# Substance Misuse (Drugs) Needs Assessment

# 2013-14

23rd May 2013

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## Executive Summary

### Drug Profile

During the calendar year 2012 there were a total of 1,582 clients in treatment of whom 29% were women. This is the highest proportion of females in treatment in the South East.

The average age of males in treatment was 38.8 years and for females it was 36.8 years. 9% of those in treatment were LGBT. This evidences the continued under-representation of this community within the treatment population.

The NTA collected information about the three most problematic substances affecting a client. When we review all substances in the round the contribution of Cannabis (11%), Benzodiazepines (9%) and Alcohol (7%) is evident.

### National Estimates of Prevalence of Opiate and Crack Users (OCUs)

There are an estimated 2,290 Opiate and Crack Users (OCUs) in Brighton and Hove. Brighton and Hove's OCU prevalence places it in the top quartile, 35$^{th}$ of 159 Local Authorities in England.

Estimates of IDUs (*n* = 685) place Brighton and Hove in 42$^{nd}$ place of 159 Local Authorities.

### Treatment Bulls Eye for Opiate and/or Crack Users [OCUs] (2011-12)

The number of clients "not known to treatment" appears to have increased when compared with data for the previous financial year. This is a combined effect of a reduction in the number of clients in treatment and an increase in the estimated number of OCUs in the local population.

### Ethnicity

Findings from the 2011 Census indicate that the City has continued to become more ethnically diverse. As a consequence the gap between the composition of the treatment population and the local population has widened with in effect 139 BME clients "missing" from treatment. Over 80% of these missing clients would be drawn from the White Other community.

### LGBT

9% of those in treatment identified themselves as LGBT. This is fewer than the estimated population for the City as a whole (between 13-17%).

Male LGBT clients are likely to be older than the treatment population as a whole while female LGBT clients are more likely to be younger.

The use of Club Drugs (including GHB/GBL) appears more frequent amongst this cohort.

### Treatment Outcome Performance (TOP) Measures (NTA Data)

Because compliance thresholds have not been met for clients in treatment, TOP reporting is only available for discharged clients. On discharge 98% of opiate clients were abstinent. Improvements between start TOP and discharge were also noted

around employment and housing.

**Service User Consultation**

Service users who participated in consultation completed at the end of April 2013 identified accommodation and housing, dual diagnosis and hostels as their top three priorities.

**Recovery Diagnostic Report**

The treatment population reduced by 4% between April 2010 and October 2012 (1,268 – 1,218). The proportion of opiate clients completing treatment has remained consistent at between 7-8% during this period. This is comparable with that of the cluster as a whole. The proportion of opiate clients who re-presented to treatment reduced from 23% in 2010 to 19% for the Nov 2011 – Oct 2012 period.

A greater proportion of opiate clients are now in treatment for between 1 and 3 years (28%) when compared with 2010 (23%). This possibly reflects more focused engagement in treatment for new entrants to the treatment system. At the same time the proportion of opiate clients in treatment for more than 6 years has also increased from 14% of those in treatment to 20%.

Fewer opiate clients who have been in treatment in Brighton and Hove are likely to complete treatment after 3 years (12%) compared with the cluster as a whole (24%).

Opiate clients in Brighton and Hove have longer drug using careers when compared with the rest of the cluster.

Opiate clients in treatment in Brighton are more likely to have stopped using at a year when compared with the national data set.

However, the 6 month outcome measures (stopped using or improved) for cannabis and alcohol users in Brighton are lower when compared with the national data.

The proportion of non-opiate clients within the treatment population increased from 245 in 2010-11 to 345 in Nov 2011-Oct 2012. The proportion of successful completions within this cohort also increased from 24% to 39%. The number of non-opiate clients having more than one treatment journey also increased from 39 to 58.

The proportion of clients who had not previously entered treatment is falling . This population is also becoming less complex with potentially a greater chance of successfully completing their treatment.

**Discharges from Treatment**

Half of those leaving treatment during 2012 did so in a planned way.

The proportion of primary heroin clients leaving treatment in a planned way during 2012 increased by 11% compared with the previous measurement period.

In the 12 months February 2012 – January 2013, 8.6% of opiate users (n= 103) left treatment successfully (as a proportion of the total number of opiate users in treatment). This is a 2% increase compared with 2011-12.

Brighton and Hove has seen a significant improvement in performance around this indicator rising from 25$^{th}$ (of 28) local authorities in 2011-12 to 7$^{th}$ place by January 2013.

Though successful discharges have improved for non-opiate users too Brighton and Hove is ranked lower within the cluster group for this indicator (26/35).

**Clients Who Dropped Out of Treatment**

The proportion of clients who dropped out of treatment has fallen by nearly a third (32%) from 95 to 65 clients. The number of clients starting treatment and then choosing to decline further support also fell with only 7 clients leaving treatment in this way compared with 19 for the previous measurement period.

Brighton and Hove has proportionately fewer clients who drop out of treatment when compared with the Regional or National data set.

Younger males and those in employment are more likely than other groups to drop out of treatment.

**Transferred in custody**

The number of clients transferred in custody has fallen when compared with the previous measurement period. For the 12 months October 2010 – September 2011 53 clients left treatment in this way but for the calendar year 2012 this had fallen to 40. Younger clients are more likely to leave treatment in this way.

**Complexity and Risk**

The NTA's methodology indicates that a significant proportion of both existing (68%) and new clients (67%) are either low or very low risk.

This finding implies that many clients have pre-existing "recovery capital".

Continued tracking of clients in respect of the risk status and treatment outcomes could help aid understanding of the factors that can affect successful recovery and successful discharge from treatment.

**Club Drugs and Legal Highs**

Though making up less than 3% of the treatment population Club Drug clients have a distinct character. A third of users were female, and a similar proportion were aged under 25 years. 40% of the users of these substances described themselves as LGBT..

**Employment**

There has been a slight increase in the number of clients recorded as employed (from 160 [11%] to 205 [13%] when compared with previous measurement.

Similarly, there has been a fall of 14% in the number of clients recorded as unemployed. But the number of clients as a proportion of all those in treatment recorded as long term sick or disabled has increased by 9% (from 81 [6%] to 237 [15%]). This is nearly three times the number when compared with 2010-11.

**Housing**

Data included in the last needs assessment for the Oct 2010-Sept 2011 period showed that 13% of those in treatment were vulnerably housed[1]. This compares with 16% during 2012.

Over half of those in more settled housing had a planned discharge compared with 37% of those insecurely housed.

[1] Using direct access shot stay hostels; living on the streets; sleeping on a different friend's floor each night; using short term B&Bs; using night hostels; squatting or using a night winter shelter.

There has been a near fivefold increase in the number of individuals sleeping rough during this period increasing, from 9 in 2008 to 43 in 2012.
The proportion of clients across bands 2 and 3 who have alcohol problems increased by 22% from 138 to 169 in 2011/12 when compared with 2010/11.

**Residential Rehabilitation Activity 2010/11**
Brighton and Hove continues to have the highest proportion (10%) 156 of clients accessing residential rehab of all local authority areas in England.

**Prescription Only Medicines (POM) and Over the Counter Medicines**
Data for 2011/12 shows a fall of 7% in the number of clients illicitly using drugs who also use POM drugs.
Twenty-one percent of illicit drug users were being supported for use of Benzodiazepines. In 2010/11, 348 illicit drug users also cited use of Benzodiazepines. This figure fell to 328, a reduction of 6%, during 2011/12.

**Performance and Image Enhancing Drugs (PIED)**
44% of users of the Needle Exchange at No. 11 are users of Performance and Image Enhancing Drugs. Though less prevalent amongst this community than the injecting drug using population 9% were positive for Hepatitis C in 2011 and only one of the four clients who were Hep C positive knew their status.
Research completed in East Sussex identified that 28% of domestic violence incidents were perpetrated by someone using PIED at the time of the offence.

**Drug Related Deaths**
At the beginning of 2013 the National Programme for Substance Abuse Deaths (np-SAD) published data for 2011. This report placed Brighton and Hove in 8$^{th}$ place with 20 drug related deaths for that year. Local Coroner's Audit Data for the same period indicated that only 7 of the deaths related to heroin.
Similarly, when the np-SAD reported deaths in 2010 (n=34) were reviewed only 8 matches were found within the substance misuses case-management system (Nebula). At inquest Alcohol and Benzodiazepines were the most commonly cited substances.

**Drug Related A&E Attendances**
Data from the A&E management system provides a useful insight into changing patterns of drug use within the wider community. During the 2012 calendar year there were 150 directly attributable drug related attendances. A crude comparison with data generated from this source for the 2011 calendar year (n=125) with that for 2012 shows there was a 20% increase in presentations coded as relating to "Drug Addiction".

**Opiate Overdoses**
Approximately 46 individuals present over a 12 month period to the Royal Sussex County with an opiate overdose. 76% of those who had on an overdose were known to treatment services, but at the time of overdose only 13 of these 38 individuals were in contact with treatment services.

**Blood Born Viruses**

Heath Protection Agency (HPA) data for 2011 continues to show the local incidence of HIV, Hepatitis B and C is significantly higher than that for England, Wales and Northern Ireland.

The prevalence of HIV within the local population was 2.7%.

In 2011 65.8% of those tested were positive for Hep C.

The majority of respondents who were Hep C positive (n=22, 51%) had not been in contact with Specialist Hepatology support. Additionally, 23% of those who took part in the survey did not know that they were Hep C positive.

Ninety-two percent of respondents have been homeless at some point in their life. This is the highest proportion of homeless within the study, comparable with that of 2009.

Eight-one percent of participants taking part in the survey were currently being prescribed a detox/maintenance regime.

The proportion of clients being offered and accepting testing for Hepatitis C has risen significantly since 2008, with 38% of previous or current injectors entering the treatment system January - March 2013 being tested.

**Needle Exchange Data**

Access to monitoring activity from these services has improved significantly over the previous 12 months. The greater the completeness of the Community Pharmacy data collection system the better the intelligence generated from this system.

It is possible to use this data source as a way of estimating the number of Injecting Drug Users in the City. This analysis indicated an estimated IDU population in the range 486-944 individuals, comparable with the NTA estimate for 2010/11 of 685 (605-789). Locally we continue to have a significant number of PIED users accessing both the Needle Exchange and Community Pharmacy services.

**Naloxone Distribution**

Improvements in the monitoring of the distribution of Naloxone show that over the 12 month period March 2012 – February 2013 a total of 374 mini-jets were distributed.

When a crude comparison is made between the estimated IDU population and the distribution of Naloxone over half (55%) were in receipt of a mini-jet.

**Dual Diagnosis**

Thirteen percent (n= 208) of those in treatment have a dual diagnosis. Compared with the previous measurement period this is an increase in absolute numbers of a third.

As seen in previous years Dual Diagnosis clients are more likely to be female and younger than the treatment population as a whole.

Dual Diagnosis clients are more likely to leave treatment in an unplanned way than the rest of the treatment population. Deaths in treatment make a significant contribution to this finding, with 5 of the 14 deaths in treatment that occurred during this period being experienced by someone with a Dual Diagnosis.

Clients with a Dual Diagnosis are less likely to be regular employment and more

likely to be registered as long term sick.

**Safeguarding Children**
14.6% of clients in treatment are living with children.
The Child Protection Register the number of children with a Child Protection Plan because of parental drug misuse fell from 58 (February 2012) to 43 (February 2013). The implementation of the local Safeguarding Protocol between Substance Misuse Services and Children's Services alongside the delivery of the recommendations from the review of the POCAR service could yield positive effects in the future in respect of the number of Child Protection Plans associated with Substance Misuse.

**Health Counts Survey 2012**
Brighton and Hove Residents are more likely to have taken drugs in the last month (9.6% compared with 5.2%), year (17.1% compared with 8.9%) or across their life time (40% compared with 36%) when compared with the rest of England and Wales.

**Armed Forces**
Data in support of this measure has only been collected since November 2012 and it is therefore likely that the information reported within this data set under represents this community of users. Completion of the new data set also appears to be in need of review.

**Domestic Violence amongst Primary Drug and Alcohol Clients**
9% of those in treatment at the end of October 2012 reported that they had been subject to Domestic Violence.
19% of women in treatment had been subject to Domestic Violence compared with 5% of men.

1 **Gender, Age and Sexuality**

1.1 The following information is generated from the local NHS case management system Nebula. During 2012 there were a total of 1,582 primary drug users in treatment, 29% (n=455) of whom were female. Drug Treatment Monitoring Unit Profile information for 2011-2012 ranked Brighton and Hove as having one of the highest proportions of female clients in treatment (South East Highest 31.5%)[2]

1.2 The average (mean) age of male clients in treatment during 2012 was 38.8 years (mode 41 years, median 39) years. The average (mean) age of female clients in treatment during this period was 36.8 years (mode 42 years, median 37 years).

**Table 1: Age Profile for Clients in Treatment during 2012**

| | **(n)** | ***%*** |
|---|---|---|
| 18 | 7 | *0.44%* |
| 19 | 20 | *1.26%* |
| 20 - 24 | 120 | *7.59%* |
| 25 - 29 | 182 | *11.50%* |
| 30 - 34 | 266 | *16.81%* |
| 35 - 39 | 253 | *15.99%* |
| 40 - 44 | 303 | *19.15%* |
| 45 - 49 | 216 | *13.65%* |
| 50 - 54 | 129 | *8.15%* |
| 55 - 59 | 54 | *3.41%* |
| 60 - 64 | 20 | *1.26%* |
| 65+ | 12 | *0.76%* |
| | **1582** | |

1.3 A total of 139 clients described their sexuality as “Bi-sexual”, “Homosexual” or “Other”. For the purposes of this report we will refer to this population as LGBT. Compared with data presented in last years needs assessment this is an increase of 16 clients, but as a proportion of the treatment population as a whole this remains the same at 8.8%. Given that it is estimated that 13-17% of the local population is LGBT, this indicates a continued under representation of this community. See page 3 for more information about patterns of drug use amongst this population later in this report.

[2] DTMU DAAT Profile: Adult April 2011 – March 2012.

**Table 2: Clients In Treatment During 2012: Sexuality**

| | (n) | *%* |
|---|---|---|
| Heterosexual | 1314 | *83.1%* |
| LGBT | 139 | *8.8%* |
| *Homosexual* | *89* | *5.6%* |
| *Bi-Sexual* | *44* | *2.8%* |
| *Other* | *6* | *0.4%* |
| Not recorded | 82 | *5.2%* |
| Missing | 47 | *3.0%* |
| **Total** | **1582** | |

1.4 There appears to have been an increase in the number of clients whose sexuality was not recorded this year, with this information not being logged for 129 individuals.

1.5 **Summary**

During 2012 29% of those in treatment during were female. The average age of male clients in treatment during calendar year 2012 was 38.8 years and 36.8 years for females. LGBT clients made up 8.8% of the treatment population.

1.6 **Drug Profile**

1.6.1 The table 3 below shows both the primary drug (left table) and all drugs [primary, second and third drug] (right table). The overwhelming majority of clients are primary opiate users, making up 65% of those in treatment.

1.6.2 The right table provides a much more detailed picture of the types of substances which clients are using. The NTA record three substances per episode. It is possible that clients will be using other substances in addition to those listed. Sixty-seven percent of the 1,582 primary drug users were using a second substance and 39% were using a third drug.

1.6.3 The frequency of all substances listed in Table 3 shows the contribution of Cannabis, Crack, Benzodiazepines, Alcohol and Methadone within treatment population.

**Table 3: Showing Primary Drug (Left Table) and All Drugs up to 3 (Right Table)**

| Substance | (n) | % |
|---|---|---|
| Heroin illicit | 1026 | *64.90%* |
| Cannabis unspecified | 147 | *9.30%* |
| Cocaine unspecified | 58 | *3.70%* |
| Methadone unspecified | 55 | *3.50%* |
| Cocaine Freebase (crack) | 50 | *3.20%* |
| Other Opiates | 34 | *2.10%* |
| Ketamine | 24 | *1.50%* |
| Benzodiazepines Unspec | 23 | *1.50%* |
| GHB/GBL | 17 | *1.10%* |
| Buprenorphine | 17 | *1.10%* |
| Cannabis Herbal (Skunk) | 17 | *1.10%* |
| Amphetamines Unspec | 16 | *1.00%* |
| Methadone prescription | 16 | *1.00%* |
| Dihydrocodeine | 10 | *0.60%* |
| Other prescribed drugs | 8 | *0.50%* |
| Methadone Mixture | 6 | *0.40%* |
| Codeine Tablets | 5 | *0.30%* |
| Mephedrone | 5 | *0.30%* |
| Other Stimulants | 5 | *0.30%* |
| Cocaine Hydrochloride | 5 | *0.30%* |
| Morphine Sulphate | 3 | *0.20%* |
| Cannabis Herbal | 3 | *0.20%* |
| Opium | 3 | *0.20%* |
| Cannabis resin | 3 | *0.20%* |
| Tramadol Hydrochloride | 2 | *0.10%* |
| Codeine unspecified | 2 | *0.10%* |
| Diazepam | 2 | *0.10%* |
| Opiates unspecified | 2 | *0.10%* |
| MDMA | 2 | *0.10%* |
| Oth Psychoact Drugs Unsp | 2 | *0.10%* |
| Zolpidem Tartrate | 1 | *0.10%* |
| Anti-histamines Unspec | 1 | *0.10%* |
| Barbiturates Unspecified | 1 | *0.10%* |
| Lysergide (LSD) | 1 | *0.10%* |
| Butane | 1 | *0.10%* |
| Lorazepam | 1 | *0.10%* |
| Diamorphine | 1 | *0.10%* |
| Stimulants Unspec | 1 | *0.10%* |
| Hallucinogens Unspec | 1 | *0.10%* |
| Opiate Containing Mixture | 1 | *0.10%* |
| Temazepam | 1 | *0.10%* |
| Drug – not specified | 1 | *0.10%* |
| Solvents unspecified | 1 | *0.10%* |
| Zopliclone | 1 | *0.10%* |

| Substance | (n) | % |
|---|---|---|
| Heroin illicit | 1103 | *33.39%* |
| Cannabis unspecified | 357 | *10.81%* |
| Cocaine Freebase (crack) | 339 | *10.26%* |
| Benzodiazepines Unspecified | 301 | *9.11%* |
| Alcohol unspecified | 219 | *6.63%* |
| Methadone unspecified | 198 | *5.99%* |
| Cocaine unspecified | 128 | *3.88%* |
| Other Opiates | 82 | *2.48%* |
| Ketamine | 61 | *1.85%* |
| Dihydrocodeine | 59 | *1.79%* |
| Buprenorphine | 48 | *1.45%* |
| Amphetamines Unspecified | 43 | *1.30%* |
| Cannabis Herbal (Skunk) | 37 | *1.12%* |
| Methadone prescription | 34 | *1.03%* |
| Anti-depressants | 30 | *0.91%* |
| MDMA | 30 | *0.91%* |
| Methadone Mixture | 30 | *0.91%* |
| GHB/GBL | 23 | *0.70%* |
| Diazepam | 23 | *0.70%* |
| Other prescribed drugs | 22 | *0.67%* |
| Mephedrone | 19 | *0.58%* |
| Other Stimulants | 9 | *0.27%* |
| Cocaine Hydrochloride | 8 | *0.24%* |
| Cannabis Herbal | 7 | *0.21%* |
| Codeine Tablets | 7 | *0.21%* |
| Opiates unspecified | 7 | *0.21%* |
| Cannabis resin | 6 | *0.18%* |
| Codeine unspecified | 6 | *0.18%* |
| Temazepam | 5 | *0.15%* |
| Lysergide (LSD) | 5 | *0.15%* |
| Opium | 4 | *0.12%* |
| Morphine Sulphate | 4 | *0.12%* |
| Tramadol Hydrochloride | 3 | *0.09%* |
| Drug – not otherwise specified | 3 | *0.09%* |
| Barbiturates Unspecified | 3 | *0.09%* |
| Other Psychoactive Drugs Unsp | 3 | *0.09%* |
| Zopliclone | 3 | *0.09%* |
| Buprenorphine prescription | 2 | *0.06%* |
| Stimulants Unspec | 2 | *0.06%* |
| Solvents unspecified | 2 | *0.06%* |
| Other substances* | 14 | *0.42%* |

**Summary**

During 2012 there were a total of 1,582 clients in treatment. When all three substances for which I client can be in treatment are reviewed the contribution of Cannabis, Crack, Benzodiazepines, Alcohol and methadone is evident.

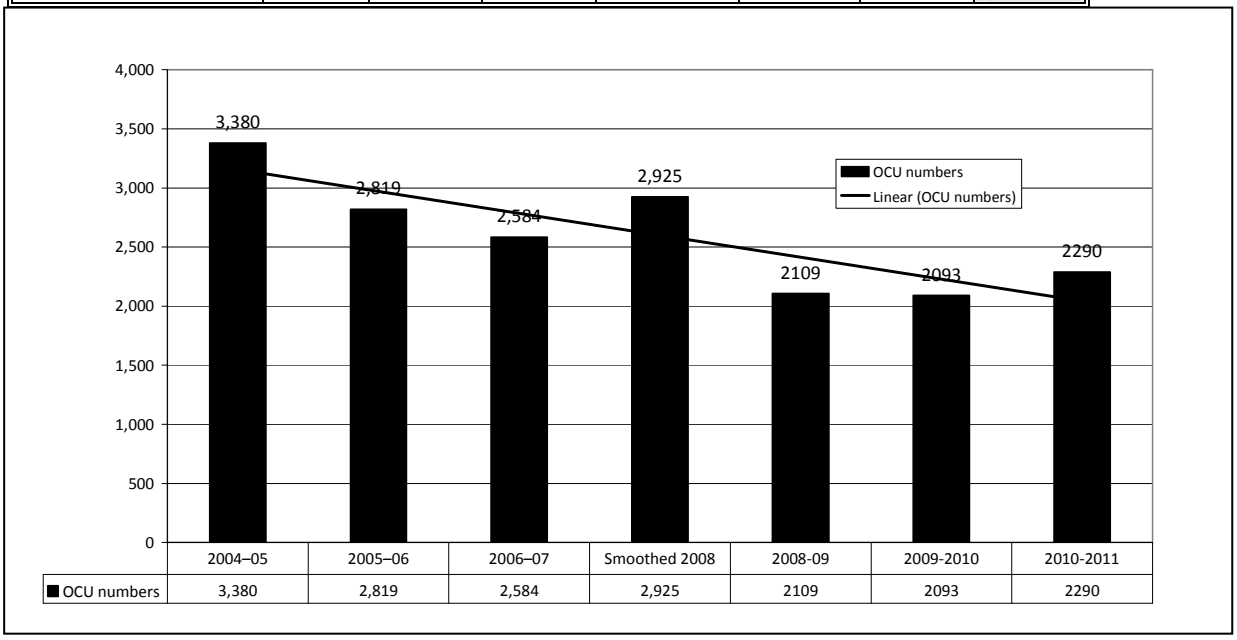
## 2 National Estimates of Prevalence of Opiate and Crack Users (OCUs)

2.1 The latest nationally produced estimates of Opiate and Crack Users (OCUs) (previously Problematic Drug Users [PDU]) were released in March 2013 for 2010/11. The NTA's press release produced in conjunction with this data heralded a fall in the number of heroin and crack cocaine users in England to below 300,000 for the first time.

2.2 In contrast the estimates for Brighton and Hove show that the OCU population has increased both in absolute numbers and as a rate per thousand. Changes in the methodology applied locally from multiple indicator method to capture re-capture have resulted in an increase in the estimated OCU population for Brighton and Hove from 2,093 for 2009-10 to 2,290 (lower bound Confidence Interval 95% 2,035, higher bound Confidence Interval 95% 2,841) for 2010-11.

**Table 4 and Chart 1: National OCU Prevalence Estimates 2004-2011**

| Numbers and prevalence/1000 | 2004–2005 | 2005–2006 | 2006–2007 | Smoothed 2008 | 2008-2009 | 2009-2010 | 2010-2011 |
|---|---|---|---|---|---|---|---|
| OCU numbers | 3380 | 2819 | 2584 | 2925 | 2109 | 2093 | 2,290 |




2.3 This is a change to the trend of previous years which had shown annual falls in this population. The new estimates rank Brighton and Hove in 35th out of 149 local authorities in England. Local estimates of crack users and injectors continue to fall. The change is therefore in part attributable to an increase in the estimated number of opiate users (from 1,848, 2009-10 to 1,884 2010-11).

2.4 Please see Appendix 1 Table 50 for a full breakdown of the 2004-2011 data sets.

2.5 **Injectors**

2.5.1 The NTA IDU estimates for 2010/11 indicate 685 Injecting Drug Users locally. This is a fall when compared with 2009/10 (n=710). Brighton and Hove is ranked 42nd out of 159 Local Authorities.

2.5.2 One of the characteristics of Brighton and Hove is the high incidence of injecting drug users. Data from the NDTMS data set for 2009-10 showed that 61% of those referred into

treatment are current or previous injectors. This compares with 49% across the South East region.

During the calendar year 2012 there were a total of 359 injectors in treatment, making up 23% of the total. When compared with the treatment population as a whole proportionately fewer females inject (26% n=95). The average age of male injectors (39 years) is comparable with that of the treatment population as a whole. Female injectors, however, are younger, aged on average 34.9 years compared with an average of 36.8 years for the population as a whole.

2.5.3 There were a total of 18 women and 16 men aged 20-25 years currently injecting within the treatment population during 2012.

**Summary**

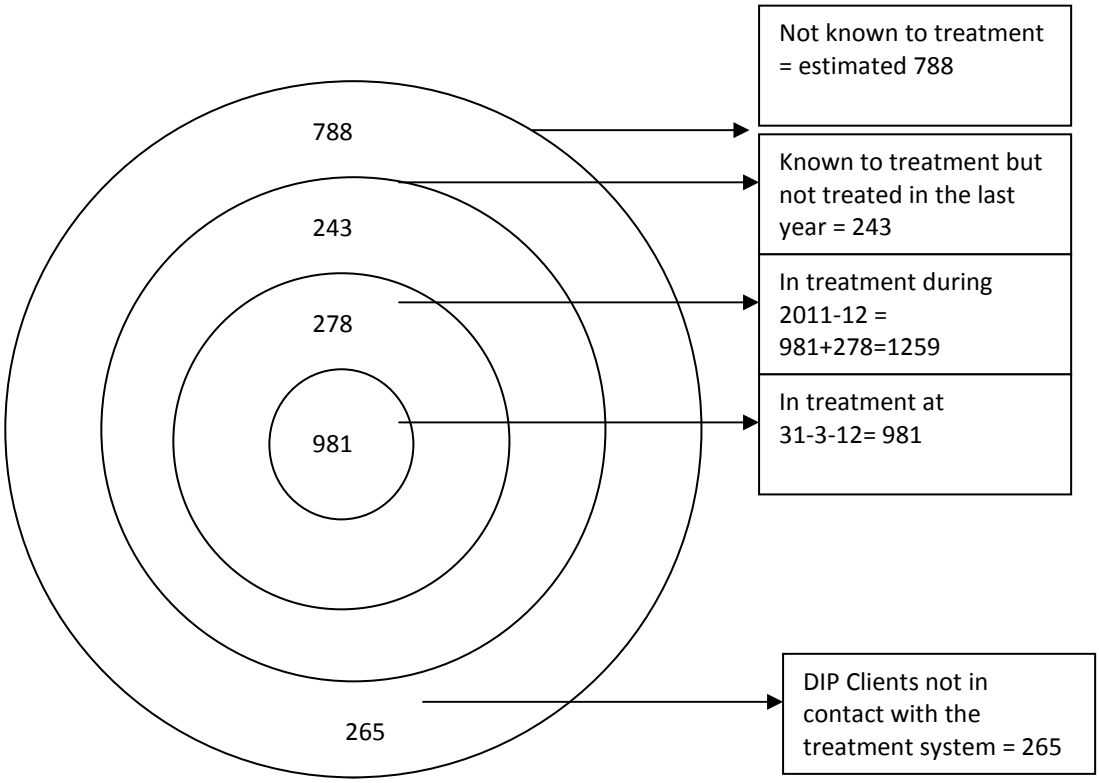
Brighton and Hove has the 35th highest rate of OCUs by Local Authority in England (n=159). There are an estimated 2,290 Opiate and Crack Users (OCUs) in Brighton and Hove. Brighton has a higher proportion of injectors when compared against the NTA's regional performance data. Estimates of IDUs (n=685) produced place Brighton and Hove in 42nd place of 159 Local Authorities.

## 3 Treatment Bulls Eye for Opiate and/or Crack Users [OCUs] (2011-12)

3.1 The Treatment Bulls Eye is a model that assesses the proportion of the local OCU population who are engaged with the treatment system. Historically engaging clients in the treatment system was a key performance measure for drug treatment services. Data used in the Treatment Bulls Eye is generated from the NDTMS data set. Clients logged within the centre of the Bulls Eye are those who were in active treatment on 31st March 2012 (n= 981). The second circle from the centre records those clients who were in treatment during 2011-12, but were not in contact at the end of that period (n=278) i.e. had been discharged from treatment. The sum of those still in treatment and those discharged from treatment is the treatment population for 2011-12 = 1,259. The third circle records those clients who were in treatment during the previous year (2010-11) but who had no contact during 2011-12 (n=243).

3.2 The outer circle uses the new prevalence estimate for the OCU population (n=2,290) compared with the treatment population in order to generate an estimate for the population of OCUs who where not known to treatment during this period. This is based on the sum of those detailed above (981 + 278 + 243 = 1,502) subtracted from 2,290 giving a population of 788 (95% confidence interval of 533 (lower) 1,339 (higher) who were not known to treatment during the measurement period.

**Chart 2: Crack and Opiate Users In Treatment Bulls Eye**




3.3 **Understanding the Data**

3.3.1 The data presented here is for 2011-12. By comparing data for this period with that produced in previous years it is possible to identify changes within the treatment population.

3.3.2 The overall number of clients in treatment has fallen when compared with 2010/11 by 63 clients. This has principally been caused by an increase in the number of discharges from treatment during, an increase of 46 compared with 2010-11.

3.3.3 The latest OCU prevalence figures data is for from 2010-11 compared with activity data presented here for: 2011-12.

3.3.4 The combined effect of a decrease in the number of clients in treatment and an increase in the OCU population produces a figure of 788 Crack and Opiate Users who where not in treatment during this period. This is an increase of 268 when compared with last year, when the number was 520.

3.3.6 This finding is in contrast to the Bulls Eye data produced for the previous two Needs Assessment which evidenced an increase in the estimated number of OCUs within the local population in treatment.

**Table 5: Bulls Eye Data 2009-2011-12**

| Financial Year | **2009/10** | **2010/11** | **2011/12** |
|---|---|---|---|
| In active treatment at end of the year | 963 | 998 | 981 |
| In treatment but not in contact at the end of the year | 324 | 324 | 278 |
| **In treatment during the year** | **1,287** | **1,322** | **1,259** |
| In treatment during previous year but not in treatment this year | 256 | 251 | 243 |
| Total known to treatment | 1543 | 1573 | 1502 |
| OCU Estimate | 2,109 | 2,093 | 2,290 |
| Not known to treatment | 566 | 520 | 788 |

3.3.7 Drug Intervention Programme (DIP) data is also used to compare with the "not in treatment population". This data is produced by matching the DIP clients that have been on the DIP caseload between April 2011 and March 2012 (both new clients in 2011/12 and those carried over from 2010/11) and have not appeared on NDTMS after matching the two datasets. Two hundred and sixty-five clients were known to the DIP but not the treatment system. This compares with 130 clients during 2010-11, an increase of over 100%.

3.3.8 Based on this data the treatment penetration rate (derived from the numbers in treatment at the year end (n=981) compared with the estimated OCU population (n=2,290) has fallen slightly to 43%.

**Summary**

The number of clients "not known to treatment" appears to have increased when compared with data for the previous financial year. This is a combined effect of a reduction in the number of clients in treatment and an increase in the estimated number of OCUs in the local population.

## 4 Ethnicity

4.1 Prior to the release of the ethnicity data set derived from the 2011 Census the latest ethnicity data for the City had been that derived from the Mid-Year 2007 population estimate.

4.2 The greatest change between the 2007 data and that for the Census is for the White Other population which has increased by nearly 4%. The proportion of the local population drawn from all ethnic groups has increased apart from: White British, White Irish, Other Mixed, Other Black and Other, whose populations fell proportionately.

**Table 6: Brighton and Hove Population Ethnicity Census 2011**

| | (n) | % |
|---|---|---|
| White: English/Welsh/Scottish/Northern Irish/British | 220,018 | *80.48%* |
| White: Irish | 3,772 | *1.38%* |
| White: Gypsy or Irish Traveller | 198 | *0.07%* |
| White: Other White | 19,524 | *7.14%* |
| Mixed/multiple ethnic group: White and Black Caribbean | 2,182 | *0.80%* |
| Mixed/multiple ethnic group: White and Black African | 2,019 | *0.74%* |
| Mixed/multiple ethnic group: White and Asian | 3,351 | *1.23%* |
| Mixed/multiple ethnic group: Other Mixed | 2,856 | *1.04%* |
| Asian/Asian British: Indian | 2,996 | *1.10%* |
| Asian/Asian British: Pakistani | 649 | *0.24%* |
| Asian/Asian British: Bangladeshi | 1,367 | *0.50%* |
| Asian/Asian British: Chinese | 2,999 | *1.10%* |
| Asian/Asian British: Other Asian | 3,267 | *1.20%* |
| Black/African/Caribbean/Black British: African | 2,893 | *1.06%* |
| Black/African/Caribbean/Black British: Caribbean | 879 | *0.32%* |
| Black/African/Caribbean/Black British: Other Black | 416 | *0.15%* |
| Other ethnic group: Arab | 2,184 | *0.80%* |
| Other ethnic group: Any other ethnic group | 1,799 | *0.66%* |
| **All categories: Ethnic group** | **273,369** | |

4.3 Previously when the population of the local community has been compared with that within the treatment system it has been noted that a cluster of BME groups are under-represented. As would be expected given the increase in the number and proportion of the local population drawn from these communities the gap between the composition of the treatment population and the local population has widened.

**Table 7**: **Census 2011 Ethnicity Compared with Drug Treatment Population 2012**

| | Census 2011 | | In Drug Treatment 2012 | | | |
|---|---|---|---|---|---|---|
| | (n) | % | (n) | % | Difference | Treatment Population Based on Census % |
| White: English/Welsh/Scottish/Northern Irish/British | 220,018 | *80.5%* | 1383 | 87.4% | 6.9% | |
| White: Irish | 3,772 | *1.4%* | 25 | 1.6% | 0.2% | |
| White: Gypsy or Irish Traveller | 198 | *0.1%* | N/R | | | |
| White: Other White | 19,524 | *7.1%* | 52 | 3.3% | **-3.9%** | 113 |
| Mixed/multiple ethnic group: White and Black Caribbean | 2,182 | *0.8%* | 11 | 0.7% | **-0.1%** | 13 |
| Mixed/multiple ethnic group: White and Black African | 2,019 | *0.7%* | 8 | 0.5% | **-0.2%** | 12 |
| Mixed/multiple ethnic group: White and Asian | 3,351 | *1.2%* | 11 | 0.7% | **-0.5%** | 19 |
| Mixed/multiple ethnic group: Other Mixed | 2,856 | *1.0%* | 17 | 1.1% | 0.0% | |
| Asian/Asian British: Indian | 2,996 | *1.1%* | 2 | 0.1% | **-1.0%** | 17 |
| Asian/Asian British: Pakistani | 649 | *0.2%* | 2 | 0.1% | **-0.1%** | 4 |
| Asian/Asian British: Bangladeshi | 1,367 | *0.5%* | 1 | 0.1% | **-0.4%** | 8 |
| Asian/Asian British: Chinese | 2,999 | *1.1%* | 0 | 0.0% | **-1.1%** | 17 |
| Asian/Asian British: Other Asian | 3,267 | *1.2%* | 9 | 0.6% | **-0.6%** | 19 |
| Black/African/Caribbean/Black British: African | 2,893 | *1.1%* | 3 | 0.2% | **-0.9%** | 17 |
| Black/African/Caribbean/Black British: Caribbean | 879 | *0.3%* | 7 | 0.4% | 0.1% | |
| Black/African/Caribbean/Black British: Other Black | 416 | *0.2%* | 3 | 0.2% | 0.0% | |
| Other ethnic group: Arab | 2,184 | *0.8%* | N/R | | | |
| Other ethnic group: Any other ethnic group | 1,799 | *0.7%* | 24 | 1.5% | 0.9% | |
| Not stated | N/R | | 24 | 1.5% | 1.5% | |

4.4 In last year's needs assessment we noted that the treatment population under represented the BME community by 95 individuals. Based on the new Census populations under representation has increased to 139 individuals. Over 80% of these individuals would be drawn from the White Other community.

**Summary**

Findings from the 2011 Census indicate that the City has continued to become more

ethnically diverse. As a consequence the gap between the composition of the treatment population and the local population has widened. The treatment population is missing 139 BME clients 80% of whom would be drawn from the White Other community.

## 5 LGBT

5.1 This report has already identified the under representation of this population amongst drug treatment services as a whole. The LGBT community is the largest "minority group" within the City. It is estimated that between 13-17% of Brighton and Hove's population define themselves as Lesbian, Gay, Bi-sexual or Transgender. However, only 9% of the treatment population defined themselves as LGBT during 2012.

5.2 The NTA use the term homosexual for both males and females. In Brighton and Hove, 4% were homosexual men 4% and 2% were homosexual women.

**Table 8: Gender and Sexuality of the LBGT Population in Drug Treatment 2012**

| Gender | Female | Male | Total |
|---|---|---|---|
| Homosexual | 27 | 62 | **89** |
| Bi-Sexual | 30 | 14 | **44** |
| Other | 3 | 3 | **6** |
| **Total** | **60** | **79** | **139** |

5.3 LGBT men are more likely to be older than males in the treatment population (Mode Age LGBT males is 46 years compared with 41years for the treatment population). LGBT women appear to be younger with a mode (average) age of 32 years compared with a mode (average) of 42 years for the treatment population as a whole.

**Table 9: Age and Gender of the LGBT Treatment Population**

| Age bands | Female | Male | Total |
|---|---|---|---|
| 18 | | 1 | 1 |
| 19 | 1 | 1 | 2 |
| 20 - 24 | 9 | 7 | 16 |
| 25 - 29 | 10 | 9 | 19 |
| 30 - 34 | 14 | 9 | 23 |
| 35 - 39 | 10 | 12 | 22 |
| 40 - 44 | 5 | 21 | 26 |
| 45 - 49 | 8 | 14 | 22 |
| 50 - 54 | 2 | 3 | 5 |
| 55 - 59 | 1 | 1 | 2 |
| 65+ | | 1 | 1 |
| | **60** | **78** | **138** |

*age not recorded for one client

5.4 The LGBT population has a comparable ethnic profile to the treatment population as a whole with 86% defining themselves as White British.

### 5.5 Substances used by the LGBT Community

5.5.1 We will see later in this report that the LGBT community is over represented in respect of the use of "Club Drugs" with 40% (n=19) of the 48 people in treatment who were being supported for use of these substances from this community.

5.5.2 Sixty-eight (7%) of the 1,026 primary users of illicit heroin in treatment during 2012 were LGBT. The dominance of heroin is a reflection of the character of the treatment population

as a whole rather than the LGBT community. Across the treatment population as a whole there were a total of 17 primary users of GHB/GBL. It would appear from the data that 13 were LGBT. The number of primary users of ketamine in the treatment population as a whole fell during 2012 (n=24) when compared with the previous measurement period (n=43). This is reflected in the LGBT community too. All of the primary users of ketamine were female.

**Table 10: LGBT Clients Substance Shown by Primary Substance and Gender**

| Substance | Female | | | | Male | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | Bi-Sexual | Homosexual | Other | Female Total | Bi-Sexual | Homosexual | Other | Male Total | |
| Heroin illicit | 14 | 13 | 3 | **30** | 7 | 30 | 1 | **38** | 68 |
| Cannabis unspecified | 2 | 1 | | **3** | 3 | 7 | 1 | **11** | 14 |
| GHB/GBL | 1 | | | **1** | | 12 | | **12** | 13 |
| Cocaine unspecified | 1 | 5 | | **6** | | 1 | 1 | **2** | 8 |
| Ketamine | 4 | 3 | | **7** | | | | | 7 |
| Methadone unspecified | 1 | | | **1** | 1 | 5 | | **6** | 7 |
| Amphetamines Unspecified | 1 | 1 | | **2** | | 1 | | **1** | 3 |
| Cocaine Freebase (crack) | 1 | | | **1** | | 1 | | **1** | 2 |
| Codeine Tablets | | 1 | | **1** | | 1 | | **1** | 2 |
| Dihydrocodeine | | 1 | | **1** | | 1 | | **1** | 2 |
| Other Opiates | | | | | 2 | | | **2** | 2 |
| Anti-histamines Unspecified | | | | | 1 | | | **1** | 1 |
| Buprenorphine | | | | | | 1 | | **1** | 1 |
| Cannabis Herbal (Skunk) | | 1 | | **1** | | | | | 1 |
| Cocaine Hydrochloride | | 1 | | **1** | | | | | 1 |
| Codeine unspecified | | | | | | 1 | | **1** | 1 |
| Lorazepam | 1 | | | **1** | | | | | 1 |
| Mephedrone | | | | | | 1 | | **1** | 1 |
| Methadone Mixture | 1 | | | **1** | | | | | 1 |
| Opiates unspecified | 1 | | | **1** | | | | | 1 |
| Other Psychoactive Drugs Unsp | 1 | | | **1** | | | | | 1 |
| Other Stimulants | 1 | | | **1** | | | | | 1 |

5.5.3 When we look at all substances (primary, secondary and tertiary) the profile of drug use is comparable with that of the rest of the treatment population, the only exception being that GHB/GBL, the third most frequently used substance is predominantly used by homosexual men.

5.5.4 Twenty-six of the LGBT community within the treatment population were parents. In only five cases did the child/children live with the client.

**Summary**

9% of those in treatment identified themselves as LGBT. This is fewer than the estimated population for the City as a whole (13-17%).

Male LGBT clients are likely to be older than the treatment population as a whole while female LGBT clients are more likely to be younger.

The use of Club Drugs (including GHB/GBL) appears more frequent amongst this cohort, but given the nature of the treatment system heroin is the most commonly used primary drug.

## 6 Treatment Outcome Performance (TOP) Measures (NTA Data)

6.1 As in previous years this data is viewed at a partnership level. The annual reports produced by the NTA have changed this year with the effect that it is no longer possible to view the TOP measures against time in treatment. Brighton and Hove also did not meet the level of compliance needed to achieve validity for clients having a review at 6 months. This has meant that data is only available for those clients being discharged from treatment.

6.2 Table 11 shows the change experienced from baseline to discharge for those clients having a planned discharge from treatment during 2011-12. Data is recorded by substance, not individual client.

6.3 The majority of those having a planned exit were abstinent on discharge with the exception of cannabis and alcohol users. There appears to be a data error in respect to an opiate user with a planned exit still using on discharge.

**Table 11: TOP Measures for Clients Leaving Treatment With a Planned Exit Shown by Problematic Substance**

| Problematic Drug (All Drugs detailed at Assessment) | Citing drug as problematic | Using at Baseline | Mean days of use at Baseline | Using at Exit | Mean use at Exit | Abstinent | Improved | Deteriorated | Initiated |
|---|---|---|---|---|---|---|---|---|---|
| Opiates | 62 | 42 | 21.8 | 1 | 6 | 98% | 0% | 0% | 0% |
| Crack | 19 | 11 | 8.3 | 2 | 11 | 82% | 9% | 0% | 0% |
| Cocaine | 23 | 14 | 12.4 | 3 | 5.3 | 79% | 14% | 0% | 0% |
| Amphetamines | 8 | 2 | 17.5 | 0 | 0 | 100% | 0% | 0% | 0% |
| Cannabis | 62 | 46 | 21.2 | 29 | 12.1 | 43% | 20% | 2% | 19% |
| Alcohol | 29 | 24 | 14.5 | 14 | 12.3 | 42% | 17% | 8% | 0% |
| Injecting | 130 | 21 | 13.6 | 1 | 6 | 95% | 0% | 8% | 0% |

6.4 The TOP data shows an improvement in the number of clients working for more than 10 days on exit. This increased from 23 clients working 10 days or more at Start TOP to 31 clients working for 10 days or more on Exit. The number of clients with an Acute Housing Risk fell from 15 on Start TOP to 10 at Exit.

**Table 12: TOP Wellbeing Indicators**

| | Total Clients with a Valid Response | Mean Score on Start TOP | Mean Score on Exit TOP |
|---|---|---|---|
| Physical Health | 136 | 11.8 | 14.9 |
| Psychological Health | 136 | 10.5 | 14.8 |
| Quality of Life | 137 | 10.8 | 14.7 |

6.5 Clients discharged during this period all experienced a positive change across all three of the domains of wellbeing.

**Summary**

Because compliance thresholds have not been met for clients in treatment data TOP reporting is only available for discharged clients. 98% of opiate clients discharged from treatment were abstinent. Outcomes in relation to both employment and housing improved as did the three wellbeing domains.

## 7 Service User Consultation

7.1 In total, 68 service users attended over a dozen separate groups/consultations between December 2012 and April 2013.

7.2 All participants were asked to identify service user priorities. They were each given a sheet of ten priorities and asked to pick their top three. This generated a list of consultation priorities.

7.3 Additionally, 10 participants added their own suggestion as to a priority which are listed below

7.4 1. Accommodation and Housing: Recovery and Reintegration support for housing services to help promote sustained abstinence and recovery for all drug and alcohol clients and greater accessibility of housing for clients.

7.5 2. Dual Diagnosis: Substance misuse and mental health support and services – Improve access to treatment and services and available support for all service users with substance misuse (drug and alcohol) and mental health problems.

7.6 3. Hostels: Improve the quality of care and support in all hostels in Brighton and Hove particularly for dual diagnosis, abstinent only, and women only hostels.

7.7 4. Counselling: Improve access to counselling services and ongoing support.

7.8 5. Employment and Training: Recovery and Reintegration support for improved education, training and employment access and greater awareness of available support via the drug and alcohol workforce, including access to computer skills courses for clients in recovery.

7.9 6. Recovery Mentors, Peer Mentors, Volunteers/Champions: Provide more funding for recovery mentoring, peer mentoring and volunteering opportunities.

7.10 7. Drug Related Deaths: More naloxone training and overdose aid training and availability for service users in all services

7.11 8. Mutual Aid and Aftercare Support: More peer support and recovery focused groups to supplement existing groups and Fellowships, in particular SMART self management and recovery training.

7.12 9. Recovery and Support: Holistic and recovery focused treatment system. Improved access to complementary therapies, gyms and outdoor activities

7.13 10. IOT: Expand availability of IOT for more services users in Brighton and Hove.

7.14 11. “More staffing in services”. “And better access to Doctors (prescriber)”
7.15 11. PIEDS: more awareness and information about PIEDS – in service.
7.16 13. Education and Awareness: of all available services and treatment in city
7.17 13. Implement advocacy service specifically for drug and alcohol clients to represent drug and alcohol clients with complaints about treatment and services.
7.18 13. Women only services. More women only services in the city.
7.19 16. Childcare. Increased childcare facilities for all drug and alcohol service users in all services.

**Summary**

Service users who participated in consultation completed at the end of April 2013 identified accommodation and housing, dual diagnosis and hostels as their top three priorities.

## 8 Recovery Diagnostic Report

8.1 Information in the following section of the needs assessment comes from the NTA’s Recovery Diagnostic Report. Information from this source can be compared against other DAAT areas and also over successive periods. Information is available for both OCU and non-OCU clients.

8.2 *Opiate Clients: completions, representations, time in treatment.*

8.2.1 The treatment population reduced by 4% between April 2010 and October 2012 (1,268-1,218)

**Table 13: Completion Rates 2010-October 2012**

| | 2010-11 | 2011-2012 | Nov 11-Oct-12 |
|---|---|---|---|
| Number in treatment | 1268 | 1224 | 1218 |
| Completions | 87 | 87 | 101 |
| % completions of all in treatment | 7% | 7% | 8% |
| % Completions of all in treatment (cluster average) | 7% | 8% | 8% |

**Table 14: Re-presentation Rates**

| | **2010** | **2011** | **Nov 11-Oct-12** |
|---|---|---|---|
| Number of completions (calendar year) | 107 | 99 | 99 |
| Of which, re-presented* | 25 | 17 | 19 |
| % re-presented following completion | 23% | 17% | 19% |
| %re-presented following completion (cluster average) | 22% | 20% | 20% |

*Re-presentations are those who re-present to treatment within 6 months of their latest successful completion in the period.

8.2.2 The proportion of those completing treatment remained consistent across the three measurement periods and this is comparable with the average within the cluster.

8.2.3 Table 14 shows the number and proportion of clients from within the OCU population who re-presented to treatment within 6 months of their latest successful treatment episode. The number and proportion of re-presentations fell during the measurement period, and from 2011 was below that of the cluster average.

8.2.4 Table 15 shows the length of time clients had been in treatment across three

measurement periods. Since the beginning of 2011 there appears to have been little change in the proportion of clients in treatment between 3-6 years (21%).

8.2.5 The greatest change since 2010 is the fall in those in treatment for less than 1 year. This might in part reflect the fall in new entrants to treatment. A greater proportion of clients are now in treatment for between 1 and 3 years (28%) when compared with 2010 (23%) this possibly reflects more focused engagement in treatment for new entrants to the treatment system who are entering and leaving treatment over a shorter period. At the same time the proportion of clients in treatment for more than 6 years has also increased. Both these changes are comparable with that for the cluster as a whole.

**Table 15: Length of Time in Treatment 2010-Oct 2012**

| | < 1 years | 1-2 years | 2-3 years | 3-4 years | 4-5 years | 5-6 years | 6 + years |
|---|---|---|---|---|---|---|---|
| Nov 2011-Oct 2012 | 30% | 17% | 11% | 7% | 7% | 7% | 20% |
| 2011-2012 | 34% | 17% | 10% | 7% | 7% | 7% | 18% |
| 2010-2011 | 39% | 14% | 9% | 9% | 8% | 6% | 14% |

8.2.6 Data from the Recovery Diagnostic Report also evidences the relationship between successful completions and length of time in treatment. For the later (Nov 2011-Oct 2012) data period 25% of those in treatment for less than two years successful completed treatment. This compares with 12% for those in treatment for more than 3 years. It is of interest to note this presentation is different to that of the rest of the cluster, where during the Nov 2011 - Oct 2012 period 24% of those in treatment for more than 3 years completed treatment.

**Table 16: % Successful Completions by time in treatment: Brighton and Hove compared with the Cluster Average Nov 2011-Oct 2012**

| | < 1 years | 1-2 years | 2-3 years | 3-4 years | 4-5 years | 5-6 years | 6 + years | Successful Completions for those in treatment Over 3 years |
|---|---|---|---|---|---|---|---|---|
| Brighton and Hove | 14% | 11% | 10% | 6% | 2% | 2% | 2% | **13%** |
| % completions of all in treatment (cluster average) | 11% | 9% | 8% | 7% | 6% | 6% | 5% | **24%** |

8.2.7 The Recovery Diagnostic Report includes indicators related to a client's "career length". This is defined as whole years from a client's reported first use to their latest discharge or to the end of the relevant financial year if the person was still in treatment at that date.

8.2.8 Applying this definition to the Brighton and Hove treatment population nearly a third (n=369) had a career of greater than 21 years. This is in contrast to that of the cluster average where 24% had a career of this length. For those with a short career of six years of less the local population bares comparison with that of the wider cluster. Brighton and Hove appears to have fewer clients with a middle ranging career of between 12 and 21 years (36%) compared with the rest of the cluster 47%.

**Table 17: Career Length Nov 2011 - Oct 2012**

| | 0-3 years | 3-6 years | 6-9 years | 9-12 years | 12-15 years | 15-18 years | 18-21 years | 21 + years |
|---|---|---|---|---|---|---|---|---|
| Number in treatment | 53 | 77 | 115 | 138 | 147 | 165 | 119 | 369 |
| % in treatment | 4% | 7% | 10% | 12% | 12% | 14% | 10% | 31% |
| % in treatment (cluster) | 3% | 6% | 8% | 12% | 17% | 17% | 13% | 24% |

8.3 *Treatment Naïve*

8.3.1 Clients entering treatment for the first time are called Treatment Naïve. In 2010-11, 37% of those in treatment had not been in treatment prior to their current episode of treatment. By October 2012 this had fallen to 33%. This is comparable with that for the cluster as a whole and would be expected as opiate use falls.

8.3.2 Clients who are defined as Treatment Naïve can be in treatment for an extended period. At the end of October 2012 41% had been in treatment for more than 6 years. Whilst 21% had been in treatment for less than a year.

8.3.3 When looking at the complexity profile of the Treatment Naïve population it would appear that this population is becoming less complex. In 2010-11 42% were rated as having very low complexity by October 2012 this had risen to 54%.

8.4 *Previous Treatment Journeys*

8.4.1 As opiate use falls, it may expect to see fewer clients presenting to treatment for the first time and therefore more clients who have had previous attempts at treatment. Opiate clients who have had previous treatment journeys tend to be less likely to successfully complete the next time they are in treatment. This decreases further with each additional attempt, with those who have four or more previous treatment journeys having the poorest outcomes. Clients with no previous treatment have seen the biggest increases in performance over the last three years, while those with four or more previous attempts have shown the least.

8.4.2 Previous Treatment Journeys include all prior journeys anywhere in England. The proportion of clients having one or more previous treatment journeys from 61% to 66% across the 2010-Oct 2012 measurement period. This change is directly comparable with that experienced across the Cluster.

8.5 *Six and Twelve Month Outcomes*

8.5.1 For clients within the November 2011-October 2012 cohort 49% of opiate users had stopped using at six months and by a year this had risen to 56%. These proportions are higher than the national data set for the same measurement period (46% at six months and 52% at one year).

8.5.2 The Diagnostic Report also looks at the behaviours of those clients who are and are not using opiates at 6 months. For those within the November 2011-October 2012 cohort 29% were still using cannabis (compared with 20% nationally) and 47% were still using alcohol compared with 37% nationally.

8.6 *Improvements in Health and Quality of Life*

8.6.1 A value above zero indicates there has been an increase in the health and/or Quality of life (QOL) of clients in that category, whereas a value below zero indicates the health and/or QOL of clients in that category has fallen. Generally, clients who have stopped or improved should have an increased health score, whereas those who have deteriorated or remained unchanged are less likely to have made any positive change to their health or QOL score.

**Table 18: Improvements in health and quality of life November 2011 -October 2012**

| Reliable Change Index (RCI) | **Physical** | | **Psychological** | | **Quality of Life** | |
|---|---|---|---|---|---|---|
| | *Local* | *National* | *Local* | *National* | *Local* | *National* |
| Stopped | 2.2 | 2.1 | 3.4 | 3.0 | 3.1 | 3.4 |
| Improved | 1.0 | 1.5 | 2.1 | 1.8 | 2.7 | 2.3 |
| Unchanged | 0.7 | 0.2 | -0.3 | 0.3 | 0.7 | 0.7 |
| Deteriorated | 1.0 | -1.4 | 4.4 | -1.1 | -0.6 | -1.5 |

8.7 *Non-Opiate Clients*

8.7.1 In contrast to the opiate population the number of non-opiate users within the treatment population has increased since April 2010. Similarly, the proportion of this population completing treatment has increased from 24% in 2010-11 to 39% November 2011 – October 2012. Though improved this is still lower than the cluster average.

**Table 19: Non-Opiate Clients in Treatment with Number and Proportion of Completions**

| | **2010-11** | **2011-12** | **Nov 2011-Oct-12** |
|---|---|---|---|
| Number in treatment | 245 | 307 | 345 |
| Completions | 60 | 115 | 134 |
| **% completions of all in treatment** | **24%** | **37%** | **39%** |
| % completions of all in treatment (cluster average) | 40% | 43% | 43% |

8.7.2 As the number of non-opiate clients in the treatment system has increased so has the length of time this population has spent in treatment.

**Table 20: Non-Opiate Users Time in Treatment**

| | | < 1 years | 1-2 years | 2-3 years | 3-4 years | 4-5 years | 5-6 years | 6 + years |
|---|---|---|---|---|---|---|---|---|
| Nov 2011-Oct 2012 | Number in treatment | 287 | 46 | 5 | 2 | 3 | 2 | 0 |
| | **% in treatment** | **83%** | **13%** | **1%** | **1%** | **1%** | **1%** | **0%** |
| 2011-2012 | Number in treatment | 267 | 32 | 2 | 4 | 2 | 0 | 0 |
| | **% in treatment** | **87%** | **10%** | **1%** | **1%** | **1%** | **0%** | **0%** |
| 2010-2011 | Number in treatment | 218 | 14 | 6 | 3 | 1 | 3 | 0 |
| | **% in treatment** | **89%** | **6%** | **2%** | **1%** | **0%** | **1%** | **0%** |

8.7.3 The majority of non-OCUs have not had any previous treatment journeys. Though little changed across the measurement period a small population of between 39 (2010-11) and 58 (Nov 2011-Oct 2012) had experienced two or more previous journeys.

**Table 21: Non-Opiate Users Previous Treatment Journeys**

| | | None | 1 | 2 | 3 | 4 or more |
|---|---|---|---|---|---|---|
| Nov 2011-Oct 2012 | Number in treatment | 225 | 62 | 29 | 11 | 18 |
| | **% in treatment** | **65%** | **18%** | **8%** | **3%** | **5%** |
| 2011-2012 | Number in treatment | 188 | 66 | 28 | 6 | 19 |
| | **% in treatment** | **61%** | **21%** | **9%** | **2%** | **6%** |
| 2010-2011 | Number in treatment | 156 | 50 | 22 | 4 | 13 |
| | **% in treatment** | **64%** | **20%** | **9%** | **2%** | **5%** |

8.7.3 The likelihood of a successful completion appears to fall with successive treatment journeys. For the November 2011- October 2012 data set 40% of those with no previous treatment journey completed treatment compared with 18% of those who had had 3 treatment journeys.

8.7.4 Of the non-OCU population in treatment during Nov 2011 – Oct 2012 64% were treatment naïve. This is slightly higher than the average for the Cluster as a whole. 85% of this population had completed their treatment in two years or less.

8.8 *Clients in Treatment for 4 Years or More*

8.8.1 The table below compares the local treatment population against that of Cluster E. Brighton appears to have to have a comparable distribution proportion of clients in treatment for 4 years or more (34%) when compared with the Cluster (35%)

**Table 22: All Substances Length of Time in Treatment as at October 2012 Brighton and Hove compared with Cluster E**

| | < 1 years | 1-2 years | 2-3 years | 3-4 years | 4-5 years | 5-6 years | 6 + years |
|---|---|---|---|---|---|---|---|
| Number in treatment (Brighton and Hove) | 362 | 211 | 136 | 87 | 83 | 90 | 249 |
| **% in treatment** | **30%** | **17%** | **11%** | **7%** | **7%** | **7%** | **20%** |
| % in treatment (cluster) | 31% | 14% | 10% | 9% | 8% | 6% | 21% |

8.8.2 This finding was further evidenced in data presented in the Quarter 4 2012-13 DOMES report which indicated that for those in treatment for between 4-6 years and greater than 6 years the proportion of clients in Brighton and Hove was comparable with that for the Regional population.

**Summary**

The treatment population reduced by 4% between April 2010 and October 2012. The proportion of Opiate Clients completing treatment 8% has remained consistent with that of the cluster as a whole and across the three years for which data was provided.

The proportion of opiate clients who re-presented to treatment reduced from 23% in 2010 to 19% (Nov 2011 – Oct 2012).

A greater proportion of opiate clients are now in treatment for between 1 and 3 years (28%) when compared with 2010 (23%). This possibly reflects more focused engagement in treatment for new entrants to the treatment system. At the same time the proportion of opiate clients in treatment for more than 6 years has also increased.

Fewer opiate clients who have been in treatment in Brighton and Hove are likely to complete treatment after 3 years (12%) compared with the cluster as a whole (24%).

Opiate clients in Brighton and Hove have longer drug using careers when compared with the rest of the cluster.

Opiate clients in treatment in Brighton are more likely to have stopped using at a year when compared with the national data set.

However, the 6 month outcome measures (stopped using or improved) for cannabis and alcohol users in Brighton are lower than the national data set.

The proportion of non-opiate clients increased during this period as did the proportion of successful completions. The number of non-opiate clients having more than one treatment journey also increased.

The proportion of clients who had not previously entered treatment is falling. This population is also becoming less complex with potentially greater chance of successfully completing treatment.

## 9 Discharges from Treatment

9.1 The Outcome Framework published by Public Health England includes targets related to successful treatment completions and non re-presentation within 6 months of discharge, with two separate indicators for OCUs and non-OCUs.

9.2 Between February 2012 – January 2013, 8.6% of opiate users (n= 103) left treatment successfully (as a proportion of the total number of opiate users in treatment). This is was an increase of 2.2% when compared with the same period during 2011-12.

9.3 This places Brighton and Hove 7th out of 30 local authorities in the Cluster E group (highest complexity) for opiate users. This is an increase from Brighton and Hove's 25th place during February 2011-January 2012.

9.4 The proportion of non-opiates successfully discharged from treatment also increased during this period. For non-opiate users during February 2012-January 2013 36.4% (n= 128) left treatment successfully as a proportion of the total number of non-opiate users in treatment in the previous 12 months. This compares with 30.2% for the same period during 2011-12. As at January 2013 Brighton and Hove is placed 26th out of 35 local authority areas in cluster D, a rise of 4 places since January 2012.

**Table 23: Reason for Discharge Clients in Treatment During Calendar Year 2012**

| **Discharge Reason** | **(n)** | ***%*** | |
|---|---|---|---|
| Treatment completed - drug free | 144 | *37.2%* | |
| Treatment completed - occasional user | 52 | *13.4%* | *50.6%* |
| Incomplete - dropped out | 69 | *17.8%* | *17.8%* |
| Transferred - not in custody | 48 | *12.4%* | |
| Transferred - in custody | 40 | *10.3%* | *22.7%* |
| Incomplete - treatment commencement declined by client | 7 | *1.8%* | |
| Incomplete - client died | 14 | *3.6%* | |
| Incomplete - retained in custody | 13 | *3.4%* | |
| Incomplete - Treatment withdrawn by the provider | 0 | *0.0%* | *8.8%* |
| | **387** | | |

9.5 The total number of clients discharged from the treatment system fell slightly during 2012 when compared with 12 month period used in the 2012-13 Needs Assessment. However, there was positive change across all of the component discharge reasons. The proportion of discharges that took place for clients whose treatment was completed "drug free/occasional user" rose from 38% to 50%. The proportion of clients who dropped out of treatment fell by 5% from 95 to 65 clients. Deaths in treatment fell from 17 to 14.

**Table 24: Gender Shown by Type of Discharge Calendar Year 2012**

| Gender | Planned | | Unplanned | | (n) |
|---|---|---|---|---|---|
| Female | 49 | *54.4%* | 41 | *45.6%* | 90 |
| Male | 147 | *49.5%* | 150 | *50.5%* | 297 |
| | 196 | | 191 | | 387 |

9.6 The proportion of both males and females having a planned discharge has increased as would be expected. Women continue to be more likely to have a planned discharge than men with over half having a planned exit from the treatment system, an increase from 44.6% in the previous needs assessment.

9.7 The table below shows the number and proportion of clients who left treatment in a planned and unplanned way by their primary substance.

**Table 25: Discharges from Treatment by Primary Substance 2012**

| Substance | Planned 2012 | | Unplanned | | Total |
|---|---|---|---|---|---|
| | (n) | *%* | (n) | *%* | |
| Heroin illicit | 62 | *35.2%* | 114 | *64.8%* | 176 |
| Cannabis unspecified | 52 | *67.5%* | 25 | *32.5%* | 77 |
| Cocaine unspecified | 13 | *56.5%* | 10 | *43.5%* | 23 |
| Methadone unspecified | 1 | *12.5%* | 7 | *87.5%* | 8 |
| Cocaine Freebase (crack) | 11 | *64.7%* | 6 | *35.3%* | 17 |
| Other Opiates | 3 | *50.0%* | 3 | *50.0%* | 6 |
| Ketamine | 6 | *60.0%* | 4 | *40.0%* | 10 |
| Benzodiazepines Unspecified | 5 | *62.5%* | 3 | *37.5%* | 8 |
| Buprenorphine | 2 | *50.0%* | 2 | *50.0%* | 4 |
| Cannabis Herbal (Skunk) | 11 | *84.6%* | 2 | *15.4%* | 13 |
| GHB/GBH | 7 | *87.5%* | 1 | *12.5%* | 8 |
| Amphetamines Unspecified | 8 | *100.0%* | | *0.0%* | 8 |
| Methadone prescription | | *0.0%* | 7 | *100.0%* | 7 |
| Dihydrocodeine | 1 | *100.0%* | | *0.0%* | 1 |

9.8 The table below shows the number and proportion of clients who left treatment in a planned way during 2012 and between October 2010 and September 2011 by their primary substance

9.9 The number of clients discharged varies by substance. The positive change in respect to the number of heroin clients leaving treatment in a planned way is evident.

**Table 26: Comparison between 2012 and 2010-11 Data Period for Planned Discharges by Primary Substance**

| Substance | Planned 2012 | | Planned (1st Oct 2010 – 30th Sept 2011) | |
|---|---|---|---|---|
| | (n) | % | (n) | % |
| Heroin illicit | 62 | *35.2%* | 50 | *24%* |
| Cannabis unspecified | 52 | *67.5%* | 28 | *64%* |
| Cocaine unspecified | 13 | *56.5%* | 16 | *64%* |
| Methadone unspecified | 1 | *12.5%* | 3 | *20%* |
| Cocaine Freebase (crack) | 11 | *64.7%* | 10 | *45%* |
| Other Opiates | 3 | *50.0%* | 5 | *45%* |
| Ketamine | 6 | *60.0%* | 15 | *45%* |
| Benzodiazepines Unspecified | 5 | *62.5%* | 4 | *36%* |
| Buprenorphine | 2 | *50.0%* | 0 | *0%* |
| Cannabis Herbal (Skunk) | 11 | *84.6%* | 4 | *100%* |
| GHB/GBH | 7 | *87.5%* | 4 | *100%* |
| Amphetamines Unspecified | 8 | *100.0%* | 3 | *43%* |
| Methadone prescription | | *0.0%* | 0 | *0%* |
| Dihydrocodeine | 1 | *100.0%* | 1 | *50%* |

**Summary**

Half of those leaving treatment during 2012 did so in a planned way.

The proportion of primary heroin clients leaving treatment in a planned way during 2012 increased by 11% compared with the previous measurement period.

In the 12 months February 2012 – January 2013, 8.6% of opiate users (n= 103) left treatment successfully (as a proportion of the total number of opiate users in treatment). This is a 2% increase compared with 2011-12.

Brighton and Hove rose to 7th place from 25th within the cluster group back in 2011-12.

Though successful discharges have improved for non-opiate users too Brighton and Hove is ranked lower within the cluster group for this indicator (26/35).

## 10 Clients Who Dropped Out of Treatment

10.1 Clients who drop out of treatment, or who start treatment but then decline further support, have a detrimental effect on the local programme's ability to achieve expected outcomes. As seen earlier the number of clients who dropped out of treatment has fallen by 5% from 95 to 65 clients. The number of clients starting treatment and then choosing to decline further support (Incomplete – treatment commenced then declined by client) also fell, with only 7 clients leaving treatment in this way compared with 19 for the October 2010-September 2011 period.

10.2 The table below shows Brighton and Hove's pattern of discharges when compared with the Regional and National data set. Locally there were more Planned discharges and fewer exits that were "unplanned –dropped out".

**Table 27: Treatment Exists 2011-12**

| | Planned | Referred on | Unplanned - Dropped out | Unplanned - prison | Unplanned - other |
|---|---|---|---|---|---|
| Brighton and Hove | 52% | 21% | 19% | 4% | 4% |
| Regional | 48% | 22% | 22% | 2% | 5% |
| National | 48% | 25% | 21% | 1% | 5% |

10.3 When compared with the rest of the treatment population it was noted last year that clients who dropped out/declined treatment were more likely to be men and aged less than 35 years. These characteristics are born out again here. Twenty-eight (41%) of the 76 clients who left treatment in this way were under 25 years.

10.4 The housing status of those who dropped out is little different to that of the treatment population as a whole. Differences in respect of the proportion of clients living in private rented/local authority housing are likely to be related to the younger age profile of this population. Similarly, only 4 (5%) of this population had all or some of their children living with them compared with 15% of the treatment population as a whole. Slightly more of those who dropped out of treatment were in regular employment (16%) when compared with the treatment population as a whole (13%). This finding was evidenced last year.

**Table 28: Clients in Treatment 2012 Including Those who Declined/Dropped Out by Substance**

| | | | Discharged | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Still In Treatment | | Declined/Dropped out | | | | | | |
| Substance | (n) | % | (n) | % of all discharges for this substance | Incomplete - client died | Planned Discharge | Unplanned | Discharged from Treatment | Total All In Treatment |
| Heroin illicit | 851 | *83.8%* | 32 | *22.4%* | 10 | 61 | 72 | **143** | 1016 |
| Cannabis unspecified | 70 | *6.9%* | 24 | *45.3%* | | 52 | 1 | **53** | 147 |
| Methadone unspecified | 47 | *4.6%* | 0 | *0.0%* | 3 | 1 | 4 | **8** | 52 |
| Cocaine unspecified | 35 | *3.4%* | 8 | *53.3%* | | 13 | 2 | **15** | 58 |
| Cocaine Freebase (crack) | 33 | *3.2%* | 2 | *13.3%* | | 11 | 4 | **15** | 50 |
| Other Opiates | 28 | *2.8%* | 1 | *20.0%* | | 3 | 2 | **5** | 34 |
| Benzodiazepines Unspecified | 15 | *1.5%* | 0 | *0.0%* | | 5 | 3 | **8** | 23 |
| Ketamine | 14 | *1.4%* | 2 | *25.0%* | | 6 | 2 | **8** | 24 |
| Buprenorphine | 14 | *1.4%* | 1 | *50.0%* | | 1 | 1 | **2** | 17 |
| GHB/GBL | 9 | *0.9%* | 1 | *14.3%* | | 7 | 0 | **7** | 17 |
| Methadone prescription | 9 | *0.9%* | 2 | *40.0%* | | 0 | 5 | **5** | 16 |
| Dihydrocodeine | 9 | *0.9%* | 0 | *0.0%* | | 1 | 0 | **1** | 10 |
| Amphetamines Unspecified | 8 | *0.8%* | 0 | *0.0%* | | 8 | 0 | **8** | 16 |
| Cannabis Herbal (Skunk) | 4 | *0.4%* | 2 | *18.2%* | | 11 | 0 | **11** | 17 |

10.5 14 clients with a dual diagnosis dropped out of treatment.

**Summary**

The proportion of clients who dropped out of treatment has fallen by 5% from 95 to 65 clients. The number of clients starting treatment and then choosing to decline further support also fell, with only 7 clients leaving treatment in this way compared with 19 for the previous measurement period.

Brighton and Hove has proportionately fewer clients who drop out of treatment when compared with the Regional or National data set.

Younger males and those in employment are more likely than other groups to drop out of treatment.

## 11 Transferred in custody

11.1 Forty clients left treatment during 2012 because they had an unplanned discharge due to being transferred in Custody. This is an absolute and proportionate fall when compared with the previous measurement period (from 17% of discharges being related to Transfers in Custody to - 10%).

11.2 As found last year this population is likely to be younger females aged 33.7 and males 34.5 years compared with the average of 36.8 for females and 38.8 years for males in the treatment population as a whole.

**Summary**

The number of clients transferred in custody has fallen when compared with the previous measurement period. Younger clients are more likely to leave

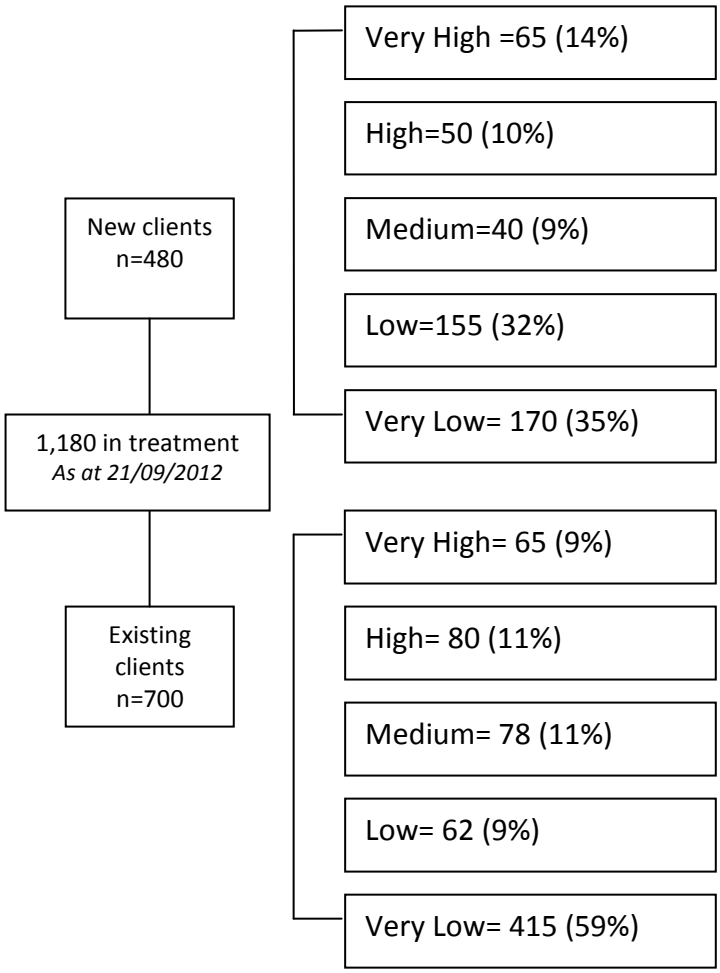
treatment in this way.

12 **Complexity and Risk**

12.1 The table below shows the findings from the local application of the NTA's segmentation profiling methodology for clients in treatment as at 21st September 2012.

12.2 This methodology does not include additional factors that can affect a client's success such as dual diagnosis, learning needs, or safeguarding issues.

**Diagram 1: Treatment Population Complexity September 2012**




Existing clients were in treatment before April 2011 and new clients entered treatment after April 2011.

12.3 This analysis uses methodology devised by the NTA and indicates that 68% of clients in treatment during this period had low or very low complexity. This compares with a figure for all those in treatment during 2011-12 of 58%[3].

12.4 This analysis also compared each cohort's complexity with their time in treatment. NTA research suggests that treatment outcomes are more likely to be positive where the service user remains in treatment for sufficient time to feel the benefit. After 18 months the likelihood of success begins to diminish. A third of those in the very low category had been in treatment for between 7-17 months. An audit of this group of clients (n=85) found that 33 clients had been discharged from treatment at the time of the review. Of the remainder (n=52) 18 clients

[3] NTA Diagnostic Recovery Tool 2012

were in receipt of anti-psychotic/anti-depressant prescribing of whom 14 had a Dual Diagnosis. Others presented with high use of alcohol or with other issues in respect of adult and child safeguarding. Despite being notionally of Low/Very Low Complexity these clients did have concurrent factors that might affect their recovery. However, for the majority of clients the audit found the complexity rating to be valid and as such provided external validation for the use of the segmentation approach.

12.5 The complexity analysis was repeated for 68 clients within the DIP caseload. When compared with the profile produced in September 2012 it was evident that the risk profile had changed between the six month sampling periods, with 23% of those client's still in treatment having a higher risk category and 20% a lower risk category.

12.6 Comparable data is being used to support the allocation of clients to care co-ordinators.

**Summary**

The NTA's methodology indicates that a significant proportion of both existing and new clients are either low or very low risk.
This finding indicates that many clients have pre-existing "recovery capital". Continued tracking of clients in respect of the risk status and treatment outcomes could help aid understanding of the factors that can affect successful recovery and successful discharge from treatment.

## 13 Legal Highs and Club Drugs

13.1 The NTA data set is able to record up to three different substances for each client for which they are in receipt of support. Analysis generated from the Case Management system Nebula for those in either drug or alcohol treatment during the 8 month period 1st April—30th November 2012 identified 48 individuals who reported use of a "Club Drug"[4] on assessment.

13.2 During this time there were a total of 1,978 clients in treatment of whom users of club drugs made up 2.4%. This group of 48 individuals were also being supported for dependence associated with other substances. Alcohol (23%) and Cannabis (18%) were the most common substances. Ten of the Club Drug population were also using Heroin.

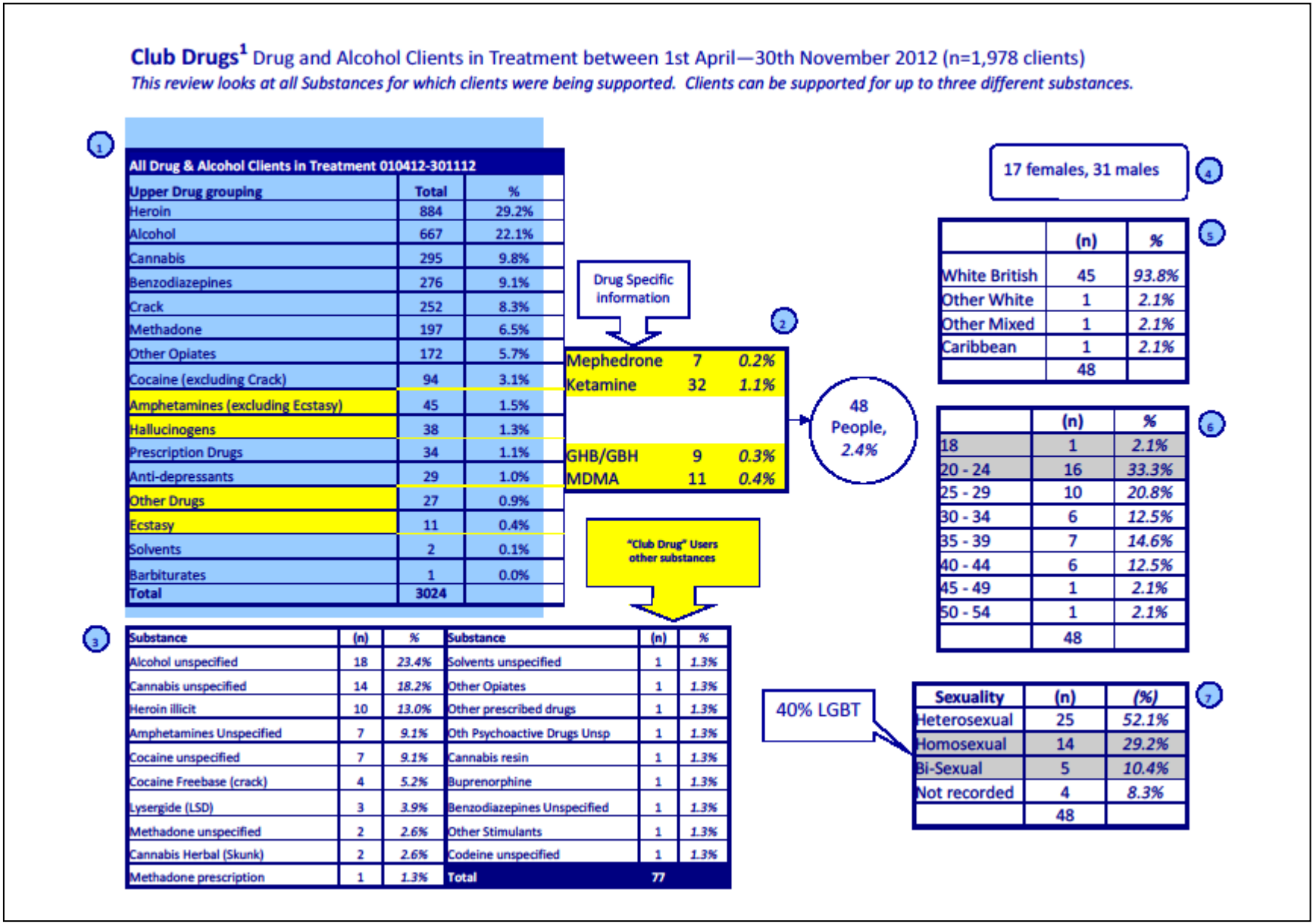
13.3 Over a third of those using Club Drugs were females (35%). 94% of users of Club Drugs were White British. Over a third were aged less than 25 years (35.4%). It is estimated that 13% of Brighton & Hove's population define themselves as LGBT. 40% of the Club Drug using population were recorded as Homosexual (Lesbian or Gay) 7 Bisexual (n=19).

13.4 The number of primary Ketamine users fell this when compared with the Oct 2010 – Sept 2012 data set which showed 46 primary users in treatment compared with 24 this year. Sixty-one clients cited use of Ketamine as a secondary or tertiary drug.

13.5 National data from the Crime Survey for England and Wales shows little change in the use of Ketamine over the last 4 years (0.6% in 2008/09 and in 2011/12) following an initial increase since measurement began in 2006/07 (0.3%).

[4] Ecstasy, ketamine, methamphetamine, GHB/GBL Definition derived from "Club Drugs: Emerging Trends and Risks", NTA 2012.

**Diagram 2: Club Drugs Drug and Alcohol Clients in Treatment 1st April - 30th November 2012**



## Club Drugs[1] Drug and Alcohol Clients in Treatment between 1st April—30th November 2012 (n=1,978 clients)

*This review looks at all Substances for which clients were being supported. Clients can be supported for up to three different substances.*

1

| All Drug & Alcohol Clients in Treatment 010412-301112 | | |
|---|---|---|
| **Upper Drug grouping** | **Total** | **%** |
| Heroin | 884 | 29.2% |
| Alcohol | 667 | 22.1% |
| Cannabis | 295 | 9.8% |
| Benzodiazepines | 276 | 9.1% |
| Crack | 252 | 8.3% |
| Methadone | 197 | 6.5% |
| Other Opiates | 172 | 5.7% |
| Cocaine (excluding Crack) | 94 | 3.1% |
| Amphetamines (excluding Ecstasy) | 45 | 1.5% |
| Hallucinogens | 38 | 1.3% |
| Prescription Drugs | 34 | 1.1% |
| Anti-depressants | 29 | 1.0% |
| Other Drugs | 27 | 0.9% |
| Ecstasy | 11 | 0.4% |
| Solvents | 2 | 0.1% |
| Barbiturates | 1 | 0.0% |
| **Total** | **3024** | |

Drug Specific information

2

| | | |
|---|---|---|
| Mephedrone | 7 | *0.2%* |
| Ketamine | 32 | *1.1%* |
| GHB/GBH | 9 | *0.3%* |
| MDMA | 11 | *0.4%* |

48 People, *2.4%*

"Club Drug" Users other substances

3

| Substance | (n) | % | Substance | (n) | % |
|---|---|---|---|---|---|
| Alcohol unspecified | 18 | *23.4%* | Solvents unspecified | 1 | *1.3%* |
| Cannabis unspecified | 14 | *18.2%* | Other Opiates | 1 | *1.3%* |
| Heroin illicit | 10 | *13.0%* | Other prescribed drugs | 1 | *1.3%* |
| Amphetamines Unspecified | 7 | *9.1%* | Oth Psychoactive Drugs Unsp | 1 | *1.3%* |
| Cocaine unspecified | 7 | *9.1%* | Cannabis resin | 1 | *1.3%* |
| Cocaine Freebase (crack) | 4 | *5.2%* | Buprenorphine | 1 | *1.3%* |
| Lysergide (LSD) | 3 | *3.9%* | Benzodiazepines Unspecified | 1 | *1.3%* |
| Methadone unspecified | 2 | *2.6%* | Other Stimulants | 1 | *1.3%* |
| Cannabis Herbal (Skunk) | 2 | *2.6%* | Codeine unspecified | 1 | *1.3%* |
| Methadone prescription | 1 | *1.3%* | **Total** | **77** | |

17 females, 31 males

4

5

| | (n) | % |
|---|---|---|
| White British | 45 | *93.8%* |
| Other White | 1 | *2.1%* |
| Other Mixed | 1 | *2.1%* |
| Caribbean | 1 | *2.1%* |
| | 48 | |

6

| | (n) | % |
|---|---|---|
| 18 | 1 | *2.1%* |
| 20 - 24 | 16 | *33.3%* |
| 25 - 29 | 10 | *20.8%* |
| 30 - 34 | 6 | *12.5%* |
| 35 - 39 | 7 | *14.6%* |
| 40 - 44 | 6 | *12.5%* |
| 45 - 49 | 1 | *2.1%* |
| 50 - 54 | 1 | *2.1%* |
| | 48 | |

40% LGBT

7

| Sexuality | (n) | (%) |
|---|---|---|
| Heterosexual | 25 | *52.1%* |
| Homosexual | 14 | *29.2%* |
| Bi-Sexual | 5 | *10.4%* |
| Not recorded | 4 | *8.3%* |
| | 48 | |

**Summary**

Less than 3% of the treatment population were Club Drug clients. This sub-group of users have a distinct character. A third of users were female, and a similar proportion were aged less than 25 years. 40% of the users of these substances described themselves as LGBT.

## 14 Employment

14.1 Information about a client's employment is collected on initial assessment. The number of days worked by clients is also completed as part of the TOP. TOP data for clients leaving treatment in a planed way during 2011/12 showed an increase of 5% in the number of clients reporting that they had worked for ten days or more when compared with their Start TOP (n= 25 [15%] at Start TOP matched to 31 [20%]).

14.2 The table below shows the employment status for clients in treatment during 2010-11 and the same data for those in treatment during 2012. Data completion has improved significantly between the two measurement periods with the employment status missing for less than 2% of those in treatment during 2012.

**Table 29: Primary Drug Clients In Treatment During Calendar Year 2012 by Employment Status**

| | 2012 | | 2010-2011 | |
|---|---|---|---|---|
| | (n) | *%* | (n) | *%* |
| Unemployed and seeking work | 505 | *31.9%* | *337* | *24.0%* |
| Unemployed | 370 | *23.4%* | *513* | *36.5%* |
| Long term sick or disabled | 237 | *15.0%* | *81* | *5.8%* |
| Regular Employment | 205 | *13.0%* | *160* | *11.4%* |
| Economically inactive | 76 | *4.8%* | *97* | *6.9%* |
| Other | 45 | *2.8%* | *24* | *1.7%* |
| Pupil/Student | 33 | *2.1%* | *28* | *2.0%* |
| Not receiving benefits | 28 | *1.8%* | *8* | *0.6%* |
| Retired from paid work | 22 | *1.4%* | *9* | *0.6%* |
| Homemaker | 15 | *0.9%* | *7* | *0.5%* |
| Not known | 13 | *0.8%* | *9* | *0.6%* |
| Unpaid voluntary work | 8 | *0.5%* | *4* | *0.3%* |
| *Not recorded* | *25* | *1.6%* | *130* | *9.2%* |
| Total | **1582** | | **1407** | |

14.3 Comparing the two data sets it is evident that there has been an increase in the number of clients with an employment status recorded as being long term sick or disabled (from 6% in 2010-11 to 15% in 2012). This change might in part be due to improved recording.

14.4 There has been an 8% increase in the proportion of clients recorded as Employed and Seeking Work (24%- 32%). There was also a fall of 14% in the number of clients recorded as Unemployed (37%-23%). The number and proportion of clients in Regular employment increased from 160 (11%) to 205 (13%).

**Summary**

The number of clients recorded as being either Employed or Seeking Work has increased when compared with previous measurement. Similarly, there has been a fall of 14% in the number of clients recorded as unemployed. But the number of clients recorded as long term sick or disabled has increased by 9%.

15 **Housing**

15.1 Housing instability can have a profound effect on successful treatment outcomes.

15.2 There has been little change in the configuration of the housing status of those in treatment when compared with previous years. Data included in the last needs assessment for the Oct 2010-Sept 2011 period showed that 13% of those in treatment were vulnerably housed[5]. This compares with 16% during 2012.

15.3 The number and proportion of clients living in Supported Housing/Hostel has fallen from 121 (8.4%) to 105 (6.64%). Similarly, the number of clients accessing short stay hostels increased from 81 (5.6%) to 105 (6.6%). In 2012 67 clients (4.24%) indicated that they were Living on the Streets compared with 59 (4.1%) for the Oct 2010-Sept 11 measurement period. On a more positive note 134 clients (8.47%) reported being Settled with Friends/Family this is an increase compared with the previous measurement period (n=105, 7.3%).

**Table 30: Housing Status of Clients in Drug Treatment 2012**

| | **(n)** | ***%*** |
|---|---|---|
| Local Authority (LA) Registered | 479 | *30.3%* |
| Private rented | 352 | *22.2%* |
| Settled with friends/family | 134 | *8.45%* |
| Staying with friends/family as a short term guest | 108 | *6.8%* |
| Direct access short stay hostel | 105 | *6.6%* |
| Supported housing/hostel | 105 | *6.6%* |
| Live on the Streets | 67 | *4.2%* |
| Social Landlord (RSL) rented | 66 | *4.2%* |
| Owned property | 64 | *4.0%* |
| Sleep on different friends floor each night | 50 | *3.2%* |
| Short term B&B or other | 20 | *1.3%* |
| Approved premises | 12 | *0.76%* |
| Traveller | 11 | *0.70%* |
| Use night hostels (night by night basis) | 4 | *0.25%* |
| Squatting | 2 | *0.13%* |
| Night winter shelter | 1 | *0.06%* |
| N/R | 2 | *0.13%* |
| | **1582** | |

15.4 Sixty-five of those clients who were less securely housed (as detailed earlier) left treatment during this period. Twenty-three clients in this population (35%) had a planned discharge. This compares with 54% of those in more settled housing. Though noted earlier that housing status did not appear to affect whether a client dropped out, when we look in detail at all unplanned discharges are included, (incomplete retained in custody, incomplete treatment commencement declined by client and dropped out) the effect of housing status on planned discharges is evident. Over half of those in more settled housing had a planned discharge compared with 37% of those insecurely housed.

[5] Using Direct access shot stay hostels, living on the streets, Sleeping on a different friend's floor each night, using short term B&Bs Using night hostels, Squatting or using a night winter shelter.

**Table 31: Planned and Unplanned Discharges from Treatment in 2012 by Housing Status**

| | Planned Discharges | | Unplanned Discharges | | Other | | All |
|---|---|---|---|---|---|---|---|
| | (n) | *%* | (n) | *%* | (n) | *%* | |
| Insecurely Housed | 23 | *37.1%* | 17 | *27.4%* | 22 | *35.5%* | 62 |
| Other Housing | 173 | *55.6%* | 72 | *23.2%* | 66 | *21.2%* | 311 |

15.5 The table below details services provided through Supporting People Funding.

**Table 32: Substance Misuse Services Supporting People Funded Services**

| Service: | No Of Units of Accommodation / floating support tied to accommodation | No of Units of Floating Support: | Service Description: | Eligibility Criteria: |
|---|---|---|---|---|
| **BHT Detox, Recovery & Move on** | 58 (6 detox, 26 recovery, 26 Move on) | n/a | Detox house, shared recovery and move on acc | Over 18, Mostly homeless, commitment to long term abstinence, willing to engage with key-work. Referrals via SMS |
| **CRI St Thomas Fund** | 21 (7 detox, 14 recovery) | n/a | Detox house and shared recovery houses x 2 | Over 18, history of rough sleeping or offending, alcohol or opiate dependent, willing to engage in keywork. Referrals through NSM action flat via allocations |
| **Equinox Outreach** | n/a | 28 | n/a | Over 18, alcohol misuse or dependent. Street drinker or at risk of street drinking. Referrals via CRI |
| **Equinox Stanley Road** | 5 | n/a | shared house | Over 18, Male, engaged in meaningful activity, drinking and willing to engage in addressing alcohol issues. |

15.6 The provision detailed above equates to a total of 84 units of accommodation including thirteen units specifically to support detox and 40 units in support of recovery.

15.7 It was noted last year the most clients with drug/and or alcohol problems will not be classified as in priority need for housing. Instead those with substance misuse problems are supported through the use of an Integrated Support Pathway. The pathway includes different Bands of support from Street Outreach (Band 1) to floating support for those living independently (Band 4).

## 16 Rough Sleepers

16.1 The data below shows the number of individuals recorded as Rough Sleepers since 2008. The methodology used to establish these figures is based on a count of those physically living on the street. There has been a near five fold increase in the number of individuals sleeping rough during this period.

**Table 33: Rough Sleeper Count 2008-2012**

| Date of Count | Total Rough Sleepers | Total Rough Sleepers with Local Connection | E.U. Nationals (from outside UK) |
|---|---|---|---|
| 2008 | 9 | 2 (22%) | 1 (11%) |
| 2009 | 9 | 3 (33%) | 0 (0%) |
| 2010 | 14 | 2 (14%) | 3 (21%) |
| 2011 | 36 | 15 (42%) | 2 (6%) |
| 2012 | 43 | 10 (23%) | 5 (12%) |

16.2 A rough sleeper's Estimate was produced in March 2013 which found 90 rough sleepers. The methodology is different to the rough sleepers Count. The Estimate creates a multi agency list of all those believed to be rough sleeping on one night and hence this figure is higher than that of the Count. The previous estimate was produced in November 2011 and found 76 rough sleepers.

16.3 **Substance Misuse Amongst Those in Social Housing Band 2 and 3**

**Table 34: Drug and Alcohol Need Amongst Band 2 and 3 Housing Clients**

| Need | 2010/11 | 2011/12 |
|---|---|---|
| **Band 2 Total Individuals** | 328 | 322 |
| Alcohol | 121 / 37% | 147 / 46% |
| Drugs | 124 / 38% | 126 / 39% |
| **Band 3 Total Individuals** | 63 | 66 |
| Alcohol | 17 / 27% | 22 / 33% |
| Drugs | 23 / 37% | 17 / 26% |

16.3.1 The table above shows the number and proportion of clients accommodated within band 2 and 3 housing who have either drug or alcohol problems. These clients may or may not be accessing support for their substance misuse. The proportion of clients assessed as in need of support for their alcohol use appears to have increased between the two measurement periods.

**Summary**

Data included in the last needs assessment for the Oct 2010-Sept 2011 period showed that 13% of those in treatment were vulnerably housed[6] this compares with 16% during 2012. Over half of those in more settled housing had a planned discharge compared with 37% of those insecurely housed. There has been a near 5 fold increase in the number of individuals sleeping rough during this period increasing from 9 in 2008 to 43 in 2012. The proportion of clients across bands 2 and 3 who have alcohol problems increased by 22% from 138 to 169 in 2011/12 when compared with 2010/11.

17 **Residential Rehabilitation Activity 2011/12**

17.1 NTA data for the previous 7 years of Res Rehab activity is shown in the table below. Data for 2011/12 again shows that Brighton and Hove had the highest proportion of clients accessing res rehab when compared with other local authority areas in England.

[6] Using Direct access shot stay hostels, living on the streets, Sleeping on a different friend's floor each night, using short term B&Bs Using night hostels, Squatting or using a night winter shelter.

**Table 35: Clients with res rehab as part of their last treatment journey**

| | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 |
|---|---|---|---|---|---|---|---|
| Res Rehab Clients | 168 | 149 | 172 | 153 | 168 | 166 | 156 |
| All clients | 1282 | 1400 | 1579 | 1605 | 1481 | 1513 | 1513 |
| % | 13% | 11% | 11% | 10% | 11% | 11% | 10% |

17.2 Discharges from Res Rehab produced as part of the Monthly Performance Report for the 2012-13 period show that of the 75 clients discharged from treatment 53 (70%) did so in a planned way (completed treatment).

**Summary**

Brighton and Hove continues to the highest proportion of clients accessing residential rehab of all local authority areas in England.

## 18 Prescription Only Medicines (POM) and Over The Counter Medicines

18.1 This data was produced by the NTA for the 2011-12 data period. Clients can be in treatment wholly because of their use of prescribed or over the counter medicines or could be using these substances along side an illicit drug. Data is reported for these two groups separately. The data includes users of Benzodiazepines which is of interest locally.

18.2 When compared with the previous data there has been a fall of 7% in the number of clients illicitly using drugs who also use POM. This is a fall from 449 clients in 2010/11 to 419 in 2011/12. The greatest reduction was in the number of clients citing use of Prescribed Opioids, from 147 in 2010/11 to 122 in 2011/12 (17% fall).

18.3 There was also a fall in the number of clients citing use of Benzodiazepines. In 2010/11, 348 illicit drug users also cited use of Benzodiazepines. This figure fell to 328, a reduction of 6% during 2011/12.

18.4 Looking across all English DAAT areas, Brighton and Hove had the 7th highest proportion of clients citing Prescription or Over The Counter drugs alongside illicit use[7]. This is a positive change compared with last year when Brighton and Hove was in 6th place out of 158 DAAT areas.

18.5 Twenty-one percent of illicit drug users were being supported for use of Benzodiazepines. This is a fall of 2% compared with the previous year. Compared with other DAATs in England Brighton and Hove had the 16th highest proportion of clients being supported for Benzodiazepine (with illicit drug use).[8] This is a positive change with Brighton and Hove falling 5 places from 11th to 16th place in a year.

[7] Brighton and Hove had the 7th highest proportion of clients citing prescription or over the counter drug use after: North Tyneside, Northumberland, Newcastle upon Tyne, Sunderland, Plymouth, Gateshead

[8] Brighton and Hove had the 16th highest proportion of clients citing Benzodiazepine use with illicit drug use after: North Tyneside, Northumberland, Plymouth, Newcastle upon Tyne, Sunderland, Kingston Upon Hull, Gateshead, North East Lincolnshire, East Riding of Yorkshire, Blackburn with Darwen, North East Blackpool, North Somerset, Cumbria, Hartlepool

18.6 Data for 2010/11 showed that Brighton and Hove had highest proportion of clients reported use of prescribed opiates in England. with 10% of those reporting illicit use also citing use of prescribed/over the counter use of prescribed opioids. Data for 2011/12 shows this proportion is now 8%, placing Brighton and Hove in 4th place of all English DAATs.

**Summary**

Data for 2011/12 shows a fall of 7% in the number of clients illicitly using drugs who also use POM drugs. Twenty-one percent of illicit drug users were being supported for use of Benzodiazepines. In 2010/11, 348 illicit drug users also cited use of Benzodiazepines. This figure fell to 328, a reduction of 6% during 2011/12.

## 19 Performance and Image Enhancing Drugs (PIED)

19.1 As we have seen in previous years a significant proportion of activity associated with the Needle Exchange at No.11 is made up of Performance and Image Enhancing Drug Users.

**Table 36: Needle Exchange Activity at No.11 Calendar Year 2012**

| | (n) | % |
|---|---|---|
| Opiate | 387 | 51.1% |
| PIED | 335 | 44.3% |
| Stimulant | 26 | 3.4% |
| Not categorized | 13 | 1.7% |
| **Total** | **757** | |

19.2 Activity for 2012 shows that 44% of those using the Needle Exchange were PIED users.

19.3 Findings from the Health Protection Agency's (HPA) 2011 questionnaire survey of 44 clients who accessed the Needle Exchange in respect of their use of PIEDs showed two of the 44 clients were HIV positive. Four clients (9.1%) tested positive for Hepatitis C Virus (HCV) but when asked their status only one participant in the study knew that they were Hepatitis C positive.

19.4 During 2011/12 East Sussex DAAT operated a pilot PIED specific service.[9] This programme worked closely with local gyms its overarching objective was to improve knowledge pertaining to PIED use, which included cycle lengths, post cycle treatments, dietary advice and the use of natural substances such as protein powders and creatine.

19.5 East Sussex identified the link between the use of PIED and domestic violence. One of the objectives of the service was to improve inter-agency liaison, to establish the amount of steroid related physical assaults/other crimes in the locality. Evaluation findings indicated that In the past year 28% of domestic violence victims, who responded to a survey conducted in CRI's East Sussex Domestic Abuse Services, reported that the perpetrator had knowingly been using Anabolic/Androgenic Steroids (AAS) at the time of the offence.

**Summary**

44% of users of the Needle Exchange at No. 11 are users of Performance and Image Enhancing Drugs. Though less prevalent amongst this community of drug users than the injecting drug using population, 9% were positive for Hepatitis C in 2011 and only one of the four clients who were Hep C positive knew their status.

Research completed in East Sussex identified that 28% of domestic violence incidents were perpetrated by someone using PIED at the time of the offence.

[9] Performance & Image Enhancing Drugs, Final Report, September 2012 Julie Barton, Sonia Burton ,Alan Sidders

20 **Drug Related Deaths**

20.1 Drug related deaths are recorded in four different ways:
- the National Programme on Substance Abuse Deaths (np_SAD),
- Office of National Statistics (ONS)
- Public Health (PH) retrospective Audit
- Deaths in treatment.

Data is also collected by the Drug Liaison Nurse in A&E in respect of opiate overdoses.

20.2 Each of these data sets uses a different definition of a Drug Related Death (DRD). As a consequence the total attributable deaths for each data set differ. However, both the ONS and np-SAD data sets have shown a reduction in the number of recorded deaths from 2009.

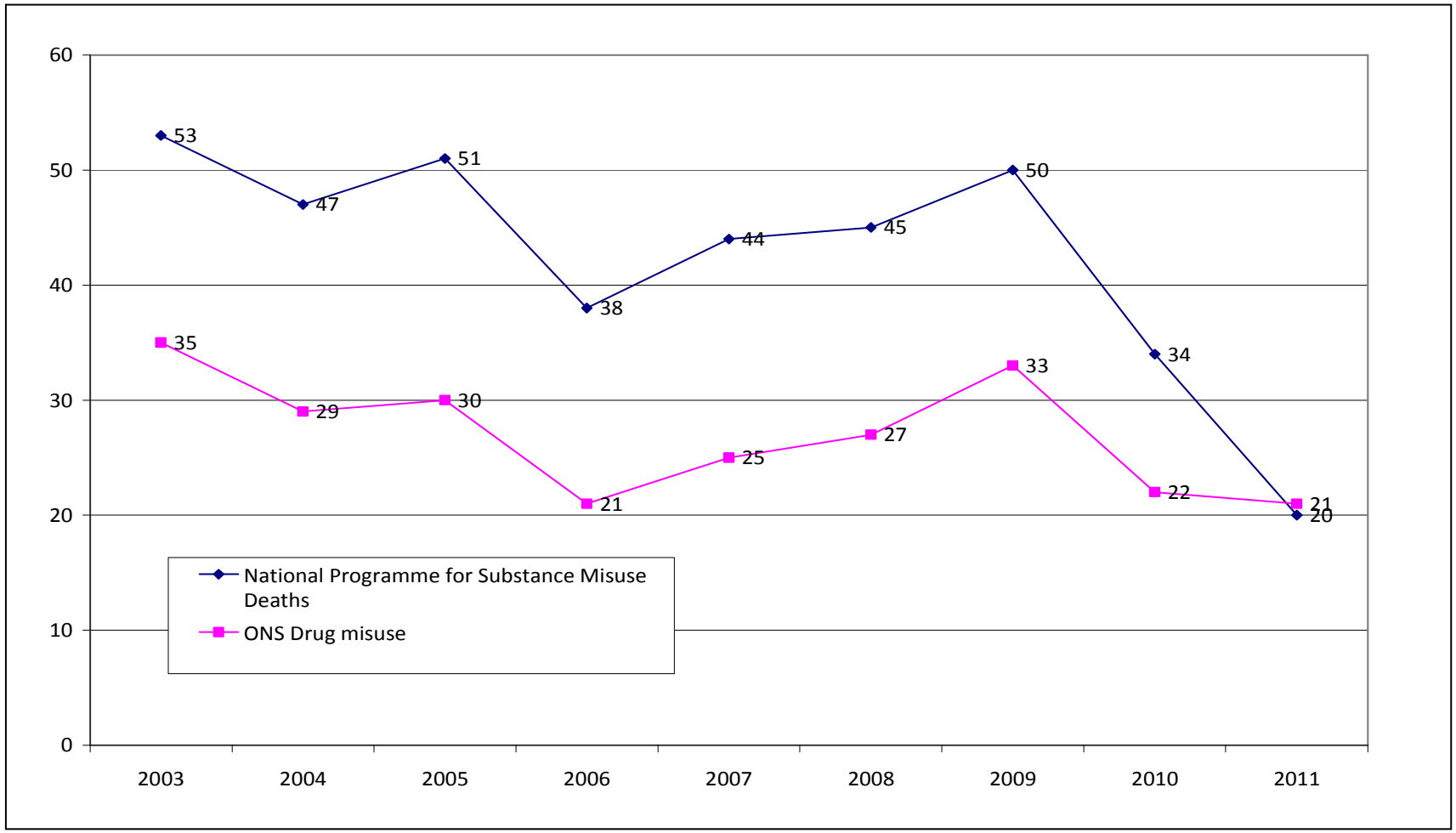
***Table 37: Drug Deaths Data Sets 2003-2012***

| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **National Programme for Substance Misuse Deaths** | 53 | 47 | 51 | 38 | 44 | 45 | 50 | 32 | 20 | Pending | Pending |
| **ONS Drug misuse** | 35 | 29 | 30 | 21 | 25 | 27 | 33 | 22 | 21 | Pending | Pending |
| **PH Retrospective Audit** | | | 50 | 42 | 41 | 50 | 46 | 36 | 29 | 19* | Pending |
| ***"Deaths in Treatment"*** | | | | | | | | 25 | 31 | 31 | 18* |

*as at 26/02/2013

**as at 26/02/2013

**Chart3: ONS and np-SAD Deaths 2003-2011**



20.3 Over the past 12 months an attempt has been made to correlate these different information sources in order to aid understanding of common themes in order to generate learning to support preventative action.

20.4 **National Audit Programme Substance Abuse Deaths (np_SAD)**

20.4.1 Np_SAD cases are identified by the Brighton and Hove Coroner after inquest. A proforma is completed and sent to St Georges Hospital were the death is included within the national register.

20.4.2 Fluctuations in the funding for np_SAD has affected the annual reporting cycle resulting in two reports for deaths during 2010 and 2011 being published in quick succession. The two reports presented a different picture of the number of drug related deaths locally. The 2010 report again identified Brighton and Hove as having the highest rate of Drug Related Deaths (14.8 per 100,000) in England. However, on publication of data related to deaths during 2011 Brighton and Hove and fallen to 7$^{th}$ place in respect of deaths per 100,000 of population. For 2011 np_SAD recorded 20 deaths in total, a rate of 8.77 per 100,000.

**Table 38: Coroners Areas with the Highest Rates of DRD During 2010 and for 2011 (np_SAD) England**

| | 2010 | | 2011 | |
|---|---|---|---|---|
| Highest rate per 100,000 | **Area** | **Rate per 100,000** | **Area** | **Rate per 100,000** |
| 1 | Brighton and Hove | 14.8 | City of Manchester | 14.86 |
| 2 | City of Manchester | 13.4 | Blackburn, Hyndburn & Ribble Valley | 13.35 |
| 3 | Blackpool and the Flyde | 11.8 | Liverpool | 11.37 |
| 4 | Teeside | 9.97 | Blackpool & the Fylde | 11.10 |
| 5 | East Lancashire | 9.85 | East Lancashire | 9.7 |
| 6 | Liverpool | 9.49 | North Tyneside | 9.67 |
| 7 | Blackburn, Hyndburn & Ribble Valley | 9.23 | Brighton and Hove | 8.77 |
| | | | | |

20.4.3 Over successive years since 2008 np_SAD data has identified Brighton and Hove as having the highest rate of DRD in the United Kingdom. The release of this data set therefore presents a significant change in the volume of drug related deaths in the City.

20.5 **Public Health Retrospective Audit**

20.5.1 In order to generate a greater understanding of Drug Related Deaths the Coroner's Records for individuals identified as a DRD have been audited. This review had already been completed when the np_SAD report was published. Findings from the audit indicated 29 DRDs for 2011. In conversation with np_SAD it was suggested that it is possible some submissions from the Coroner's office might have been delayed because of outstanding inquests and were therefore not included in the report. These deaths might be included in subsequent np_SAD reporting.

20.5.2 Data from the 2011 audit indicated that only 7 of the 29 deaths related to heroin. It is also therefore possible that a fall in heroin deaths has affected this positive change. Looking at all the drugs identified on inquest for the 29 individuals identified as a drug related death through the audit it is clear that Alcohol and Benzodiazepines were the most commonly cited substances.

**Table 39: Toxicology at Post Mortem for Drug Related Deaths in Brighton & Hove, 2011**

| | DRD | | DRD (Suicide) | | All DRDs | |
|---|---|---|---|---|---|---|
| Toxicology | No | % (n= 24) | No | % (n= 4) | No | % (n= 28) |
| Benzodiazepines | 16 | 66.7% | 4 | 100.0% | 20 | 71.4% |
| Alcohol | 18 | 75.0% | 1 | 25.0% | 19 | 67.9% |
| Other opiates | 9 | 37.5% | 2 | 50.0% | 11 | 39.3% |
| Methadone | 8 | 33.3% | 0 | 0.0% | 8 | 28.6% |
| Heroin | 6 | 25.0% | 1 | 25.0% | 7 | 25.0% |
| Anti-depressant | 3 | 12.5% | 1 | 25.0% | 4 | 14.3% |
| Hypnotics/sedatives | 1 | 4.2% | 2 | 50.0% | 3 | 10.7% |
| Ketamine | 1 | 4.2% | 0 | 0.0% | 1 | 3.6% |
| Other* | 2 | | | | | |

*Quetiapine, Propranolol

20.5.3 No deaths occurred where major tranquilisers, other depressant drugs, crack / cocaine, amphetamines, methamphetamine, MDMA, GHB, volatile substances, cannabis, prescription only drugs, over the counter (OTC) medicines, or other drugs were involved. Other prescribed drugs, quetiapine and propranolol were found at post mortem in one death in the DRD group.

20.6 **Public Health Audit Correlation with Treatment Services**

20.6.1 As detailed earlier the np_SAD data set is generated through the application of the St George's Drug Related Death definition to cases presented to the Coroner. The Public Health audit attempts to access the individual inquest files associated with this data set in order to extract pertinent information in respect of demographics, toxicology and contact with treatment services. Named data for individuals is only available from the Public Health Audit. Across most years (2005-2010) the two data sets have corroborated.

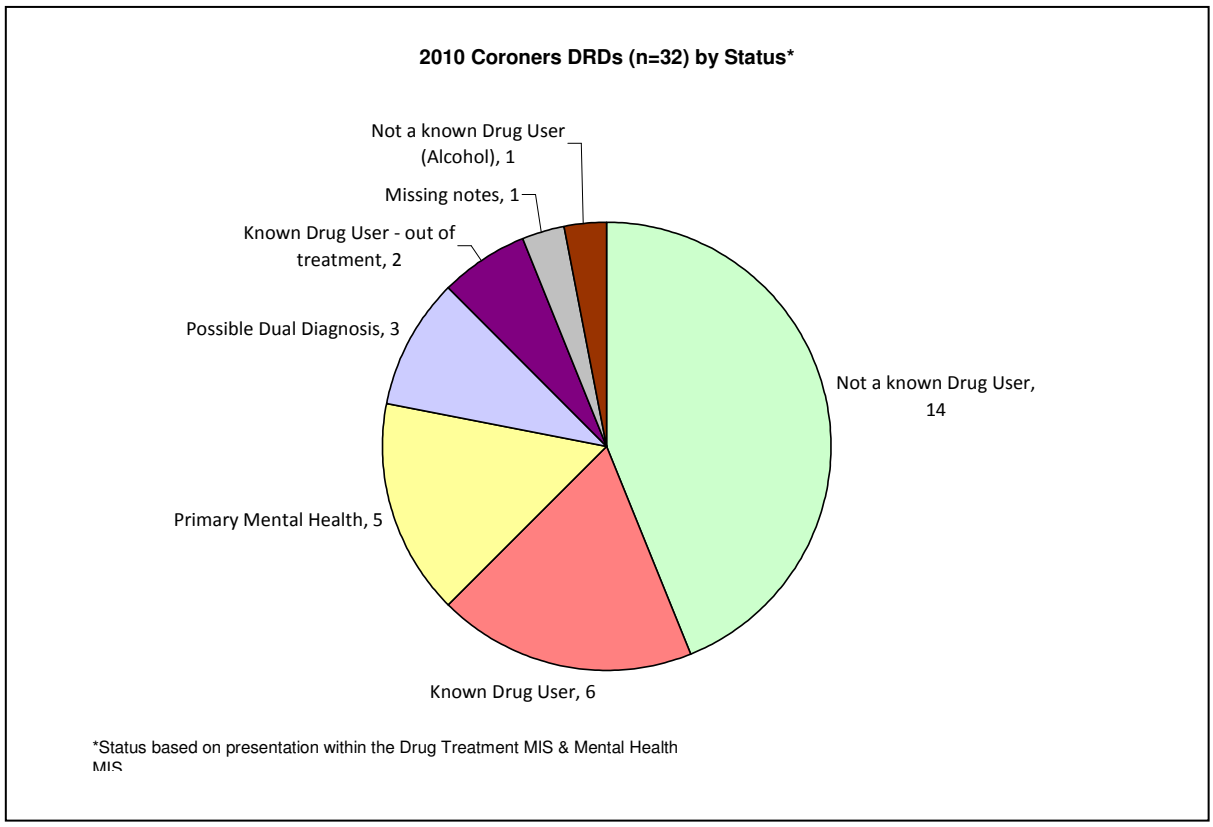
20.6.2 It is of significance to appreciate that the criteria for inclusion within this data includes some mortality that may not wholly include individuals with a history of drug dependency. In order to examine the relationship between the np_SAD data set and treatment services all deaths attributed as a DRD have been compared with the Nebula Drug Treatment Case Management System.

20.6.3 When the lists of named individuals is compared between the two data sets it is evident that not all the deaths recorded as a drug related death had a treatment history. Using treatment history as a proxy indicator of drug dependency it is clear that not all of the deaths recorded as drug related actually refer to individuals who had a history of drug dependency.

20.6.4 Np-SAD reported 34 deaths in 2010. Coroner's notes were retrieved for 32 of these deaths. When the names and dates of births of this data set were compared with the substance misuses case-management system (Nebula) only 8 matches were found. Six of the individuals were known drug users (in treatment at the time of their death) a further 2 clients had a treatment history but were not in treatment at the time of their death. A further client had been supported for their alcohol use. Additionally, three individuals were known to Sussex Partnership Trust with a possible Dual Diagnosis. A further 5 of those who died were primary mental health clients with no substance misuse history.

20.6.5 This information along with that generated in respect of toxicology indicates that our understanding of who dies from a Drug Related Death in the City extends beyond those in contact with substance misuse treatment services.

**Chart 4: Drug Related Deaths np_SAD/Public Health Audit Showing Drug Treatment History**




20.6.6 Improved distribution of Naloxone may well have contributed to the reduction in Drug Related Deaths. However, given that not all of those recorded as a DRD had a history of drug use, Naloxone would be irrelevant.

20.6.7 Further analysis and correlation between the existing data sets, including those associated with overdose, through the creation of a meta-database, has the potential to generate greater understanding of this issue locally.

**Summary**

National Programme on Substance Abuse Deaths data published in 2011 placed Brighton and Hove in 7th place with 20 drug related deaths for that year. Local Coroners Audit Data for the same period indicated that only 7 of the deaths related to heroin.

Similarly, when the np-SAD reported deaths in 2010 (n=34) were reviewed only 8 matches were found within the substance misuse case-management system (Nebula). At inquest Alcohol and Benzodiazepines were the most commonly cited substances.

## 21 Drug Related A&E Attendances

21.1 Data within this section relates to A&E attendances were the Reason For Attendance field was recorded as “Drug Addiction”. This description does not appear to have a precise definition. Irrespective of this it is of value to consider drug related presentations via an open access service such as A&E as this data can provide intelligence around drug use within the wider local community.

21.2 During the 2012 calendar year there were a 150 directly attributable drug related attendances. Data for 2011 indicated 125 attendances. Data for 2012 therefore shows a 20% increase when compared with the previous year.

**Table 40: A&E Attendances Related to "Drug Addiction" Calendar Year 2012**

| Month | (n) |
|---|---|
| January 2012 | 9 |
| February 2012 | 7 |
| March 2012 | 14 |
| April 2012 | 9 |
| May 2012 | 9 |
| June 2012 | 13 |
| July 2012 | 15 |
| August 2012 | 5 |
| September 2012 | 15 |
| October 2012 | 20 |
| November 2012 | 14 |
| December 2012 | 10 |
| **Total** | **150** |

21.3 The majority of those attending A&E for drug addiction were males (65%, n=97). 65% of those who presented to A&E with "Drug Addiction" were aged 18-35 years.

21.4 Eleven attendances related to opiate overdoses. Seven of the attendances referenced amphetamine overdose. Six were recorded as mixed overdoses, two as hallucinogen overdose, and 2 as sedative overdose and one as psychotropic overdose. Ketamine was also referenced in two cases.

**Table 41: Drug Addiction Presentations to A&E by Age**

| Age Group | (n) | *%* |
|---|---|---|
| Under 18 years | 3 | *2.0%* |
| 18-20 | 11 | *7.5%* |
| 21-25 | 33 | *22.4%* |
| 26-30 | 22 | *15.0%* |
| 31-35 | 30 | *20.4%* |
| 36-40 | 14 | *9.5%* |
| 41-45 | 18 | *12.2%* |
| 46-50 | 6 | *4.1%* |
| 51-55 | 6 | *4.1%* |
| 56-60 | 1 | *0.7%* |
| 61 years + | 3 | *2.0%* |
| **Total** | **147** | |

*Age not recorded in 3 cases*

**Summary**

Data from this source provides a useful insight into changing patterns of drug use within the wider community. During the 2012 calendar year there were a total 150 directly attributable drug related attendances. A crude comparison with data generated from this source for the 2011 calendar year shows that in 2012 there was a 17% increase in presentation coded as related to "Drug Addiction".

Heroin Overdoses continue to contribute to the overall level of drug related attendances.

## 22 Opiate Overdoses

22.1 Inquest data shows overdose as a predisposing factor prior to drug related mortality. An audit was conducted of opiate overdoses presenting to the Royal Sussex County Hospital (RSCH) A&E department between 1st January and 24th October 2012 . During this period 38 individuals had a total of 44 opiate overdoses. Based on this presentation it would be estimated that 46 individuals experience an opiate overdose in a full year. Clinical records were reviewed against a pro forma. This information was then cross referenced with that contained within the Drug and Alcohol Case Management System.

22.2 Where information was recorded it was evident that most overdoses involved more than one substance (n=22). Heroin was mentioned in the notes 14 times and Methadone was mentioned seven times. Benzodiazepines were mentioned in relation to 12 overdoses.

22.3 On reviewing the substance misuse notes there was evidence that three clients had had a recent discharge from prison. In total 29 (76%) of the clients had been in contact with substance misuse treatment services. Significantly, at the time of their overdose 13 of the patients who had been in contact with drug services had disengaged from treatment.

22.4 A significant proportion of clients were not actively engaged in treatment at the time of their overdose and may not have received a Naloxone (Narcan) mini-jet. Of the 38 individuals who experienced an overdose five (13%) were primarily users of alcohol. Four of these individuals had been in contact with treatment services.

**Summary**

Approximately 46 individuals presented in 2012 to the Royal Sussex County with an opiate overdose. 76% of those who had on an overdose were known to treatment services, but at the time of overdose only 13 of these 38 individuals were in contact with treatment services.

## 23 Blood Born Viruses

23.1 Ninety percent of Hepatitis C infections relate to injecting drug use. Drug treatment services therefore play a crucial role in promoting harm reduction strategies that support good injecting practice and promote testing and treatment.

23.2 Each year the Health Protection Agency conducts anonymous dry blood spot testing at the open access service at No. 11. This data set is of great value is it provides information collected independently of the NTA and as such provides validity/challenge against our routinely collected information. Information from the survey component of this research provides insights into the characteristics of the local injecting population including incidence of homelessness, contact with prison services and sharing practices, as well as local incidence of blood born viruses.

23.3 The latest data set available is for 2011. During this year a total of 111 clients participated in the study all of whom were injecting drug users.

23.4 The local incidence of HIV and Hepatitis B and C continues to be significantly higher than that for England, Wales and Northern Ireland.

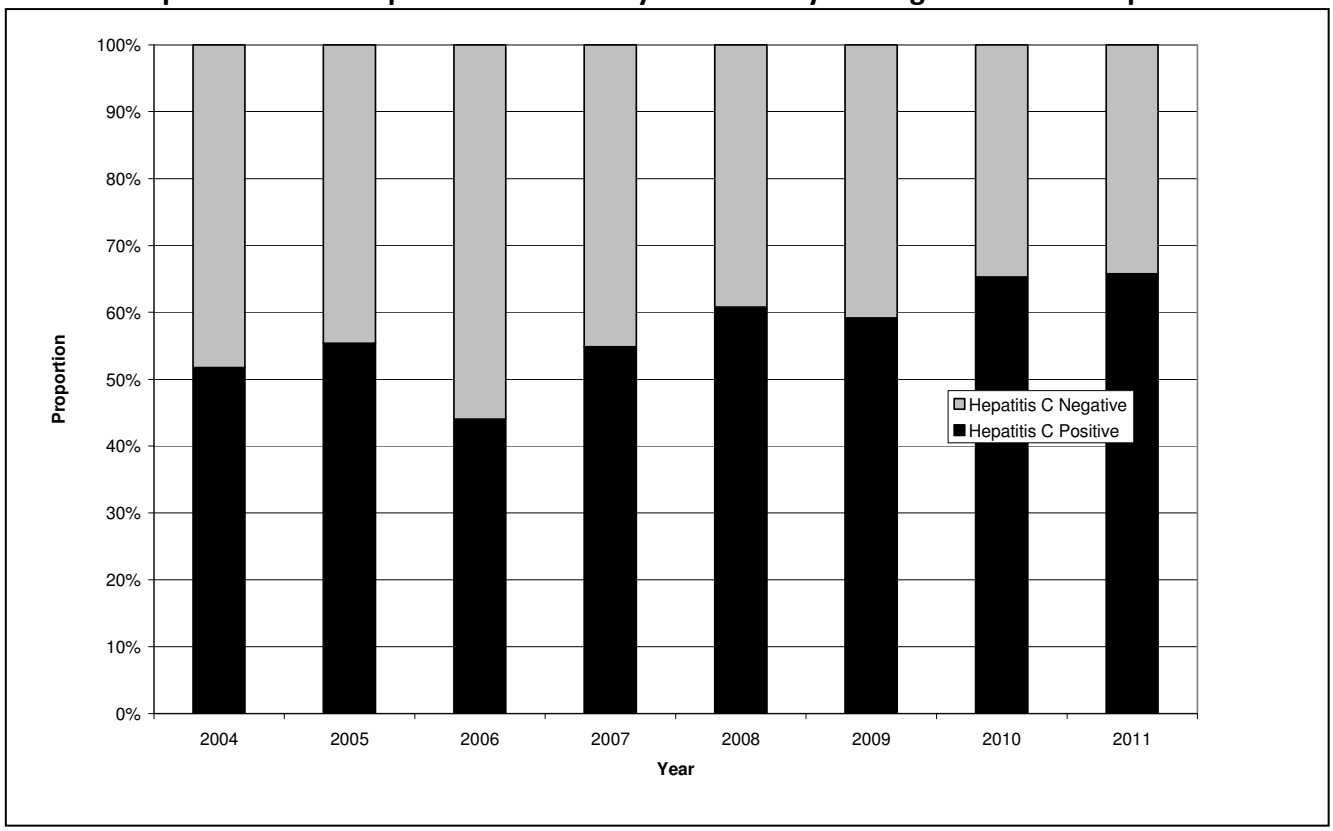
23.5 In 2011 the prevalence of HIV within the local population was 2.7%. Applying this proportion to the estimated IDU population (n=710) generates an estimate of 19 individuals who are HIV positive. The HIV positive rate for England, Wales and Northern Ireland in 2011 was 1.2%.

**Table 42: HIV Incidence 2004 -11**

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| HIV Positive | 0 | 4 | 2 | 2 | 3 | 3 | 4 | 3 |
| HIV Negative | 29 | 117 | 107 | 91 | 99 | 90 | 117 | 108 |
| *%* | 0.00% | 3.31% | 1.83% | 2.15% | 2.94% | 3.23% | 3.31% | 2.70% |
| Number of packs tested | 29 | 121 | 109 | 93 | 102 | 93 | 121 | 111 |

23.6 In 2011 65.8% of those tested were positive for Hepatitis C. This equates to a population of 467 Hep C positive IDUs within the local population. Brighton and Hove's prevalence of Hepatitis C is higher than that of England (43%) for the 2011 measurement period.

**Chart 5: Proportion of Participants in HPA Anonymous Survey Testing Positive for Hepatitis C 2004-2011**




23.7 In addition to data related to actual testing, information related to Hepatitis C is also generated from the questionnaire component of the survey. The questionnaire asks respondents what they believed their status to be. When asked 43% of participants thought they were positive for Hepatitis C. This compares with 66% of this population that were actually positive. This finding is comparable with previous analysis from this study which has consistently found a gap between individual perceived incidence of disease and test findings for Hepatitis C.

23.8 It is probable that clients who are unaware of their status may present as a greater risk of transmitting infection. Clients who are unaware of their status will also be unable to access treatment for their Hep C.

23.9 Data collected in 2011 included a new question for those clients who were positive for Hepatitis C asking whether they had been seen by a specialist nurse or doctor (e.g. hepatologist) about their hepatitis C.

**Table 43 : Hepatitis C Positive Clients Contact with Specialist Services**

| | (n) | % |
|---|---|---|
| No | 22 | 51.20% |
| Yes, and been given medicine | 17 | 39.50% |
| Yes but not given medicine | 2 | 4.70% |
| **Total** | **41** | **95.30%** |
| *Missing no response* | *1* | *4.70%* |

23.10 Of the 41 Hepatitis C positive clients who responded to this question the

majority had not been in contact with Specialist Hepatology support. Additionally, as highlighted earlier 23% of this population did not know that they were Hep C positive.

23.11 Brighton and Hove also had higher rates of Hepatitis B than the average for the UK. In 2011 Brighton and Hove's IDU population had a prevalence of 33.3% who were positive for Hepatitis B (core antigen a marker for previous or current infection). This compares with a prevalence of 16% for England, Wales and Northern Ireland. Applying this proportion to the local estimate of injectors generates a population of 236 individuals who are Hepatitis B positive.

23.12 Although the sample size for the HPA study is relative small when compared with that of the treatment population as a whole, the characteristics of the two are comparable in respect of age and gender. It is therefore acceptable to extrapolate the findings of the data derived from this analysis to that of the wider IDU population.

23.13 As in previous years over half of respondents (52%) indicated that they had started to inject prior to their 25th birthday.

23.14 Seventy-five of the 111 clients who responded to this questionnaire had been in prison. Of those who had been in prison 31% (n=23) had injected while in prison. This is the highest proportion since data collection became fully operational in 2005.

**Table 44: Prison and Young Offender Amongst Participants in the HPA Survey**

| Response | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|
| Have you ever been in prison/young offenders Institution | 73 | 68 | 63 | 65 | 61 | 78 | 75 |
| Have you ever injected drugs while in prison | 16 | 11 | 16 | 11 | 11 | 12 | 23 |
| % | *21.9%* | *16.2%* | *25.4%* | *16.9%* | *18.0%* | *15.4%* | *30.7%* |

23.15 Ninety-two percent of respondents have been homeless at some point in their life. This is the highest proportion of homeless within the study comparable with that of 2009. Findings from the national survey indicate that those who have been homeless are more likely to have antibodies to Hepatitis C. The local incidence of homelessness might be a contributory factor to the high rate of Hepatitis C locally.

23.16 Since 2008 the proportion of clients who indicated that they had shared their works (life time experience) has fallen. Life time sharing in Brighton and Hove at 21% is slightly higher than that for England, Wales and Northern Ireland (19%).

23.17 Sharing of works over the previous 28 days has been on a downward curve since 2007. However, this trend seems to have plateaued. Data for 2011 shows that 64% of respondents had passed on used works to others.

23.18 The proportion of clients reporting that they had experienced a swelling (an indication of infection) fell this year to 29%, the lowest proportion recorded since this data set was first collected in 2006. Previously between 39-47% of respondents reported having a swelling in the previous year.

23.19 The incidence of groin injecting (during the previous 28 days) continues to remain static with 22% of participants responding positively to this question. This is comparable with historic incidence of between 19-25%.

23.20 The proportion of clients who have been tested for Hepatitis C shows a positive change

over the sample period. In 2005 69% of respondents had been tested for Hepatitis C. By 2011 this had increased to nearly 90% (89%). Ninety-two percent of respondents had been tested for HIV. This is the highest proportion since this data set became fully operational in 2005.

23.21 Vaccination for Hepatitis B increased significantly during this period, rising from 51% in 2005 to 78% of respondents in 2011.

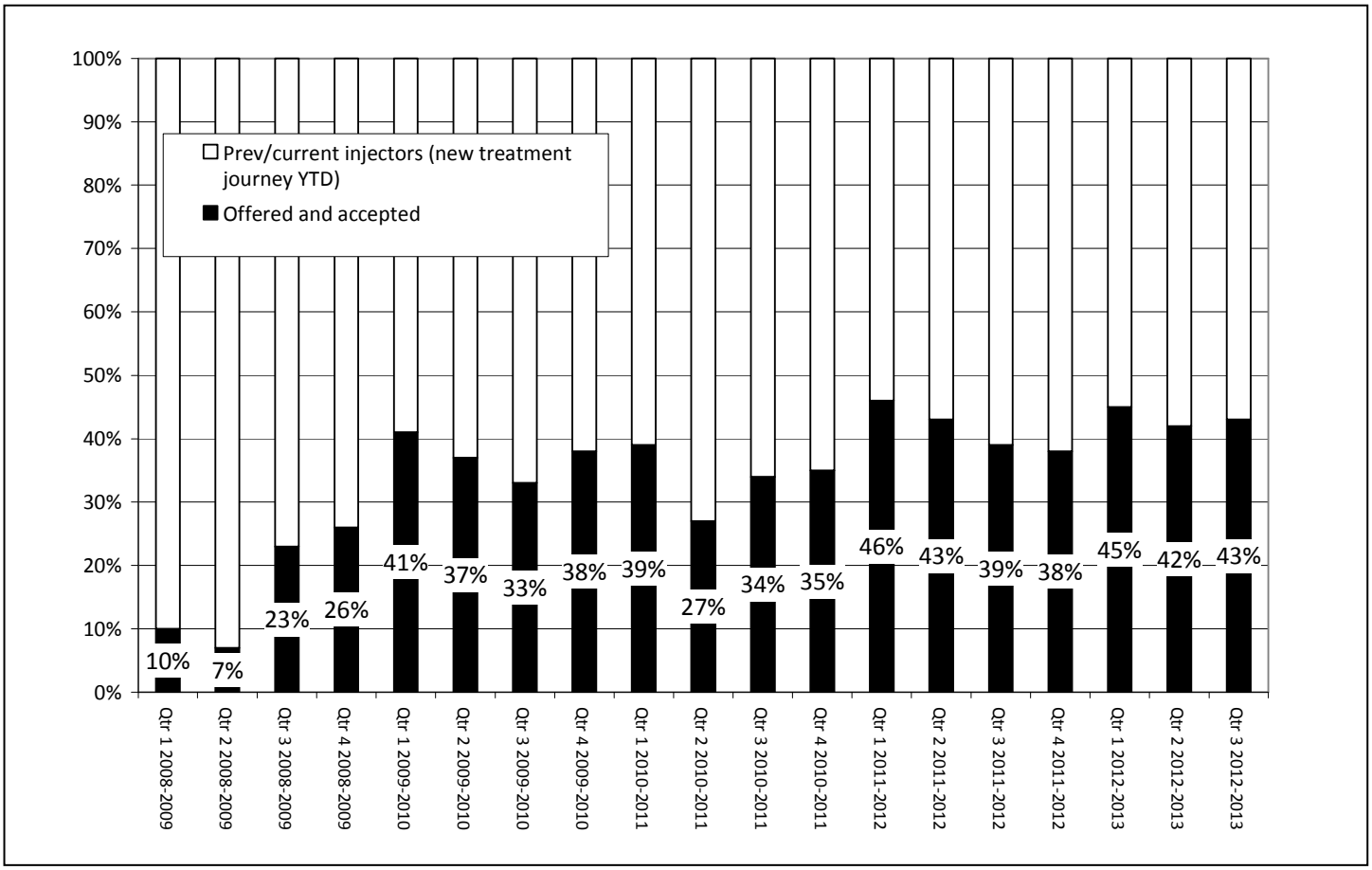
23.22 Of those participants who had had sex the use of condoms appears to be increasing with only 40% saying they had never used a condom. This compares with an average of 51% (2005-10). The proportion not using a condom is still high and presents a risk of transmission. Given the high incidence of Hepatitis B within the local community this finding highlights the continued need to promote awareness of condom use.

23.23 Eight-one percent of participants taking part in the survey were currently being prescribed a detox/maintenance regime. Though a positive finding, when placed within the context of a sample drawn from those accessing a Needle Exchange, this could imply an increase in clients continuing to use illicit substances while under a maintenance regime.

23.24 The proportion of clients offered testing for Hepatitis C[10] at the end of the calendar year 2012 (Quarter 3 Domes 2012-13) was 86% (clients in treatment). This compares with a national average of 72%. The chart below shows data derived from the "Green Reports" and provides comparator data since Quarter 1 2008-2009 for new presentations (injectors).

**10 Defined as Percentage eligible clients in treatment previously or currently injecting who received a HCV test**

**Chart 6: Hepatitis C Testing for Previous or Current Injectors Entering the Treatment System 2008-2012**




23.25 The information presented here is drawn from the Health Protection Agency's Annual survey. This information has been collected in a complete form since 2005. Further information about this data set including a full breakdown of the frequencies recorded is available on request.

**Summary**

HPA data for 2011 shows that the local incidence of HIV and Hepatitis B and C continues to be significantly higher than that for England, Wales and Northern Ireland.

The prevalence of HIV within the local population was 2.7%.

In 2011 65.8% of those tested were positive for Hepatitis C

The majority of respondents who were Hep C positive (n=22, *51%*) had not been in contact with Specialist Hepatology support. Additionally, 23% of those who took part in the survey did not know that they were Hep C positive.

Ninety-two percent of respondents have been homeless at some point in their life. This is the highest proportion of homeless within the study comparable with that of 2009.

Eight-one percent of participants taking part in the survey were currently being prescribed a detox/maintenance regime.

The proportion of clients being offered and accepting testing for Hepatitis C has risen significantly since 2008, with 43% of current injectors entering the treatment system October-December 2012 being tested.

24 **Needle Exchange Data**

24.1 As seen in previous reports activity within both the Needle Exchange based at No. 11 St Georges Place and the services provided by the Community Pharmacy team provide a valuable insight into drug use within the City.

24.2 Needle Exchange activity delivered by No. 11 is collected via the Nebula Case Management system. Needle Exchange services are also provided by 18 Community Pharmacies in the City. Activity for these services has historically been collected using the NDTMS' Needle Exchange monitoring system NEXMS. However, this data set was frequently incomplete, thereby undermining the validity of the data collected in this way. In 2012 it was decided to record activity using the Pharmacy web based payment system SONAR which has an activity module as an adjunct to the payment system.

24.3 Information collected using SONAR records the number of needle packs distributed each month by pharmacy. The pharmacies can dispense red, yellow, blue or green packs. The number of bins returned is also collected.

24.4 Thirteen of the 17 community pharmacies submitted data during the 9 months for which we have activity.

24.5 By combining the data generated from these two data sources we have been able to achieve the most comprehensive review of needle activity for the City to date.

**Table 45: Community Pharmacy & Needle Exchange No.11: Activity by Quarter 1- 3 2012/13**

| | **Source** | **(n)** |
|---|---|---|
| Q1 2012 | Pharmacy | 45540 |
| | CRI Nx | 64288 |
| | **Combined** | **88052** |
| Q2 2012 | Pharmacy | 42520 |
| | CRI Nx | 55794 |
| | **Combined** | **83340** |
| Q3 2012 | Pharmacy | 60200 |
| | CRI Nx | 47451 |
| | **Combined** | **96633** |

24.6 The level of activity recorded is dependent on the number of pharmacies submitting returns. Fluctuations in reporting distort monitoring.

24.7 **Who is using Needle Exchange Facilities in the City**

24.7.1 During the nine months reported over 40% (n=279) of those accessing the Needle Exchange at No. 11 were users of Performance and Image Enhancing Drugs (PIED).

24.7.2 Clients using the Community Needle exchanges do not register to use this service. It is therefore only possible to work out how many clients are users of PIED based on the types of needles dispensed. PIED clients use blue needles. Blue needles are also used by groin injectors.

24.7.3 Looking crudely at the number of blue needles used by PIED clients compared with the total dispensed it would appear that 14% of Community Pharmacy clients are PIED users. Looking simply at dispensing data may underestimate the number of actual PIED clients, as this population are not injecting on a daily basis.

24.7.4 Based on the data presented here it is possible to establish how many clients are actually using the community pharmacies[11]. Using the methodology devised by Parsons et al between 565 - 1,098 clients use the Community Pharmacies each year. Based on the estimate that 14% of these clients are PIED users this would equate to 486-944 injecting drug users.

## 25 Estimating the Number of Injecting Drug Users in the City

25.1 It is not possible to establish the interface between clients accessing the Community Pharmacy service and the Needle Exchange. In using these data in respect of establishing the number of injecting drug users in the City it is therefore better to view the populations produced from the registrations at No. 11 (441 pa) and the estimate generated from the Community Pharmacies (486-944) independently.

25.2 The latest NTA estimates for injectors produced for the 2010-11 period indicate that there are 685 injectors in the City. This figure lies between the upper and lower estimates produced through the Community Pharmacies and is higher than that for the Needle Exchange. It is probable that injectors are using more than one service to access needles and that wholly using activity from No. 11 underestimates the number of injectors. Activity from the Community Pharmacies therefore provide data that correlates with national estimates and as such it provides a valuable data source in respect of the extent of injecting in the City.

**Summary**

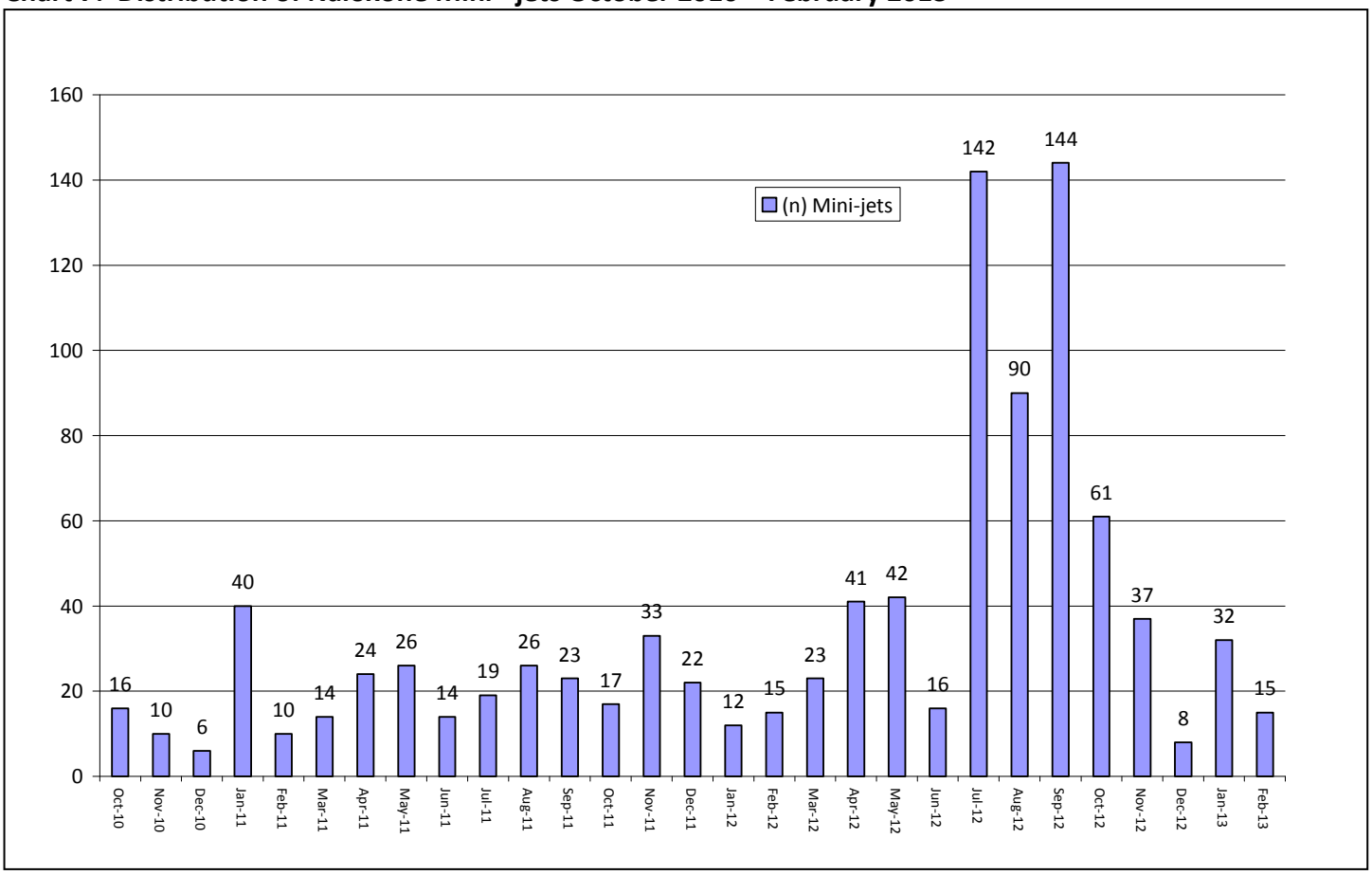
Changes to the NHS locally mean that future management of contracts with local Community Pharmacy services are now being supported by the Drug and Alcohol Commissioner. Access to monitoring activity from these services has improved significantly over the previous 12 months. Five Community Pharmacies did not submit any activity data during this period. The greater the completeness of the Community Pharmacy data collection system the better the intelligence generated from this system. Locally we continue to have a significant number of PIED users accessing both the Needle Exchange and Community Pharmacy services.

It is possible to use this data source as a way of estimating the number of Injecting Drug Users in the City. This analysis generates an estimated IDU population of between 486-944 which is comparable with the NTA estimate for 2010/11 of 685 (605-789).

[11] "Upper and lower estimates of client numbers in the partnership, region or nationally, calculated using the projected total of dispensed needles of between 180-350 per user per year". From Parsons J, Hickman M, Turnball P, McSweeney T, Judd A et al (2002) Over a Decade of Syringe Exchange: Results from 1997 UK.

26 **Naloxone Distribution**

**Chart 7: Distribution of Naloxone Mini - jets October 2010 – February 2013**




26.1 Information in respect of the distribution of Naloxone Mini-jets has been incorporated into the prescribing module within Nebula. This has significantly improved the monitoring of the distribution of mini-jets. Over the 12 month period March 2012 – February 2013 a total of 374 mini-jets were prescribed. Given the NTA IDU estimate of 685 clients this would crudely equate to 55% of this population being in receipt of Naloxone.

26.2 However, information about administration is less robustly collected. If a Naloxone mini-jet is administered in a hostel an incident form is forwarded to the SMS. Because of the nature of the circumstances when Naloxone is used it is probable that it may not be possible to systematically introduce a way of capturing this information.

**Summary**

Improvements in the monitoring of the distribution of Naloxone show that over the 12 month period March 2012 – February 2013 a total of 374 mini-jets were distributed over this 12 month period. When a crude comparison is made between the estimated IDU population and the distribution of Naloxone over half (55%) were in receipt of a mini-jet.

27 **Dual Diagnosis**

27.1 This analysis is generated from the Nebula data extract for the calendar year 2012. During this period there were a total of 208 individuals recorded as dual diagnosis. This is an increase of a third, equating to 52 additional dual diagnosis clients when compared with the previous sampling period (Oct 2010- Sept 2011). Clients with a dual diagnosis now make up 13% of those in treatment.

27.2 It was noted last year that there is a higher proportion of female clients within the Dual

Diagnosis community when compared with the treatment population as a whole. This finding is born out again, with 32% of those with Dual Diagnosis being female.

27.3 As noted last year the Dual Diagnosis population is younger than that of the treatment population as a whole: 37.4 years (range 20-64 years) compared with 38.8 years. The ethnic profile of this population is comparable with that of the treatment population as whole. However, as noted when viewing the treatment population, there is under representation from BME groups.

Within the Dual Diagnosis population a total of 10% defined themselves as LGBT. This compares with 9% of the treatment population as a whole.

27.4 It was noted last year that the majority of Dual Diagnosis clients are primary Heroin users with a slightly higher proportion of cannabis users (13%) when compared with the treatment population as a whole (9%).

27.5 During this 12 month period 58 (28%) of clients with a Dual Diagnosis left treatment. This is a higher proportion of discharges when compared with those from the treatment population as a whole.

27.6 Dual Diagnosis clients are less likely to leave treatment in a planned way: 41% compared with 51% for the whole treatment population during 2012. Twenty-four percent of the Dual Diagnosis population dropped out of treatment compared with 18% of whole treatment population.

**Table 46: Discharges for Dual Diagnosis Clients**

| Discharge Type | (n) | % |
|---|---|---|
| Treatment completed - drug free | 15 | *25.9%* |
| Incomplete - dropped out | 14 | *24.1%* |
| Treatment completed - occasional user | 9 | *15.5%* |
| Transferred - not in custody | 9 | *15.5%* |
| Transferred - in custody | 5 | *8.6%* |
| Incomplete - client died | 5 | *8.6%* |
| Incomplete - retained in custody | 1 | *1.7%* |
| **Total Discharges** | **58** | |

27.7 The most significant difference between those with Dual Diagnosis and the rest of the treatment population is the number who died while in treatment. Looking at all primary drug clients who were in treatment during 2012 a total of 14 died while in treatment. Looking at the table above it shows that 5 Dual Diagnosis clients died in treatment, making up 36% of the total. Given that Dual Diagnosis clients make up only 13% of those in treatment it would appear that having this diagnosis could increase the risk of death. These deaths in treatment appear to be contributing to the over all higher incidence of discharges for this population.

27.8 Unsurprisingly, twice as many (32%) of the Dual Diagnosis population are recorded as Long Term Sick when compared with the rest of the treatment population (15%). Thirteen percent of the treatment population are in regular employment but for those with Dual Diagnosis this falls to just 5%.

27.9 A pilot group programme has been developed and facilitated in partnership between CRI & Sussex Partnership NHS Foundation Trust. The programme is targeted at people in secondary mental health services who were also accessing support through substance misuse services. The aims of the pilot are to: Improve joint working, meet the needs of both client groups and to bridge the gap between skills and experience of staff. The four week programme looks at: Drug & alcohol awareness; Emotional management, Coping strategies and goal setting; review, feedback & reflection.

**Summary**

Thirteen percent (n= 208) of those in treatment have a Dual Diagnosis. Compared with the previous measurement period. This is an increase in absolute numbers of a third.

As seen in previous years Dual Diagnosis clients are more likely to be female and younger than the treatment population as a whole.

Dual Diagnosis clients are more likely to leave treatment in an unplanned way than the rest of the treatment population. Deaths in treatment make a significant contribution to this finding, with 5 of the 14 deaths in treatment that occurred during this period being experienced by someone with a Dual Diagnosis. Clients with a Dual Diagnosis are less likely to be Regular Employment and more likely to be registered as long term sick.

## 28 Safeguarding Children

28.1 Parental status is collected on first assessment and a client's status may change during their treatment. A significant proportion of clients are in treatment for less than a year so the effect on data quality is probably less than might be expected.

**Table 47: Parental Status for Clients in Treatment 2012**

| Parental Status | (n) | % |
|---|---|---|
| Not a parent | 812 | *51.3%* |
| None of the children live with client | 440 | *27.8%* |
| Children living with partner | 53 | *3.4%* |
| Children living with other family member | 27 | *1.7%* |
| All the children live with client | 104 | *6.6%* |
| Children living with client | 95 | *6.0%* |
| Some of the children live with client | 31 | *2.0%* |
| Other | 12 | *0.8%* |
| No recorded | 6 | *0.4%* |
| Children in care | 1 | *0.1%* |
| Client declined to answer | 1 | *0.1%* |
| **Total** | **1582** | |

28.2 14% of those in treatment were parents with all or some of their children resident at the same address.

28.3 During 2012 the Brighton and Hove Joint Protocol between Drug and Alcohol Treatment Services and Children and Family Services was finalised and implemented. At the same time work was underway within Children's Services reviewing the operational function of the Parenting Our Children Addressing Risk (POCAR) service and the Children's Services and in particular the Claremont Centre.

28.4 Consequent to this review recommendations were made to second an expert from Substance Misuse Service (SMS) into social care with the objective of supporting improved social work practice to provide a consistent assessment of substance use in parents, provide packages of brief intervention and refer for treatment appropriately to support families where drug/alcohol is an issue. The programme of work associated with this initiative will also include an audit of substance misuse cases within social care.

**Table 48: Children with a Child Protection Plan 2011, 2012 and 2013**

| Underlying Cause | Jan 2011 | | Feb 2012 | | Feb 2013 | |
|---|---|---|---|---|---|---|
| | Count | % | Count | % | Count | % |
| Physical Care /Neglect Issues | 162 | 40.3% | 124 | 36.7% | 73 | 29.0% |
| Domestic Violence/Abuse | 137 | 34.1% | 169 | 50.0% | 141 | 56.0% |
| Parental MH Problems | 80 | 19.9% | 79 | 23.4% | 56 | 22.2% |
| **Parental Alcohol Misuse** | **65** | **16.2%** | **62** | **18.3%** | **63** | **25.0%** |
| Emotional unavail/inapprop expectations of child | 50 | 12.4% | 68 | 20.1% | 60 | 23.8% |
| Adult Convicted/Cautioned/Alleged - Physical Abuse | 47 | 11.7% | 43 | 12.7% | 52 | 20.6% |
| **Parental Drug Misuse** | **42** | **10.4%** | **58** | **17.2%** | **43** | **17.1%** |
| Non Compliance with Health Care Advice/Treatment | 36 | 9.0% | 22 | 6.5% | 5 | 2.0% |
| Parental Learning Difficulties | 20 | 5.0% | 20 | 5.9% | 7 | 2.8% |
| Adult Convicted/Cautioned/Alleged - Sexual Abuse | 12 | 3.0% | 21 | 6.2% | 34 | 13.5% |
| Unknown | 11 | 2.7% | 3 | 0.9% | 0 | 0.0% |
| YP Convicted/Cautioned/Alleged - Sexual Abuse | 4 | 1.0% | 3 | 0.9% | 1 | 0.4% |
| **Total** | **666** | | **672** | | **535** | |
| Number of Children Subject of a CP Plan | 402 | | 338 | | 252 | |

28.5 Though the absolute number of children placed on the Child Protection Register because of Drug misuse (17.1%) is comparable with that for the previous period during 2012 the actual number of children with a CPP due to Drug misuse fell from 58 to 43. The proportion of children with a CPP because of parental alcohol use increased to 25% though the actual number of children rose by only one child.

**Summary**

14.6% of those in treatment are living with children.

The number of children with a Child Protection Plan where parental drug misuse was a cause fell from 58 to 43 between February 2012 and February 2013.

The implementation of the local Safeguarding Protocol between Substance Misuse Services and Children's Services along side the delivery of the recommendations from the review of the POCAR service could yield positive effects in the future in respect of the number of CPP associated with Substance Misuse.

## 29 Health Counts Survey 2012

29.1 The Heath Counts Survey has been run every ten years since 1992 and took place for a third time in 2012. In 2012 a question about drug use was included for the first time. Participants were asked if they had ever taken a drug not prescribed for them or available at a chemist. Respondents could choose from one of four mutually exclusive answers:

- Yes, in the last 4 weeks 1,

- Yes, in the last year 2,
- Yes, over a year ago 3,
- Never

29.2 This question is comparable to that used in the Crime Survey for England and Wales.

29.3 When local data is compared with that of the Crime Survey 2012 it would appear that the residents of Brighton and Hove are more likely to have taken drugs when compared with the England and Wales dataset.

29.4 When asked in the Health Counts Survey whether respondents had taken drugs over a year ago 40% of those who responded to Health Counts gave a positive response to this question. This compares with the Crime Survey question "have you ever used drugs" which generated a positive response rate of 36.5%. When asked if they had used drugs in the last year 17.1% of Brighton and Hove responded positively to this question compared with 8.9% from the England and Wales data set.

29.5 Similarly, when asked if they had used drugs in the last 4 weeks 9.6% of those who responded to the Health Counts Survey replied positively. This compares with 5.2% of those who responded to a similar question in the Crime Survey.

**Summary**

Brighton and Hove Residents are more likely to have taken drugs in the last month (9.6% compared with 5.2%), year (17.1% compared with 8.9%) or across their life time (40% compared with 36%) when compared with the rest of the Country.

30 **Family Engagement and Involvement – PATCHED**

30.1 PATCHED supports families, friends and carers of people with substance misuse problems.

30.2 As we noticed last year over 40% of those in contact with the service where the friend/family/carer of someone with problems associated with alcohol use. Year-on-year PATCHED has seen a significant increase in those seeking support because of a relative's use of alcohol.

30.3 Though the focus of this needs assessment is drugs it is of interest to note that alcohol dominated referrals to this service. Similarly, the relatives and friends of cannabis users also seek support in a comparable volume to those seeking support in relation to users of heroin.

30.4 PATCHED supports families, friends and carers of people with substance misuse problems.

30.5 As we noticed last year over 40% of those in contact with the service where the friend/family/carer of someone with problems associated with alcohol use. Year-on-year PATCHED has seen a significant increase in those seeking support because of a relatives use of alcohol.

30.6 PATCHED continues to notice an increase in young adults aged 18 – 25 years accessing their service in relation to parental use of alcohol. It would appear that many of these young adults had experienced extensive periods of exposure to their relative's behaviour, with many indicating that this had been throughout their life. These findings indicate that treatment services may not have recognised the needs of the young person when their parent was in contact for support. Similarly, this could also imply that other agencies including schools may not be aware of the parental behaviours and their impact on a young person's welfare.

30.7 PATCHED have also noticed an increase in the parents of young people aged under 18 years wishing to access the PATCHED service.

30.8 Duo counselling was introduced to PATCHED in 2009. This type of support provides counselling to both a substance mis-user and their relative. Since its introduction there has been a three fold increase in the number of substance using individuals requesting this

support. Feedback indicates the value of this service and in particular positive improvement around strengthening trust and communication within their relationship.

30.12 Working in conjunction with St Thomas Fund Tier 4 clients being supported by this service will be offered Duo Counselling as part of their recovery journey. This is service will commence in June 2013.

30.13 As noted in previous years PATCHED continues to notice an increase in people aged over 65 accessing the service. Many of these clients are supporting relatives that have returned to the family home, for example following marriage break up. Many of this older population present as vulnerable adults.

30.14 There has also been an increase in the number of clients who are in recovery for their own substance misuse accessing PATCHED. This group of ex service users are now acting in a caring role to a still using partner and are seeking PATCHED help.

30.15 **Summary**

Information derived from the PATCHED services provides a valuable insight into the effect of substance misuse on families and carers.

Over the past year the service has noticed an increase in both the number of younger adults aged 18-24 years and older people aged over 65 years who have been seeking support from the service.

The age of the younger population is comparable with that of those in Transition between youth and adult services. Though this cohort may not themselves have a substance misuse problem the effect of parental use is having a detrimental affect on them.

There has also been an increase in the number of older clients making contact with the service. This population may have pre-existing vulnerabilities in respect of their age in addition to the additional pressure of having to support the needs of their relative.

PATCHED is now also supporting ex service users who are in turn supporting a still using partner as their carer.

Working in conjunction with St Thomas Fund Tier 4 clients being supported by this service will be being offered Duo Counselling as part of their recovery journey. This is service will commence at the begin in June 2013.

## 31 Armed Forces

Systematic collection of information about the armed forces started in November 2012. Clients are asked a series of questions, the first being whether they themselves or an immediate family member were ex armed forces.

31.1 A report in April 2013 showed that 15 clients responded positively to this question. Seven of the 15 clients were primary alcohol clients. Three of the cohort were primary users of heroin and the remainder, cannabis, steroid, methadone, other prescribed drug and one GHB. When asked whether the client was themselves a veteran only 2 responded positively. A further 2 clients indicated that they were the immediate relative of a member of the armed forces.

**Summary**

Data in support of this measure has only been collected since November 2012. It is probable that the information reported here under represents this community of users. The completion of the existing data set also appears to be in need of review.

## 32 Domestic Violence For Primary Drug and Alcohol Clients

32.1 Clients are asked as part of their Risk Assessment:

- Are you ever hurt at home?
- Do you ever feel unsafe about going home?
- Does anyone make it difficult for you to use this service?
- Are you ever forced to have sex?
- Does anyone at home ever demand money from you?

32.2 Data reported here is for the treatment population as at 23rd October 2013. At that time 9% of those in treatment (161/1,703) responded positively to one or more questions above. 64% (n=103) clients who reported DV were women. This also shows 19% of all women in treatment report domestic violence compared with 5% of all men.

**Table 49: Clients Responding Positively to Any of the Domestic Violence Questions Shown By Primary Substance (includes Alcohol Clients)**

| **Substance** | **(n)** | ***%*** |
|---|---|---|
| Heroin illicit | 70 | *43.5%* |
| Alcohol unspecified | 50 | *31.1%* |
| Cocaine Freebase (crack) | 7 | *4.3%* |
| Cocaine unspecified | 6 | *3.7%* |
| Cannabis unspecified | 4 | *2.5%* |
| Ketamine | 4 | *2.5%* |
| Methadone prescription | 4 | *2.5%* |
| Benzodiazepines Unspecified | 3 | *1.9%* |
| Methadone unspecified | 3 | *1.9%* |
| Amphetamines Unspecified | 2 | *1.2%* |
| GHB/GBH | 2 | *1.2%* |
| Other Opiates | 2 | *1.2%* |
| Buprenorphine | 1 | *0.6%* |
| Cannabis Herbal (Skunk) | 1 | *0.6%* |
| Diazepam | 1 | *0.6%* |
| Other Stimulants | 1 | *0.6%* |
| **Total** | **161** | |

**Summary**

9% of those in treatment at the end of October 2012 reported that they had been subject to Domestic Violence.

19% of women in treatment had been subject to Domestic Violence compared with 5% of men.

Appendix 1

**Table 50: Opiate, Crack and Injecting Populations 2004-2011**

| Numbers and prevalence/1000 | 2004–05 | 2005–06 | | 2006–07 | | Smoothed 2008 | | 2008-09 | | 2009-2010 | | 2010-2011 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PDU numbers | 3,380 | 2,819 | | 2,584 | | 2,925 | | 2109 | | 2093 | | 2290 | |
| PDU prevalence | 19.33 | 15.83 | | 14.68 | | | | 11.75 | | 11.54 | | 12.47 | |
| Opiate numbers | 2,805 | 2,739 | | 1,894 | | 2,479 | | 1,813 | | 1,848 | | 1,884 | |
| Opiate prevalence | 16.04 | 15.38 | | 10.76 | | | | 10.1 | | 10.19 | | 10.26 | |
| Crack numbers | 646 | 889 | | 883 | | 806 | | 1,043 | | 932 | | 901 | |
| Crack prevalence | 3.69 | 4.99 | | 5.02 | | | | 5.81 | | 5.14 | | 4.91 | |
| Injectors numbers | 1,512 | 1,553 | | 800 | | 1,288 | | | | 710 | | 685 | |
| Injectors prevalence | 8.64 | 8.72 | | 4.55 | | | | | | 3.91 | | 3.73 | |
| PDU 15–24 numbers | 434 | 376 | | 266 | | | | 176 | | 192 | | | |
| PDU 15–24 prevalence | 12.01 | 10.27 | | 7.12 | | | | | | 4.45 | | | |
| PDU 25–34 numbers | 1,764 | 1,106 | | 888 | | | | 717 | | 559 | | | |
| PDU 25–34 prevalence | 39.02 | 24.2 | | 20.85 | | | | | | 13.98 | | | |
| PDU 35–64 numbers | 1,183 | 1,337 | | 1,429 | | | | 1,215 | | 1343 | | | |
| PDU 35–64 prevalence | 12.59 | 13.96 | | 14.89 | | | | | | 13.66 | | | |

Greyed boxes indicate data was not provided for these indicators.