



**Gloucestershire GSSCP/DAAT Needs Assessment  
To inform treatment planning for 2008-2009**

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## Executive Summary

This document reports the findings of the Gloucestershire DAAT Needs Assessment. It was produced by the Gloucestershire DAAT database (GDD) team in collaboration with the local Needs Assessment Expert Group and the Adult Treatment Planning and Monitoring Group.

The aim of the needs assessment was to identify areas of unmet need amongst the local drug using population and inform the development of the 2006/2009 Drug Treatment Plan. Multiple data sources and a variety of methods of analysis were used to conduct the needs assessment.

The key findings of the needs assessment are:

1. According to the estimate produced by the University of Glasgow, there are 3046 problematic drug users (PDUs) using opiates and/or crack in Gloucestershire (95% confidence interval: 2675 - 3525<sup>1</sup>) Of these, an estimated 1060 (34.8%) are defined as treatment naïve, that is, they have not been in contact with Tier 3 / 4 treatment services in the last two years. These figures are in the process of being updated by the Home Office and future changes or refreshed numbers will be tested by the Expert Group
2. Amongst the treatment naïve population, 553 accessed needle exchange and a further 15 have received the Drug Intervention Program (DIP). Profiles of these clients suggests that treatment naïve drug users are more likely to be male and aged 25 years or older.
3. The treatment system map highlights higher levels of unplanned discharge at CJDT and GDAS, and higher levels of unsuccessful onward referral from the GPwSI prescribing services and CSSMS. Overall levels of planned discharge are good.
4. 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 higher levels of planned discharges and onward referrals and lower levels of unplanned discharges.
5. Retention rates in Gloucestershire were generally found to be similar to the regional and national averages, although these rates a still slightly below government retention targets.
6. Overall, retention rates are lower amongst DIP and CJS clients, men, young people, Black and Minority Ethnic groups and users of drugs other than opiates.
7. An exploration of treatment access and retention in relation to location of residence revealed that those living in more rural locations may be less able to access some treatment modalities. Access to GDAS Structured Day Program was less in several rural locations and access to GP prescribing was less in Stroud.
8. Residence in a rural location did not necessarily impact on the length of a clients treatment journey. Client s in the Forest of Dean or Gloucester were found to have the longest treatment journeys. Tewkesbury residents had amongst the shortest treatment journeys and also had a lower rate of retention for 12 weeks or more.
9. Clients with no county district specified are likely to be those with no fixed abode or living in temporary accommodation. Retention rate amongst this group was also low, highlighting the negative impact of housing needs on treatment outcome.
10. Overall, 13% of clients in treatment have children living with them. Data suggests that in some rural locations clients are more likely to have children living with them.

### Recommendations include:

- Continued focus on retention of service users both within services and at onward referral
- Consider differential access and impact of service location in different districts
- Consider effects on treatment system of non prescribing services where intervention is less than 12 weeks
- Produce quarterly referral route reports when ECMS installed

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<sup>1</sup> A confidence interval is a range of values that describes the uncertainty surrounding an estimate.

- Consider joining this needs assessment with young peoples where the age range connects i.e 18-25

## Introduction

The 2006-2007 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. This document underpins the strategic summary 2008/9 provided to NTA.

In particular the focus of the needs assessment is to understand:

- The prevalence of problematic drug use in Gloucestershire
- The profile of the treatment seeking population
- Facilitators and barriers to treatment access and retention
- The influence of location of residence, ethnicity and parental status on treatment access and retention
- Areas of unmet need amongst problem drug users who are unable to access treatment for any reason.

## Gloucestershire Key Facts and area of coverage

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

- Gloucestershire DAAT covers the county of Gloucestershire and there is high coterminosity between PCT, County Council, Police and Probation boundaries. There are 6 district council areas and CDRP'S.
- Gloucestershire is a large rural shire county with two large urban areas, Gloucester and Cheltenham. Total population resident in Gloucestershire is approximately 577,476.
- Gloucestershire is a relatively affluent county with above average educational attainment, relatively good health and lower than national unemployment rates. The urban areas 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 is 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.

## Methods

The needs assessment is an iterative process. Initially, data from a number of sources was collated and analysed by the Gloucestershire DAAT Database (GDD) team and presented for discussion by the Expert Group.

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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 in the current treatment system in Gloucestershire and thus to inform the development of the 2008/09 Treatment Plan. This is also informed by a Service user survey carried out by the service user coordinator. This survey generates useful qualitative information for the Expert group and informs the Strategic Summary leading to treatment planning to address potential unmet need.

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 Bullseye
- Treatment System Map
- Profile of the In Treatment Population
- Harm Reduction
- Retention in Treatment
- Rurality, Ethnicity and Parental Status

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

#### *Prevalence of Problematic Drug Use in Gloucestershire*

A key starting point for understanding unmet need and improving the treatment system is knowing the likely number of problematic drug users (PDUs) in the population. However, deriving such an estimate is a complex process. The Home Office have contracted a team at the University of Glasgow to produce nationwide PDU prevalence estimates. The estimates relate to data collected in 2004/05 on PDUs using opiates and/or crack cocaine, aged between 15 and 64 years. Two methods were used to produce the estimates:

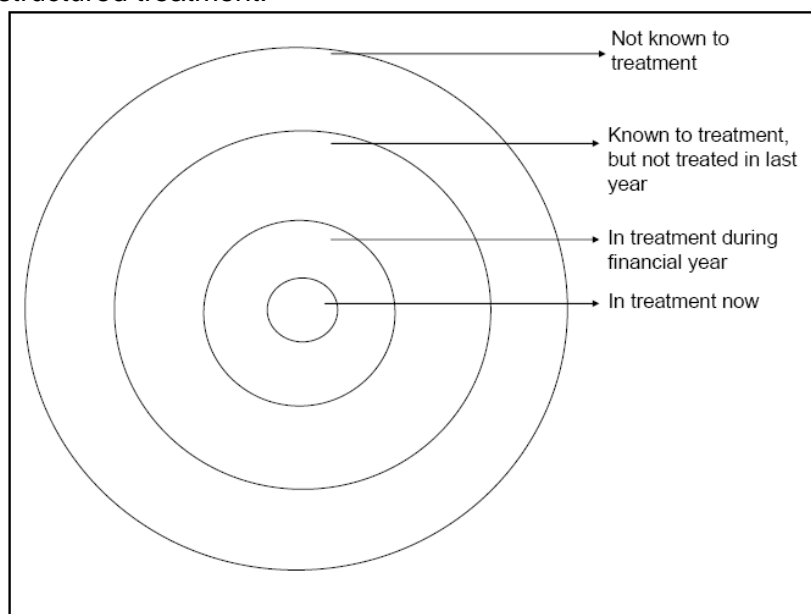
- The 'capture-recapture' method – This method estimates the number of 'hidden' drug users by matching data obtained from four different agencies
  - Drug users in structured drug treatment (Source: NDTMS)
  - Drug users on probation (Source: OASys)
  - Drug users cautioned or convicted for offences 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.

The Gloucestershire Treatment System provides treatment and interventions for primary drug use other than heroin and crack. In particular there is an increasing cohort of primary cannabis users in treatment and this is especially so with young people.

## Treatment Bullseye

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



The above diagram shows the four rings of the bullseye:

- **In treatment now** – Clients that were in contact with Tier 3 / 4 agencies on the 31<sup>st</sup> March 2007
- **In Treatment during financial year** – Clients that were in contact with Tier 3 / 4 agencies during 2006 /07 but were not still in contact on the 31<sup>st</sup> March 2007
- **Known to treatment, but not treated in last year** - Clients that were recorded in Tier 3 / 4 treatment in 2005/06 but had no contact in 2006/07
- **Not known to treatment** – Possible PDUs not known to the Tier 3 / 4 treatment system in either 2005/06 or 2006/07

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 can be 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 bullseye **only** the definition of a PDU is a person using opiates and/or crack cocaine. This makes all rings of the bullseye consistent with the University of Glasgow overall prevalence estimate. Data presented in other sections of this document relate to users of any illicit substance.

## 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 blockages 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 and sourced from the data submitted to the NDTMS. The data relates to four stages of a clients treatment journey:

1. **Treatment System Entry** – shows the referral route for all clients starting a new treatment journey in 06/07. An episode of treatment with an agency is only considered to be a new treatment journey, if the clients is not currently accessing any other form of structured treatment and has not done so for greater than 3 weeks. The multiple possible referral routes are condensed into four categories: criminal justice, GP, self and other.
2. **In Treatment** – shows the number of clients receiving structured treatment in each agency in 2006/07. 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 3 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 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.

### *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 show where local drug use differs from regional or national patterns or highlight where local treatment services are excelling or underperforming in comparison to the region or nation as a whole.

### *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.

### *Retention in Treatment*

A client is considered to be successfully retained in treatment if their treatment journey is 12 weeks or more in length. This definition of retention 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 NDEC. These show the overall proportion of clients retained in treatment in 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.

## Rurality, Ethnicity and Parental Status

Discussion in the Expert Group generated a hypothesis that drug users living in more rural locations within the Gloucestershire DAAT area may be disadvantaged in terms of treatment access and retention. Information provided centrally from the NDTMS was not sufficiently detailed to explore this hypothesis, so data from GDD was utilised. Data relating to all new treatment episodes in 06/07 were extracted from GDD. These data were 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. The length, in days, of each client's treatment journey, taking into account movements between agencies within 3 weeks, were calculated. Clients with treatment journeys of 84 days (12 weeks) or longer were considered to be retained.

Additional areas of possible unmet need suggested by the Expert Group were amongst those from Black and Minority Ethnic communities and drug users with children. Information about treatment access in these groups was also extracted from GDD and explored in across county districts.

## Results

### *Prevalence of Problematic Drug Use in Gloucestershire*

The table below shows total PDU estimates for Gloucestershire provided by the University of Glasgow.

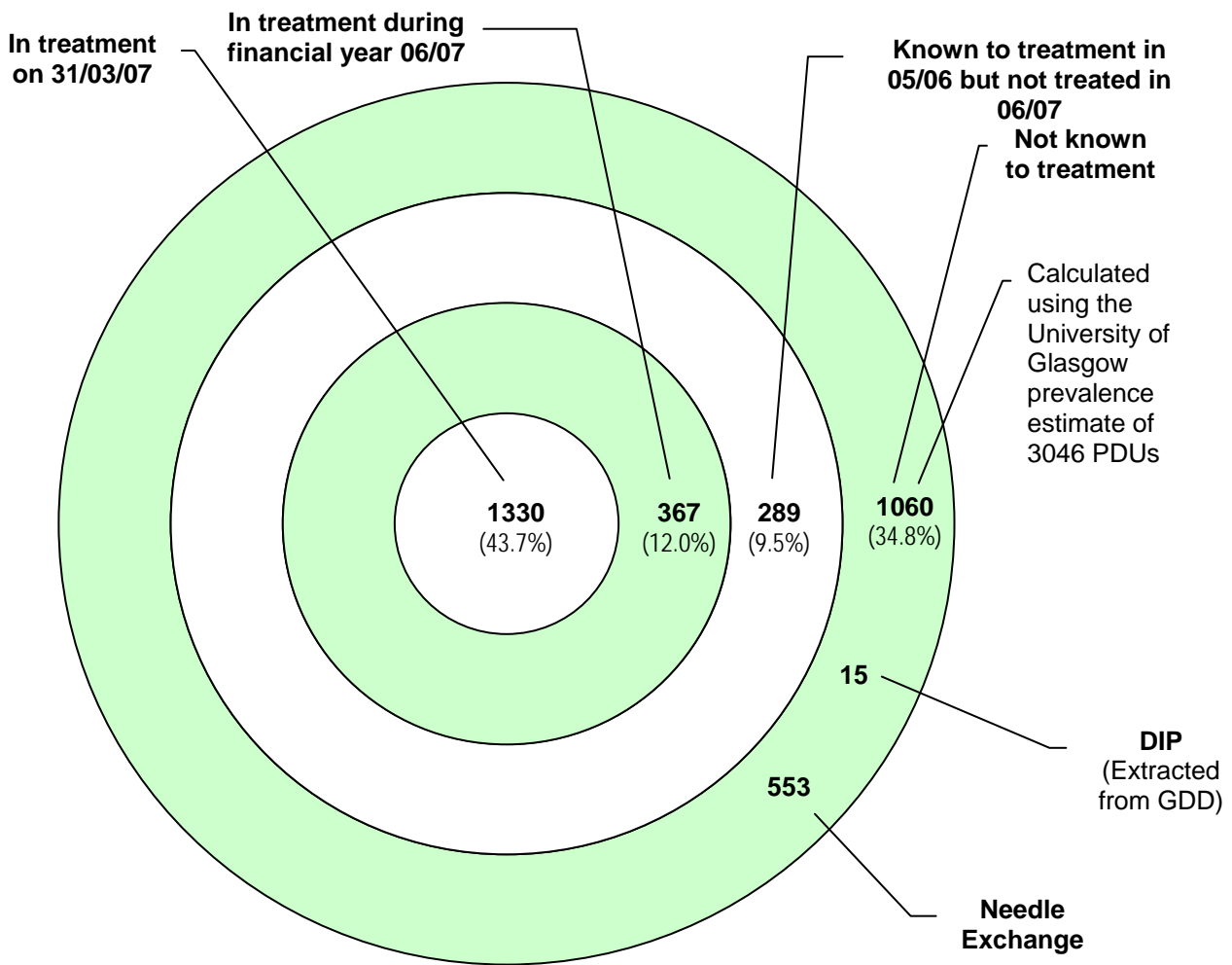
Type of user	Total PDU estimate	95% confidence interval
Opiate and/or Crack	3046	2675 - 3525
Opiate	2389	2119 - 2987
Crack	2304	1787 - 3094
Injecting	2245	1229 - 3256

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.

	Estimate	95% CI		Per thousand population*	95% CI	
		-	+		-	+
		Gloucestershire	3046		2675	3525
South West	30455	29536	32936	9.44	9.16	10.21

\*Gloucestershire population estimates taken from Gloucestershire County Council 2007 Population projections to 2026. Gloucestershire and District incorporating ONS mid-year estimates.

Treatment Bullseye



**Needle Exchange:** 1133 Records in 06/07. 900 (79.4%) had full identifiers, equating to 886 people. 333 had accessed treatment in either 05/06 or 06/07. 553 (62.4%) were not known to treatment. 11.4% were female. 12.8% were aged 15-24 years, 44.5% were aged 25-34 years and 42.7% were 35 years or older.

**DIP:** 93 people received DIR/DARS in 06/07. 78 had accessed treatment in either 05/06 or 06/07. 15 (16.1%) were not known to treatment. 20% were female. 20.0% were aged 15-24 years, 66.7% were aged 25-34 years and 13.3% were 35 years or older.

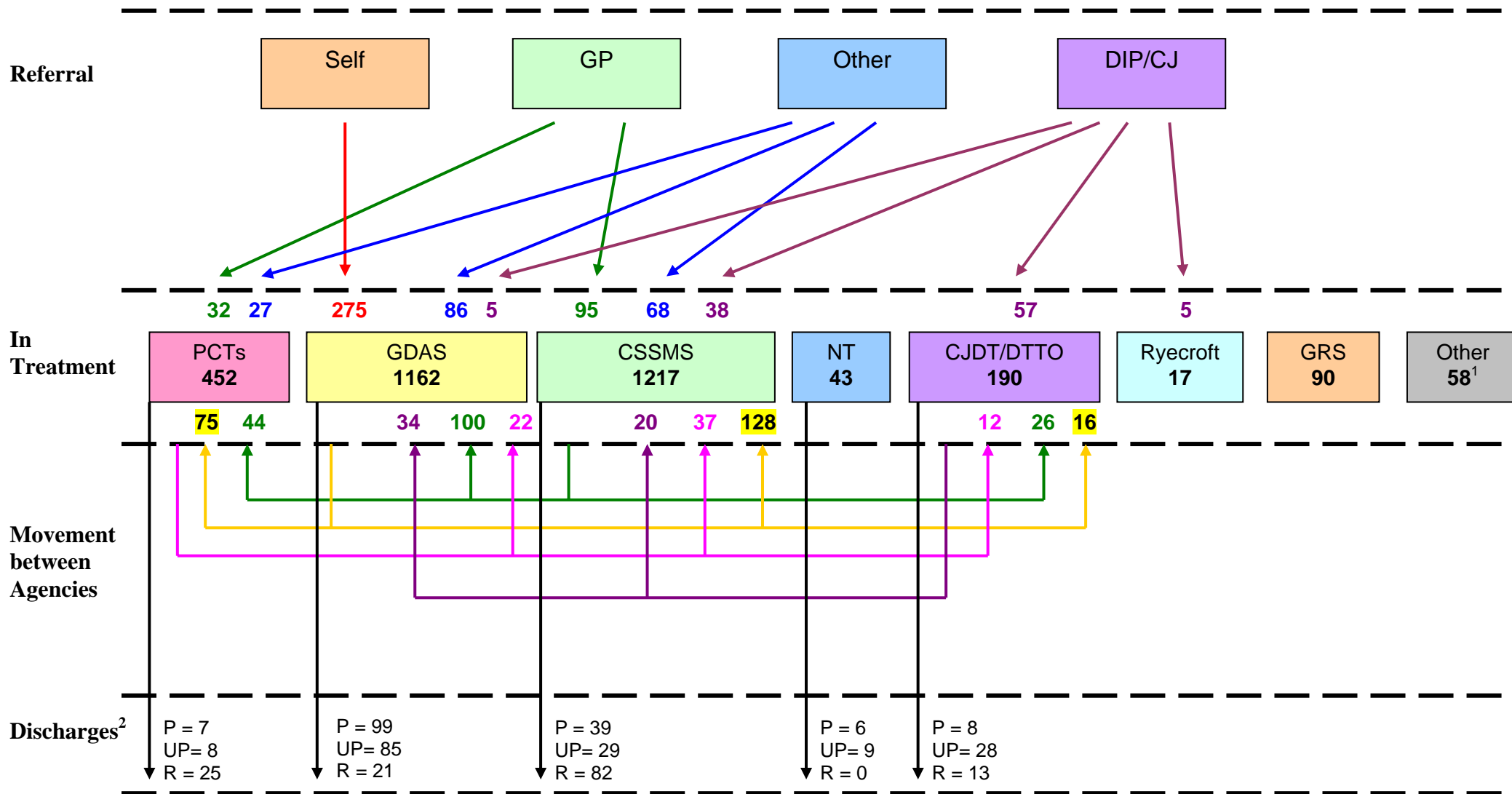
Profile of PDUs in each ring of the bullseye

Opiate &/or crack users	In treatment now 31/03/2007		In treatment during financial year 06/07		Known to treatment but not in the last year		Not known to treatment but accessing NX	
	n	%	n	%	n	%	n	%
<b>Gender</b>								
Male	969	73	256	70	205	71	490	89
Female	361	27	111	30	84	29	63	11
<b>Ethnic group</b>								
White	1271	97	330	93	245	92	No data	
Asian or Asian British	7	1	6	2	6	2	No data	
Black or Black British	10	1	7	2	9	3	No data	
Other	23	2	12	3	7	3	No data	
<b>Age on 30th September 2006</b>								
15-24 years	205	15	67	18	45	16	71	13
25-34 years	713	54	193	53	128	44	246	45
35-64 years	412	31	107	29	116	40	236	43
<b>Injecting Status</b>								
Current	564	42	98	27	88	30	No data	
Previous	376	28	130	35	40	14	No data	
Never	247	19	81	22	48	17	No data	
Not known	143	11	58	16	113	39	No data	
<b>Total</b>	<b>1330</b>		<b>367</b>		<b>289</b>			

Source: NDEC needs assessment data & GDAS Needle Exchange (NX) data

Based on the University of Glasgow estimate, 34.8% of opiate and/or crack users are treatment naïve, that is, have not had contact with Tier 3 / 4 treatment services in the last two years. Taking into account the 95% confidence intervals around this estimate, the true proportion of treatment naïve PDUs is likely to be between 25.8% and 43.7%. Looking at the profiles clients across the inner three rings of the bullseye, there are few major differences. However, those who were not currently in treatment, or had not been in contact for at least a year were more likely to be of non-white ethnicity and less likely to be injecting at treatment entry. Those who had not been in contact for at least a year were also more likely to be 35 years or older. Treatment naïve individuals who were in contact with needle exchange were more likely than those currently in treatment to be male and aged 35 years or older. Treatment naïve DIP clients were more likely than those currently in treatment to be male and aged 25-34 years.

Treatment System Map



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

<sup>2</sup> Discharge reasons: P = Planned, UP = Unplanned, R = Referred On

The treatment system map above show the entry, movement and exit of all clients accessing treatment in Gloucestershire in 06/07

#### Referral into treatment

There were a total of 688 new presentations recorded in 2006/2007. Most referrals were made to GDAS (53.2%) or CSSMS (29.2%) The greatest referral source was self-referral (40%) All of these self-referrals were to GDAS, and contributed 75.1% of the total referrals to GDAS. Most of the referrals to CSSMS were received from GPs (47.3%), the remaining referrals were from other sources (33.8%) and criminal justice services (18.9%)

#### In treatment

Most drug treatment in Gloucestershire was delivered by CSSMS (37.6%) and GDAS (35.9%). PCTs contributed 14% and CJDT/DTTO 6%.

#### Movement within the treatment system

A total of 514 movements between agencies were recorded in 06/07. The greatest number of movements were from GDAS to CSSMS (24.9%), CSSMS to GDAS (19.5%), GDAS to the PCTs (14.6%) and CSSMS to the PCTs (8.6%).

#### Exiting the treatment system

There were a total of 459 treatment discharges during 06/07, 34.6% were planned, 34.6% were unplanned and the remaining 30.7% were onward referrals. However, there was considerable variation across treatment providers in the number of unplanned discharges and referral on. Amongst the larger providers, CJDT had the highest unplanned discharge rate (57.1%), the rate at GDAS was also found to be higher than average (41.5%). The PCTs and CSSMS had the highest onward referral rates (62.5% and 54.7% respectively) This is a potential concern because the onward referrals are documented in the treatment exit stage of the map, therefore suggesting that clients that 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. This implies that care co-ordination processes for clients referred on from the PCTs and CSSMS may not be sufficient.

### Profile of the In Treatment Population

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	%		
<b>Gender</b>				
Male	538	72%	75%	74%
Female	214	28%	25%	26%
<b>Age Group</b>				
Under 25	153	20%	21%	21%
25-34	378	50%	45%	45%
35+	221	29%	34%	34%
<b>Ethnicity</b>				
White	691	92%	91%	83%
Black	7	1%	2%	5%
Asian	5	1%	1%	4%
Mixed	21	3%	3%	3%
Other	0	0%	0%	1%
<b>Substance</b>				
Opiates	375	50%	52%	48%
Crack	34	5%	6%	6%
Opiate & Crack	181	24%	18%	22%
Other Stimulant	71	9%	11%	12%
Cannabis	73	10%	10%	9%
Benzodiazepine	4	1%	1%	1%
Other	14	2%	3%	2%
<b>Treatment Exits</b>				
Planned	126	35%	25%	23%
Unplanned	137	38%	57%	61%
Referred on	102	28%	18%	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 women in treatment
- Slightly higher proportion of clients aged 25-35 years and a slightly lower proportion of clients over 35 years.
- A higher proportion of planned exits and onward referrals, and a substantially lower proportion of unplanned exits.

Additional analysis using GDD data reveals further insights:

- The mean age of drug users in treatment is 30 years.
- The length of time between clients perceiving drugs first caused a problem and their current assessment is 7 years, with an average time between first use of main problem drug it first causing a problem being just under 2 years (1.76 years).
- Injecting:
  - Previously injecting - 38%
  - Currently injecting - 35%
  - Never injected - 27%

- The geographical distribution of treatment records and referrals for treatment across the three old PCT's within the county are;
  - Cheltenham and Tewkesbury: 26% of records
  - Cotswold and Vale: 18% of records
  - West Gloucestershire: 55% of records
- The Gloucester City area recorded the highest level of treatment activity and demand with 38% of the overall records (for further analysis please see appendix B).

### *Harm Reduction*

The table below shows the Hepatitis B intervention status for clients starting a new treatment journey in 2006/2007. (Source Quarter 4 2006/2007 Adult Partnership Information: NTA).

	<b>Hep B Intervention Status</b>	
	n	%
<b>Offered and accepted</b>	147	25.4
<b>Offered and refused</b>	136	23.5
<b>Immunised already</b>	161	27.9
<b>Not offered</b>	134	23.2
<b>Missing data</b>	81	

32% of clients previously or currently injecting had received a Hepatitis C test.  
 40.2% of clients starting a new treatment journey in 06/07 received a general health care assessment.

## Retention in Treatment

### Overall Retention Rates.

	<b>Retention %</b>	<b>Retained</b>	<b>New Presentations</b>
<b>Glos.</b>	74.5%	560	752
<b>South West</b>	73.0%	5506	7540
<b>National</b>	75.0%	60073	80106

Retention in Gloucestershire is slightly above the South West regional average and similar to the national average. A summary of the main issues identified from a review of the retention data is given below. Detailed data and additional commentary are provided in Appendix A

- 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.
- Gloucestershire had similar or better retention than South West region and national rates across the genders. Overall, women have a slightly higher retention rate than men.
- Retention rates across the age groups in Gloucestershire were similar to the regional and national average. Overall, clients in the youngest age group (under 25 years) had the lowest retention rate.
- There was a suggestion of better retention in Gloucestershire of Black clients (100% vs 69%) and poorer retention of Asian (43% vs 71%) and Mixed (52% vs 68%) ethnicity clients, however numbers are very small.
- Gloucestershire had similar to the regional retention rates for opiate users and crack users, but lower retention for clients using both opiates and crack (69% vs 77%). Higher retention rates were recorded amongst clients using cannabis (75% vs 63%) or benzodiazepines (100% vs 59%), although the latter is based on small numbers.

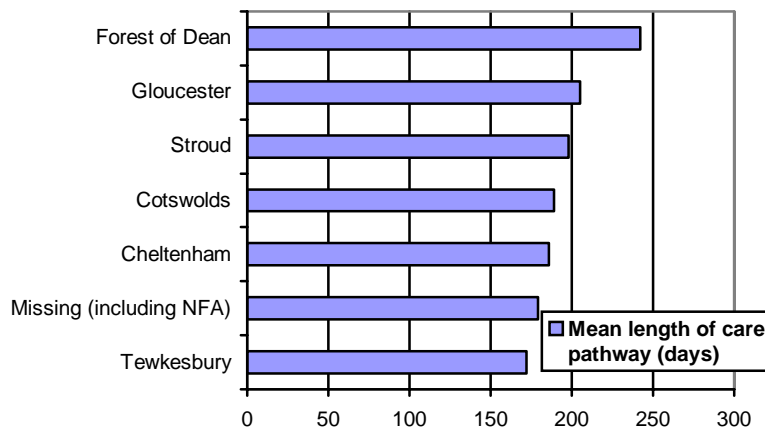
### *Rurality, Ethnicity and Parental Status*

A summary of the main findings of analysis of rurality, ethnicity and parental status data is provided below, detailed data can be seen in Appendices B,C and D

An exploration of the modalities received by clients across the county districts revealed that:

- Residents of the Cotswolds are more likely than in other areas to receive Specialist Prescribing or Structured Psychosocial Intervention (SPI), and less likely to receive Structured Day Programme, Other Structured Intervention (OSI) or GP prescribing
- Stroud residents were less likely to receive GP prescribing
- Residents of Tewkesbury or the Forest of Dean were less likely to receive Structured Day Programme

The graph below shows the average length of a care pathway for clients resident in each location.



The retention data showed:

- The longest care pathways were amongst clients resident in the Forest of Dean and Gloucester.
- The shortest care pathways are those in Tewkesbury and where county district of residence was unknown
- The highest proportion of people not retained for 12 week or more were clients where county district of residence is not known, or residents of Tewkesbury or Cheltenham.

A comparison of treatment access amongst Black and Minority Ethnic (BME) groups across the county districts revealed some variation. (See Appendix C) However, this closely mirrored variation in ethnicity in the population as a whole across the districts. The data therefore does not suggest any significant areas of unmet need relating to BME populations across the county districts, although this conclusion should be taken cautiously since the underlying prevalence of drug use amongst BME groups is not known, and the overall numbers of BME in Gloucestershire are relatively small.

Just over half of clients accessing treatment reported having no children (53.8%). A total of 161 records (13.3%) reported that clients had children living with them. When looking at parental status across county districts, the proportion of clients with children living with them was higher in Stroud and the Forest of Dean. The Forest of Dean also had a lower proportion of clients with no children (44.8%)

## Appendix A: Drug Treatment Retention Figures

Source: NDEC retention reports 2006/07

### 1. Overall Retention

#### a) Overall

	Retention %	Retained	New Presentations
<b>Glos.</b>	74.5%	560	752
<b>South West</b>	73.0%	5506	7540
<b>National</b>	75.0%	60073	80106

#### b) DIP Clients

	Retention %	Retained	New Presentations
<b>Glos.</b>	61.1%	11	18
<b>South West</b>	53.3%	398	747
<b>National</b>	71.0%	5836	8220

#### c) CJS Clients

	Retention %	Retained	New Presentations
<b>Glos.</b>	55.6%	70	126
<b>South West</b>	65.0%	1226	1886
<b>National</b>	71.7%	16495	23016

#### d) Non-CJS Clients

	Retention %	Retained	New Presentations
<b>Glos.</b>	78.3%	490	626
<b>South West</b>	75.7%	4280	5654
<b>National</b>	76.3%	43578	57090

- Glos. overall retention was higher than the SW and close to the national average.
- Glos. retention for DIP clients was higher than the SW and lower than the national average. Note, the numbers are very small.
- Glos. retention for CJS clients was lower than the SW and the national average although the numbers are relatively small.
- For the non-CJS clients, Glos. retention for non-CJS clients was higher than the SW and the national average. These clients constitute the majority of the people using drugs services.

### 2. Retention split by Gender

#### a) Males

	Retention %	Retained	New Presentations
<b>Glos.</b>	74.2%	399	538
<b>South West</b>	72.4%	4089	5647
<b>National</b>	74.6%	44287	59405

#### b) Females

	Retention %	Retained	New Presentations
<b>Glos.</b>	75.2%	161	214
<b>South West</b>	74.9%	1417	1893
<b>National</b>	76.3%	15786	20701

- Glos. retention for males is higher than SW and close to the national average.

- Glos. retention for females is higher than SW and lower than the national average.
- Females had a higher retention figure than males across all three geographical areas.

### 3. Retention split by age

#### a) Under 25

	Retention %	Retained	New Presentations
<b>Glos.</b>	69.3%	106	153
<b>South West</b>	66.5%	1047	1575
<b>National</b>	69.6%	11593	16663

#### b) 25-34

	Retention %	Retained	New Presentations
<b>Glos.</b>	74.1%	280	378
<b>South West</b>	73.6%	2495	3390
<b>National</b>	76.1%	27358	35972

#### c) 35 and over

	Retention %	Retained	New Presentations
<b>Glos.</b>	78.7%	174	221
<b>South West</b>	76.3%	1964	2575
<b>National</b>	76.9%	21122	27471

Glos. retention for under 25s is higher than SW and close to the national average.  
 Glos. retention for 25 to 34 year olds is higher than SW and lower than the national average.

Glos. retention for 35s and over is higher than SW and the national average.  
 Retention improves as clients get older across all three geographical areas.

### 4. Retention split by Ethnicity

#### Mixed

	Retention %	Retained	New Presentations
<b>Glos.</b>	52.4%	11	21
<b>South West</b>	68.4%	130	190
<b>National</b>	73.7%	1596	2167

#### Asian

	Retention %	Retained	New Presentations
<b>Glos.</b>	42.9%	3	7
<b>South West</b>	70.6%	36	51
<b>National</b>	72.2%	2300	3187

#### c) Black

	Retention %	Retained	New Presentations
<b>Glos.</b>	100.0%	5	5
<b>South West</b>	69.5%	116	167
<b>National</b>	70.0%	2613	3731

d) White

	Retention %	Retained	New Presentations
<b>Glos.</b>	76.3%	527	691
<b>South West</b>	73.9%	5066	6853
<b>National</b>	75.6%	50403	66681

- There were 33 new presentations in Glos. from clients classified as 'non-white', compared with 691 new presentations from clients classified as white.
- There were no drug treatment clients in Glos. who were classified as 'other'.
- All 5 of the clients classified as black were retained in Glos. Around half of 21 clients classified as 'mixed' ethnicity were retained and 3 of the 7 clients classified as Asian were retained.
- As the numbers are relatively low, one should be cautious about drawing any definitive conclusions.

5. Retention split by Substance

a) Opiate

	Retention %	Retained	New Presentations
<b>Glos.</b>	77.9%	292	375
<b>South West</b>	77.6%	3029	3903
<b>National</b>	80.1%	30532	38118

b) Crack

	Retention %	Retained	New Presentations
<b>Glos.</b>	67.6%	23	34
<b>South West</b>	65.2%	290	445
<b>National</b>	68.8%	3369	4899

c) Opiates and Crack

	Retention %	Retained	New Presentations
<b>Glos.</b>	71.8%	130	181
<b>South West</b>	78.0%	1049	1345
<b>National</b>	77.5%	13653	17613

d) Other stimulants

	Retention %	Retained	New Presentations
<b>Glos.</b>	66.2%	47	71
<b>South West</b>	59.6%	505	847
<b>National</b>	64.9%	6034	9298

e) Cannabis

	Retention %	Retained	New Presentations
<b>Glos.</b>	75.3%	55	73
<b>South West</b>	63.8%	459	720
<b>National</b>	62.8%	4728	7524

f) Benzodiazepines

	Retention %	Retained	New Presentations
<b>Glos.</b>	100.0%	4	4
<b>South West</b>	60.3%	35	58
<b>National</b>	64.3%	514	800

g) Other

	<b>Retention %</b>	<b>Retained</b>	<b>New Presentations</b>
<b>Glos.</b>	64.3%	9	14
<b>South West</b>	62.6%	139	222
<b>National</b>	67.0%	1243	1854

- Most new presentations were associated with opiates. The retention for clients using opiates was similar in Glos. and SW although these were higher than the national average. The retention figures for clients using opiates were higher than the retention figures for clients using any other category of drug.
- 34 new presentations in Glos. were using crack as their main substance. Glos. retention was higher than the SW but lower than the national average.
- 181 Glos. clients were using opiates and crack. The Glos. retention figure was lower than the SW and national averages.
- 71 Glos. clients were using 'other stimulants'. Glos. retention was higher than SW and national averages.
- 73 new presentations in Glos. were classified as using cannabis. Glos. retention was higher than SW and national averages.
- Only 4 and 14 Glos. clients were using benzodiazepines and 'other' drugs respectively. It is difficult to draw conclusions based on such small numbers.

## Appendix B: Exploration of Rurality

Data source: All GDD records for drug clients triaged in 2006/2007

i) Numbers in treatment records by the residence of the client

County District	Number of Records	%
Tewkesbury	106	6.2
Cheltenham	330	19.2
Gloucester	660	38.3
Stroud	200	11.6
Forest of Dean	206	12.0
Cotswolds	97	5.6
Out of County	29	1.7
Missing*	98	5.5

\* 83% of clients with missing country districts had Gloucestershire as their DAT of residence (i.e. Glos residents with no specified county location). The remaining 17% were out of county residents.

ii) Number of in treatment records by modality

Modality	Number of Records	%
Structured Psychosocial Intervention	234	13.6
Structured Day Programme (GDAS)	187	10.9
Specialist Prescribing	503	29.2
Other Structured Intervention	295	17.1
GP Prescribing	236	13.7
Structured Day Programme (NT)	17	1.0
YP Modalities	149	8.6
Other	102	5.9

iii) % of records for residents in each location receiving each treatment modality

<b>Modality</b>	<b>Tewkesbury</b>	<b>Cheltenham</b>	<b>Gloucester</b>	<b>Stroud</b>	<b>Forest of Dean</b>	<b>Cotswolds</b>	<b>Missing</b>
<b>Structured Psychosocial Intervention (SPI)</b>	12.3%	11.8%	10.2%	17.5%	15.0%	26.8%	22.1%
<b>Structured Day Programme (GDAS)</b>	5.7%	11.2%	12.6%	10.0%	4.9%	3.1%	13.7%
<b>Specialist Prescribing</b>	38.7%	29.4%	27.1%	31.0%	32.0%	45.4%	14.7%
<b>Other Structured Intervention (OSI)</b>	16.0%	18.5%	16.8%	18.0%	20.9%	9.3%	17.9%
<b>GP Prescribing</b>	13.2%	12.1%	19.1%	6.0%	16.0%	2.1%	9.5%
<b>Structured Day Programme (NT)</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.6%
<b>Other</b>	14.2%	17.0%	14.2%	17.5%	11.2%	13.4%	10.5%
<b>Total</b>	100.1%	100%	100	100	100%	100.1%	100.1%



iv) Average length of care pathway (in days) by county district

County District	Mean length of care pathway (days)
Tewkesbury	172
Cheltenham	186
Gloucester	205
Stroud	198
Forest of Dean	242
Cotswolds	189
Missing (including NFA)	179

v) Clients not retained for 12 weeks (84 days) and average length of care pathway by county district

County District	Clients NOT retained for 12 weeks		Mean length of care pathway (days)
	n	%	
Tewkesbury	31	29.2	39
Cheltenham	84	25.5	37
Gloucester	145	22.0	37
Stroud	39	19.5	41
Forest of Dean	31	15.0	40
Cotswolds	19	19.6	35
Missing (including NFA)	31	32.6	37

*Comments:*

- The longest care pathways are amongst clients resident in the Forest of Dean and Gloucester.
- The shortest care pathways (excluding out of county clients who may have received treatment elsewhere) are those in Tewkesbury and where county district of residence was unknown
- The highest proportion of people not retained for 84 days (excluding out of county) were clients where country district of residence is not known, or residents of Tewkesbury or Cheltenham.

vii) % client not retained for >12weeks in care pathways which include each modality, by location of residence

Modality	Tewkes	Cheltenham	Gloucester	Stroud	Forest of Dean	Cotswolds	Out of Area	Missing	Total
Structured Psychosocial Intervention (SPI)	31%	15%	18%	11%	16%	15%	50%	19%	17%
Structured Day Programme (GDAS)	17%	16%	28%	15%	10%	33%	27%	50%	24%
Specialist Prescribing	32%	29%	19%	11%	8%	16%	-	29%	19%
Other Structured Intervention (OSI)	41%	31%	23%	31%	21%	44%	0%	31%	28%
GP Prescribing	14%	22%	20%	8%	6%	50%	-	22%	18%
Structured Day Programme (NT)	-	-	-	-	-	-	33%	36%	35%
Other	27%	29%	27%	37%	39%	15%	40%	71%	31%
<b>Total</b>	29%	25%	22%	19%	15%	20%	31%	31%	23%

**Key:** 31 or more records, 15-30 records, 14 or less records

*Comments:*

- Overall: Clients are less well retained in care pathways which include OSI and other intervention. Clients were more likely to be retained in care pathways including SPI and prescribing modalities. Clients with care pathways including Nelson Trust Day programmes are also less well retained, but these clients are likely to be all out of county residence who may have received treatment elsewhere previously.
- For care pathways including GDAS Structured Day Programme, Gloucester residents were least well retained
- For care pathways including Specialist prescribing, Tewkesbury, and Cheltenham residents were least well retained
- For care pathways including OSI, Tewkesbury, Cheltenham and Stroud residents were least well retained.

vii) Average length of care pathways for clients with planned or unplanned discharge by county district

County District	Mean length of care pathway (days)	
	Planned Discharge	Unplanned discharge
Tewkesbury	132	139
Cheltenham	138	137
Gloucester	162	127
Stroud	164	128
Forest of Dean	206	154
Cotswolds	142	151
Missing (including NFA)	137	68

## Appendix C: Ethnicity and County District

Number of people with a record on GDD who started treatment in 06/07 - drug clients

County District Ethnicity	Tewkesbury	Cheltenham	Gloucester	Stroud	Cotswold	Forest of Dean	Gloucestershire: County District not specified	Total
White British	69	238	409	128	67	139	56	1106
White Other	1	4	7	1	-	1	1	15
White, Irish	-	3	3	-	1	1	1	9
White, black, Caribbean	1	2	11	-	-	-	1	15
Mixed other	1	2	1	2	-	-	-	6
White, black, African	-	2	1	-	1	-	-	4
White, Asian	-	1	2	-	-	-	-	3
Indian	-	1	5	-	-	-	-	6
Pakistani	-	1	-	-	-	-	-	1
Bangladeshi	-	1	-	-	-	-	-	1
Asian other	-	2	-	-	-	-	-	2
Caribbean	-	1	5	-	-	-	-	6
African	-	-	1	-	-	-	-	1
Black other	-	-	1	-	-	-	-	1
Not stated	-	-	1	1	-	-	-	2
missing	2	12	23	5	2	5	5	54
Total	74	270	470	137	71	146	64	1232

Percentage of people with a record on GDD who started treatment in 06/07 - drug clients, where ethnicity information is not missing

County District Ethnicity	Tewkesbury	Cheltenham	Gloucester	Stroud	Cotswold	Forest of Dean	Gloucestershire: County District not specified	Total
White	97.2	95.0	93.7	97.7	98.6	100.0	98.3	95.9
Mixed	2.8	2.7	3.4	1.5	1.4	0.0	1.7	2.4
Asian/Asian British	0.0	1.9	1.1	0.0	0.0	0.0	0.0	0.8
Black/Black British	0.0	0.4	1.6	0.0	0.0	0.0	0.0	0.7
Other	0.0	0.0	0.2	0.8	0.0	0.0	0.0	0.2

Percentage of people in the population from each ethnic group, taken from MAIDeN

County District Ethnicity	Tewkesbury	Cheltenham	Gloucester	Stroud	Cotswold	Forest of Dean	Gloucestershire: County District not specified	Total
White	98.4	96.6	92.5	98.6	98.8	99.0	-	97.1
Mixed	0.6	0.9	1.9	0.6	0.5	0.5	-	0.9
Asian/Asian British	0.7	1.7	3.1	0.5	0.4	0.3	-	1.2
Black/Black British	0.1	0.3	2.3	0.2	0.1	0.1	-	0.6
Other	0.1	0.5	0.3	0.2	0.2	0.1	-	0.2

Number of records on GDD who started treatment in 06/07 - drug clients, where ethnicity information is not missing

	CJDT	GDAS	Nelson House	Ryecroft	YOT	YPSMS	CSSMS	Chelt/Tewk PCT	Cots/Vale PCT	YGLEA	West Glos PCT	Total
white British	64	665	16	5	48	36	422	34	4	21	182	1497
white Irish	1	5	3	0	0	1	2	0	0	0	1	13
white other	0	10	1	0	0	0	3	0	0	1	3	18
white, black, Caribbean	3	8	0	0	1	1	1	0	0	0	1	15
white, black, African	0	2	0	0	0	0	1	1	0	1	0	5
white, Asian	0	2	0	0	0	0	0	0	0	0	1	3
mixed other	1	4	2	0	0	0	1	0	0	0	0	8
Indian	1	6	0	0	0	0	0	0	0	0	1	8
Pakistani	0	1	0	0	0	0	0	0	0	0	0	1
Bangladeshi	0	0	0	0	0	0	1	0	0	0	0	1
Asian other	0	2	0	0	0	0	2	0	0	0	0	4
Caribbean	1	4	1	0	0	0	0	0	0	1	1	8
African	0	0	0	0	0	0	1	0	0	0	0	1
black other	0	1	1	0	0	0	0	0	0	0	0	2
Not stated	0	1	0	0	0	1	0	0	0	0	0	2
Total	71	711	24	5	49	39	434	35	4	24	190	1586

Number of records on GDD who started treatment in 06/07 - drug clients, where ethnicity information is not missing

	Amphetamine	Cannabis	Cocaine	Codeine	Crack	Diazepam	Ecstasy	Heroin	Ketamine	Methadone	Opiates	Subutex	Zopiclone	Other	Total
white British	25	164	57	6	67	6	6	1077	9	21	43	4	2	10	1497
white Irish	1	1	0	0	1	0	0	7	0	0	3	0	0	0	13
white other	0	1	0	0	1	0	0	15	0	0	1	0	0	0	18
white, black, Caribbean	0	4	1	0	2	0	0	8	0	0	0	0	0	0	15
white, black, African	0	1	0	0	1	0	0	3	0	0	0	0	0	0	5
white, Asian	0	0	0	0	0	0	0	3	0	0	0	0	0	0	3
mixed other	0	0	1	0	0	0	0	5	0	0	2	0	0	0	8
Indian	0	0	2	0	3	0	0	2	0	1	0	0	0	0	8
Pakistani	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Bangladeshi	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Asian other	0	0	0	0	1	0	0	0	0	1	2	0	0	0	4
Caribbean	0	2	1	0	4	0	0	1	0	0	0	0	0	0	8
African	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
black other	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
Not stated	0	1	0	0	0	0	0	0	0	0	1	0	0	0	2
Total	27	174	62	6	82	6	6	1124	9	23	52	4	2	10	1586

## Appendix D: Parental Status

Data source: All GDD records for drug clients triaged in 2006/2007

i) Numbers in treatment records by parental status

Parental Status	Drug Clients	
	Number of Records	%
Children living with client	161	13.3
Children living with partner	196	16.2
Children living with family member	103	8.5
Children in care	26	2.1
Client pregnant	7	0.6
Other	66	5.5
No Children	652	53.8
Total records with parental status recorded	1211	
Missing	323	21.1
Total records	1534	

## Drug Clients

% of records for residents in each location by parental status

Parental Status	Tewkesbury	Cheltenham	Gloucester	Stroud	Forest of Dean	Cotswolds	County District Unspecified
Children living with client	10 (11.8%)	32 (11.8%)	54 (11.0%)	26 (17.3%)	36 (22.1%)	12 (14.6%)	1 (1.9%)
Children living with partner	13 (15.3%)	40 (14.8%)	84 (17.0%)	17 (11.3%)	31 (19.0%)	9 (11.0%)	15 (28.8%)
Children living with family member	14 (16.5%)	15 (5.5%)	40 (8.1%)	12 (8.0%)	19 (11.7%)	11 (13.4%)	6 (11.5%)
Children in care	2 (2.4%)	4 (1.5%)	10 (2.0%)	8 (5.3%)	2 (1.2%)	1 (1.2%)	1 (1.9%)
Client pregnant	0	2 (0.7%)	5 (1.0%)	0	0	0	0
Other	3 (3.5%)	19 (7.0%)	31 (6.3%)	6 (4.0%)	2 (1.2%)	4 (4.9%)	4 (7.7%)
No Children	43 (50.6%)	159 (58.7%)	269 (54.6%)	81 (54.0%)	73 (44.8%)	45 (54.9%)	25 (48.1%)
Total records in county district	85	271	493	150	163	82	52
Missing	20	66	142	29	33	12	21

### Comment

The amount of missing data varied between 12.8% and 22.4% of records for clients where a country district was specified.