discharges and those still in treatment after 12 weeks

74% of parents in 2008/09 were considered to be in effective. Referrals on are considered to be in effective treatment if they are picked up within 21 days. If all onward referrals were picked up 84% of cases could be considered as being in effective treatment. This would bring effective treatment in all drug users in line with regional averages. At present it appears that only 33% of referrals are picked up within the 21 days. The findings suggest that further work is needed to ensure that parents who are referred onwards are kept in the treatment system.

There are a large number of dropouts before 12 weeks in treatment. These were all located at Inde Trust and suggest further investigation to ascertain the high drop out rate compared to other services.

3.10.3 Discharge reasons

During 2008-2009 there were 178 cases where parents were discharged. These include cases started prior to 2008-2009 as well as cases started during that period. The table below highlights the numbers and percentages for the various discharge reasons.

Parent discharge reasons

	Frequency	Valid Percent
planned	51	30.5
referred on	71	42.5
dropped out	39	23.4
unplanned other	6	3.6
Total	167	100.0

(Source GDD 2008-2009)

Gloucestershire is behind the regional and national averages of 39% and 37% respectively for planned discharges. It is important to note that to reach these percentages the change in numbers does not have to be great as the overall numbers are fairly small. An extra 10 planned discharges would increase the percentage to be in line with the national average.

Discharge reasons by agencies

	CJDT/DTTO	INDE TRUST	CSSMS/Partnership Trust	PCTS	TOTAL
planned	7	33	11	0	51
referred on	9	2	40	19	71
dropped out	0	39	0	0	39
unplanned other	0	5	0	1	6
TOTAL	16	79	51	20	167

(Source GDD 2008-2009)

Of interest Inde Trust account for all the cases where parents dropped out and CSSMS accounted for the majority of cases referred on. This may be highlighting differences that exist between the two services and may warrant further investigation.

3.11 Locality

3.11.1 Retention and locality: adult new treatment journeys (last 12 months) (Source: NTA Agency Information by Postcode Q4 2008- 2009)

	Gloucester		Cheltenham		Stroud		FOD		Cotswolds		Tewkesbury		Total	
Retained for 12 weeks or more	150	72%	108	77%	96	86%	61	80%	40	83%	23	85%	478	78%
Not in effective treatment	45	22%	27	19%	12	11%	9	12%	8	17%	4	15%	105	17%
Completed – planned exit	12	6%	6	4%	3	3%	6	8%	0	0%	0	0%	27	4%
Referred on (old)	19	-	12	-	3	-	3	-	3	-	0	-	0	-
Total	207		141		114		79		51		27		610	

Note: 'Referred on' has been excluded, as this is now a historical code reported by the NTA.

Retention figures for Gloucester, Cheltenham, Stroud, Forest of Dean, the Cotswolds and Tewkesbury were compared. There are differences between levels of retention across county districts, Stroud had the highest retention with 89% being retained for 12 weeks or more whilst in Gloucester only 78% were retained for 12 weeks or more. Generally Gloucester and Cheltenham had the lowest percentages of people retained for 12 weeks and the highest percentage of those not in effective treatments. Stroud and Tewkesbury had the highest percentages retained for 12 weeks and, as you may then expect, they had lower percentages not in effective treatment. However despite there being differences in numbers and percentages the differences between the county districts are not statistically significant ($p > 0.05$, as measured by Chi-square).

3.11.2 Discharges and locality: adult new treatment journeys (last 12 months) (Source: NTA Agency Information by Postcode Q4 2008- 2009)

	Gloucester		Cheltenham		Stroud		FOD		Cotswolds		Tewkesbury		Total	
Completed – care planned discharge	28	31%	20	35%	16	34%	11	33%	10	38%	7	47%	92	34%
Unplanned	62	69%	37	65%	31	66%	22	67%	16	62%	8	53%	176	66%
Referred on (old)	46	-	27	-	18	-	18	-	12	-	5	-	126	-
Total	90		57		47		33		26		15		268	

Note: 'Referred on' is now a historical code reported by the NTA.

Discharge figures for Gloucester, Cheltenham, Stroud, Forest of Dean, the Cotswolds and Tewkesbury were compared. The main differences are that Gloucester and Forest of Dean have the lowest percentage of care planned discharges, 31% and 33% respectively. Gloucester and Forest of Dean have the highest percentage of unplanned discharges (69% and 47%) they also have the highest percentage of onward referrals (51% and 55%), these referrals fall into the category of either completed or unplanned. The differences are not statistically significant ($p > 0.05$, Chi-square).

3.11.3 Injecting status: adult new treatment journeys (last 12 months) (Source: NTA Agency Information by Postcode Q4 2008- 2009)

	Gloucester		Cheltenham		Stroud		FOD		Cotswolds		Tewkesbury		Total	
Currently	42	29%	21	19%	16	20%	16	30%	11	28%	6	32%	112	25%
Previously	57	39%	34	31%	33	41%	17	31%	18	46%	8	42%	167	37%
Never	47	32%	54	50%	32	40%	21	39%	10	26%	5	26%	169	38%
Total	146		109		81		54		39		19		448	

Again, injecting status across the county did not differ enough to be statistically significant. It is of note that Cheltenham has the lowest percentage of people

currently injecting at 19%, this is 10% lower than the percentage injecting in Gloucester. Cheltenham also reported having the highest percentage of individuals never injecting. This difference in injecting status may warrant further investigations as generally the profile between Cheltenham and Gloucester does vary but not as greatly.

3.11.4 Deprivation

Investigations were carried out into the relationship between deprivation and service access. As you may expect there is a strong correlation between levels of deprivation and the numbers accessing services, with the greater level of deprivation the greater number of people accessing services. There are however some exceptions to this which may therefore highlight areas where the treatment penetration levels are low. Most of the areas which have lower numbers accessing services than you may expect are in rural localities. Of particular interest are areas within the Cotswolds and the Forest of Dean (particularly surrounding Lydney).

Postcode Sectors with lower than expected service access

Postcode Sector	Area / Description	Main Town	District
GL569	Between Chipping Campden & Moreton-in-Marsh, includes Blockley	Moreton-in-Marsh	Cotswold
GL544	Between Cheltenham & Chedworth, includes Withington	Cheltenham	Cotswold
GL7 7	North of Cirencester, includes Daglingworth, Begendon & North Cerney	Cirencester	Cotswold
GL8 8	Tetbury area	Tetbury	Cotswold
GL179	North of Cinderford, includes Drybrook	Cinderford	Forest of Dean
GL154	North & East of Lydney, includes Blakeney	Lydney	Forest of Dean
GL156	West of Lydney, includes St Briavels	Lydney	Forest of Dean
NP167	South West of Lydney & North of Chepstow, includes Tidenham	Lydney	Forest of Dean
GL139	Berkeley area	Berkeley	Stroud
GL103	North, West & South of Stonehouse & Stroud, includes Frocester & Eastington	Stroud	Stroud
GL4 0	Between Gloucester & Stroud, includes Harescombe	Gloucester	Stroud / Gloucester
GL4 4	East of Gloucester centre, includes Abbeydale	Gloucester	Gloucester
GL194	South of Tewkesbury, includes Deerhurst & Apperley	Tewkesbury	Tewkesbury
GL2 9	North of Gloucester, includes Sandhurst & Norton	Gloucester	Tewkesbury

Postcode sectors with *higher* than expected service access were also identified:

- GL5 2 & GL5 3 – Stroud area¹
- GL538 - a sub-section of the parish of Charlton Kings

3.12 Housing and Employment

3.12.1 Housing

Housing is monitored when a person is triaged, this is reported on by the NTA. During 2008-2009 it was reported that 74% of people starting new treatment journeys had no housing problem, 17% had a housing problem and 8% were classed as No Fixed Abode (NFA). A housing problem is classified in terms of being a short term solution to lack of housing, for example staying with family/friends, short term B&B or night winter shelter. No fixed abode is an immediate urgent housing problem, for example living on streets or using night hostels.

A similar percentage was found when looking at GDD figures, these included all people triaged not just new treatment journeys. According to GDD there were 1244 records for which housing need was recorded. 75% of drug users triaged reported no housing problem, 15% reported a housing problem and 11% were classed as NFA.

¹ includes Nelson Trust residential clients

Number and percentage of accommodation need by age group

Accommodation status	18-24 years	25-34 years	35-44 years	40 and over	Total
No housing need	124	523	228	57	932
<i>% of age group</i>	<i>64</i>	<i>77</i>	<i>78</i>	<i>79</i>	<i>75</i>
Housing need	40	93	44	5	182
<i>%</i>	<i>21</i>	<i>14</i>	<i>15</i>	<i>7</i>	<i>15</i>
No Fixed Abode	27	63	29	11	130
<i>%</i>	<i>14</i>	<i>9</i>	<i>10</i>	<i>15</i>	<i>11</i>
TOTAL	191	679	301	73	

Source GDD 2008-2009

For those aged 18-24 years 64% report no housing need. This is lower than the 77% and above reported by the other age groups. The 40 and over age group reported the highest percentage of the groups with no fixed abode, 15%, although this age group only makes up 6% of all the records.

	No housing need	Housing Need	NFA	TOTAL
Gloucester	308	61	56	425
<i>% of area</i>	<i>73</i>	<i>14</i>	<i>13</i>	
Cheltenham	268	58	37	363
<i>%</i>	<i>74</i>	<i>16</i>	<i>10</i>	
Stroud	148	27	12	187
<i>%</i>	<i>79</i>	<i>14</i>	<i>6</i>	
Forest of Dean	85	13	6	86
<i>%</i>	<i>82</i>	<i>13</i>	<i>6</i>	
Tewkesbury	42	8	4	54
<i>%</i>	<i>78</i>	<i>15</i>	<i>7</i>	
Cotswolds	60	12	3	76
<i>%</i>	<i>79</i>	<i>16</i>	<i>4</i>	
TOTAL	924	181	118	

Source GDD 2008-2009

Gloucester and Cheltenham both have the lowest percentages of drug users reporting no housing need, indicating more housing need amongst drug users in this area. This may not be surprising as these are the areas with the largest concentration of people, these areas also containing some of the sectors with the highest levels of deprivation.

Parental status also seems so be linked with housing need. Parents who have children living with them were the least likely to have a housing need, 86%. However of parents who had children living elsewhere only 70% reported no housing need. These figures are compared to the figure of 73% reporting no housing need in adults who are not parents.

3.12.2 Employment

Of drug users triaged during 2008-2009, 16% were recorded as being in employment and 73% were recorded as unemployed. Of those reported to be employed 84% are male compared to 77% in those who are unemployed. Those who reported that they were unemployed were most likely to live in Gloucester (38%) or Cheltenham (30%). The highest reported main problem substance is Heroin; however, for clients who report being in employment 64% report heroin as their main problem substance compared to 82% who reported being unemployed. For those in employment 40% were accessing treatment for the first time (according to GDD records) where as only 17% of those that were unemployed were accessing treatment for the first time.

APPENDICES

Appendix A - Bulls eye percentage breakdowns

Source: NTA all in treatment Bulls eye data 2008-2009

	in	was	known	out	Total
under 25	120	60	28	44	252
%	48	24	11	17	
25-34	805	155	84	147	1191
%	68	13	7	12	
35-64	668	156	105	72	1001
%	67	16	10	7	

Appendix B: Drug Treatment Retention Figures

Source: NTA Partnership effective treatment report Q1 1/04/08-31/03/09

1. Overall numbers in effective treatment

a) Overall

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	75%	511	680
South West	79%	4727	5835
National	81%	69057	82952

b) DIP Clients

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	74%	28	38
South West	81%	389	480
National	81%	7902	9713

c) CJS Clients

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	66%	114	173
South West	75%	952	1267
National	80%	20217	25211

d) Non-CJS Clients

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	78%	397	507
South West	83%	3775	4568
National	84%	48840	58008

- Glos. overall retention was marginally lower than the SW national average

2. Retention split by Gender

a) Males

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	75%	389	517
South West	81%	3452	4286
National	83%	51583	62522

b) Females

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	75%	122	163
South West	82%	1275	1549
National	84%	17474	20697

3. Retention split by age

a) Under 25

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	61% (69% ly)	84	137
South West	75%	858	1138
National	78%	12873	16492

b) 25-34

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	77%	261	337
South West	81%	2060	2535
National	83%	30244	36327

c) 35 and over

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	81%	166	206
South West	84%	1809	2162
National	85%	25940	30400

Retention improves as clients get older across all three geographical areas.

4. Retention split by Substance

a) Opiate

	Effective	No. in effective	New Presentations
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	treatment %	treatment	
Glos.	81%	221	273
South West	85%	2523	2972
National	86%	27644	32088

b) Crack

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	59%	13	22
South West	77%	163	212
National	79%	3906	4958

c) Opiates and Crack

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	83%	177	214
South West	85%	987	1162
National	85%	20972	24604

d) Other stimulants

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	51%	45	89
South West	70%	492	700
National	77%	8489	11035

e) Cannabis

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	73%	43	59
South West	69%	368	533
National	76%	6264	8240

f) Benzodiazepines

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	60%	3	5
South West	86%	62	72
National	78%	536	691

g) Other

	Effective treatment %	No. in effective treatment	New Presentations
Glos.	50%	9	18
South West	72%	132	184
National	78%	1245	1602

- Most new presentations were associated with opiates.
- Only 3 and 9 Glos. clients were using benzodiazepines and 'other' drugs respectively. It is difficult to draw conclusions based on such small numbers.

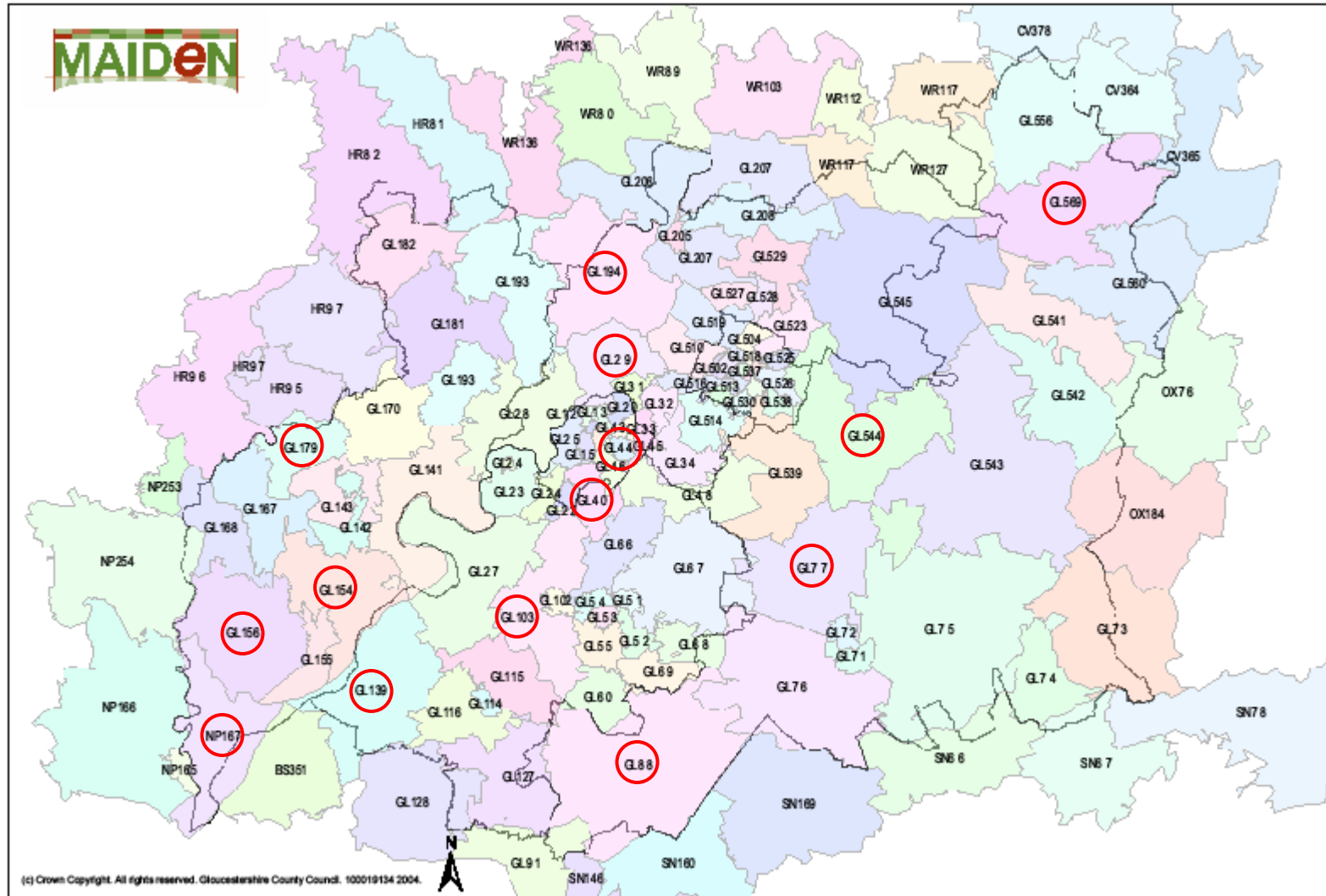
Appendix C: Drug Treatment Information

(Source: NTA Agency Information by Postcode Q4 2008- 2009)

	Gloucester		Cheltenham		Stroud		FOD		Cotswolds		Tewkesbury	
Numbers in effective treatment – all	600		379		325		248		121		70	
Numbers in effective treatment – PDU	545		321		276		223		108		62	
Retention (PDU) - new treatment journeys		%		%		%		%		%		%
<i>new treatment journey</i>	175		99		79		58		40		25	
Retained for 12 weeks or more	136	78	82	83	70	89	47	81	33	83	21	84
Not in effective treatment	29	17	15	15	9	11	8	5	7	18	4	16
Completed – planned exit	10	6	2	2	0	0	3	14	0	0	0	0
Referred on	16	9	11	11	3	4	3	5	3	8	0	0
Retention (all) - new treatment journeys		%		%		%		%		%		%
<i>new treatment journey</i>	207		141		111		76		48		27	
Retained for 12 weeks or more	150	72	108	77	96	86	61	80	40	83	23	85
Not in effective treatment	45	22	27	19	12	11	9	12	8	17	4	15
Completed – planned exit	12	6	6	4	3	3	6	8	0	0	0	0
Referred on	19	9	12	9	3	3	3	4	3	6	0	0
Discharges - Adult treatment exit	90		57		47		33		26		15	
Completed – care planned discharge	28	31	20	35	16	34	11	33	10	38	7	47
unplanned	62	69	37	65	31	66	22	67	16	62	8	53
Referred on (old)	46	51	27	47	18	38	18	55	12	46	5	33
Injecting												
<i>New treatment journeys</i>	154		118		91		56		42		20	
status known	146		109		81		54		39		19	
currently	42	29	21	19	16	20	16	30	11	28	6	32
previously	57	39	34	31	33	41	17	31	18	46	8	42
never	47	32	54	50	32	40	21	39	10	26	5	26

Appendix D: Deprivation & service access

Postcode Sectors in Gloucestershire



Note:
 ○ - postcode sectors with than expected PDUs

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