

SLOUGH
DRUG & ALCOHOL
ACTION TEAM

SLOUGH DAAT
DRUGS NEEDS
ASSESSMENT 2011/12

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GLOSSARY

BBV:	Blood Borne Virus
BDASS:	Berkshire Drug & Alcohol Shared Services
BME:	Black Minority Ethnic
CDU:	Clinical Development Unit
CQC:	Care Quality Commission
DAAT:	Drug & Alcohol Action Team
DIP:	Drug Intervention Programme
HCC:	Health Care Commission
HPA:	Health Protection Agency
IDU:	Injecting Drug User
IOM:	Integrated Offender Management
ITEP:	International Treatment Effectiveness Project
NDTMS:	National Drug Treatment Monitoring System
NHS:	National Health Service
NTA:	National Treatment Agency
ONS:	Office for National Statistics
PDU:	Problematic Drug User
SEPHO:	South East Public Health Observatory
TOP:	Treatment Outcomes Profile
TVP:	Thames Valley Police

INTRODUCTION

1. The Slough Drug & Alcohol Action Team ('DAAT')

In Slough the DAAT is located within the Drugs and Community Safety Team in Slough Borough Council. In this document the term 'DAAT' is meant in its wider partnership sense. The DAAT is chaired by the strategic Director of Green and Built Environment and is supported by Thames Valley Police (TVP), Thames Valley Probation, Slough Borough Council and East Berkshire Primary Care Trust.

The aim of the Slough DAAT is to provide an effective drug treatment system in order to:

- Minimize the social and health related harms caused by drug misuse
- Increase numbers in effective treatment and to ensure the needs of all drug users are met, regardless of ethnicity, gender, age, drug type and status and
- To help more clients to become drug free.

In our last needs assessments a number of recommendations were made which the DAAT adopted into priorities to deliver in 2010/11.

The DAAT has made the following improvements against these priorities:

Effective Treatment

- In late 2009, one of the main commissioned services for Slough pulled out of their contract and we had to commission interim services to manage these clients. This meant that nearly 150 clients had to be transferred from the existing service to the new services (both in person and statistically) and this put considerable strain on the remaining/new services. This change has gone on to prove very successful with the number of clients engaging in effective treatment increasing- we now have 509 clients in treatment (against our baseline for 2007/08 of 458) and many clients feeling more confident in the treatment services provided in Slough.
- At the end of 2009/10, 65%² of the drug using population was known to treatment (penetration). This is up 13% from last year, where we were at 52% penetration.
- In 2010 the DAAT managed to secure a location for the services to co-locate. The services moved in during December. This move will be closely monitored to identify its successes so that the agencies can work together to provide a seamless and more integrated services to clients in Slough.

Performance Management

- The introduction of robust reporting structures and effective performance management, both within the DAAT and the NTA have meant we can react more quickly and improve our services.

User Involvement

- Progress has been made during 2009/10 and the DAAT is continuing to develop effective service user and carer involvement within the system. This has been done using leaflets, events, the website and by working with the services. We have a service user lead at every service and a service user representative at one of our services. There are 3 service users

¹ The DAAT is the statutory name for a partnership of agencies working together to reduce drug and alcohol related harm. This will include private organisations that are commissioned to provide services as well as statutory organisations such as the East Berkshire Primary Care Trust, Local Authority, Thames Valley Police and Thames Valley Probation.

² www.ndtms.net Bulls Eye data 2009/10

closely involved with the work that the DAAT is doing, such as the Userzine (service user magazine) and wrap around directory, which will be distributed late 2010.

Outreach and effective working with Tier 1 Services

- Outreach has developed in the last year and workers are running drop –ins regularly at SHOC (Slough Homeless Our Concern) and Job Centre Plus. The DAAT have attended a number of team meetings, community groups (including some hard to reach communities) and events to raise awareness of drug issues in Slough and the services available.

Harm Reduction Services

- Following a consultation the content of the needle exchange packs has now changed and the supplies are more suited to what service users want. There has been a focus on screening and vaccinations for Hepatitis B and C and we have seen an increase in the numbers who have been tested and vaccinated.

Shared Care

- The new shared care service started in January 2010 and we now have clinics set up at 5 practices in Slough and the service is working at engaging more practices.

DIP

- The DIP and IOM work closely together and the partnership meetings are now integrated. DIP workers are now going out with police on operations to try to engage known offenders into treatment.

The partnership is working to achieve a greater degree of efficiency and effectiveness within the system and has established excellent processes for further improvements in 2011/12. This, alongside improved communication, improved shared care, relocation of services and improved links between services should increase the number of drug using clients who get in to / stay in effective treatment.

2. Aim, scope and methodology of the needs assessment

This Needs Assessment has been put together inline with ‘Undertaking needs assessment: drug treatment.’ July 2009³.

2.1. Aim

The aims of this Needs Assessment are to:

- Make recommendations that will improve the delivery of services to adult drug misusers and based on these recommendations to:
- Set key priorities for the DAAT to deliver between April 2011 and March 2012 (the method of delivering the identified priorities will be described in Slough DAAT’s Adult Treatment Plan).

2.2. Scope

This Needs Assessment describes the following:

- A general profile of Slough,
- The scale and impact of drug misuse in Slough,
- The treatment system in Slough,
- The characteristics of unmet need through a gap analysis and
- Recommendations for action in 2011/12 and possibly into 2012/13 dependant on NTA structures.

³ NTA, July 2009

2.3. Methodology & data

The data for this assessment comes from a wide range of sources and covers different periods of time. This Assessment uses the most up to date data that was available – in most cases this was from the year 2009/10 (unless otherwise stated). The data set includes,

- Details of Drug Related Deaths - supplied by the Coroners Office
- BBV data – supplied by the National Treatment Agency (NTA),
- Drug-related crime data – supplied by Thames Valley Police & the Home Office,
- Health Episodes Statistics – supplied by Thames Valley Strategic Health Authority,
- Profile of Drug Users in treatment (and other data) – supplied by the NTA (Via NDTMS), and Needle Exchange data – supplied by Slough DAAT (10/11⁴).

Areas that the DAAT is working on are highlighted throughout this document.

⁴ This data is supplied by clients, so its quality cannot be guaranteed. Also, the data set captured is quite small, so we are unable to define many trends; however, this is always growing.

PROFILE OF SLOUGH

1. Slough Borough Council's visions and priorities

Slough Borough Council has 5 priorities, which are detailed on its website⁵:

- Community Cohesion
- Health and Wellbeing
- Community Safety. This includes the aim to:
Further improve the provision of treatment and support services for those who misuse drugs and alcohol.
- Environment
- Economy and Skills

Of the priorities, the most significant areas of focus for the DAAT are health & wellbeing and community safety. The DAAT are working on the issues with our partners.

2. Age & Ethnicity

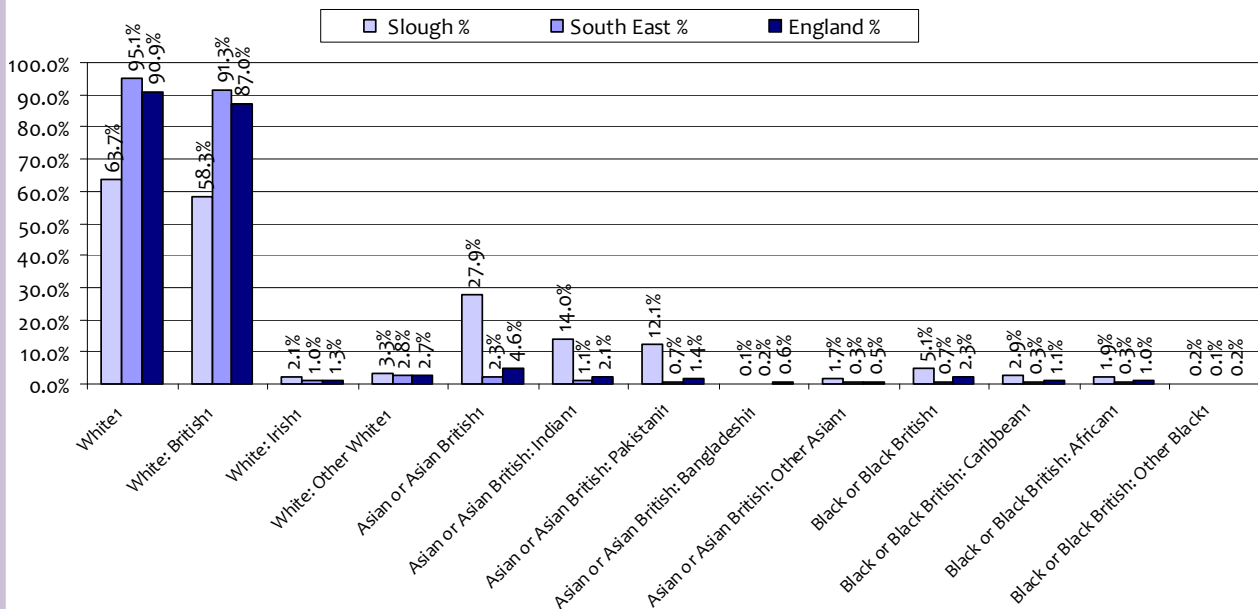


Fig.1 Breakdown of ethnicity in Slough in 2001⁶

Slough has a very diverse population of which 58.3% are White British with the other 41.7% from an ethnic minority background (the largest group being Indian with 14%, followed by 12% Pakistani). Overall Slough has a young population, with a higher than average number of young people and people of working age when compared to regional or national averages⁷ (see Appendix A & B for Census ethnicity and age breakdown). In recent years there has been a significant increase of inward migration of Somali, Eastern European and Roma communities into Slough. Each of these represents their own challenges in regards to engaging drug misusers.

⁵ www.slough.gov.uk

⁶ 'White' is a summary of 'White: British', 'White: Irish' and 'White: Other White' (and the same with 'Asian or Asian British' and 'Black or Black British').

⁷ 2001 Census via the Office For National Statistics

3. Health, economy, deprivation and diversity

Whilst the local economy is strong, there is an element of social and economic deprivation (with 5.3% of people living in the top 20% most deprived areas. This is; however, lower than the regional average of 5.9% and the national average of 19.9%⁸). More details are below:

3.1. Health

- People reported their health as:
 - Good:** 70.5% (compared to national average of 68.8%)
 - Fairly good:** 21.7% (in comparison to the national average of 22.2%)
 - Not good:** 8.8% (in comparison to the national average of 9%) (All figures⁹)
- 19.6% of people smoke, which is low in comparison to the national average of 24.1% (however, 214 per 100,000 smokers die due to smoking related illnesses, which is high in comparison to the national average of 210 per 100,000)¹⁰.
- 16.1% of the population are estimated to misuse drugs, in comparison to 9.8% national average¹¹.
- There were 1670 alcohol related hospital admissions in 2009-2010 per 100,000 people, which is slightly above the national average of 1580¹².
- The national life expectancy is 77.9 years for men and 82.3 for women¹³; this is good in comparison to the national averages of 77.5 years for men and 81.7 for women¹⁴.

3.2. Economy

- Those claiming Job Seekers Allowance (as at Feb 2010) is at approximately 3,300 in the Local Authority (LA) of Slough, which is higher than the regional LA average of 2,270, but lower than the national LA average of 3,970¹⁵.
- The credit crunch is threatening to destabilise the improved performance for reducing drug misuse and crime. As the economic downturn deepens drug related crime and drug misuse is expected to increase.

3.3. Deprivation

- Slough as a whole is ranked 115 out of 354 local authorities¹⁶, where 1 is most deprived (this is lower than the 2004 indices at 129¹⁷). At a local level there are 11 SOA (super output areas¹⁸) that appear to be in the 20% most deprived areas in England and Wales. This equates to 6% of Slough's population living within one of the 20% most deprived areas of England.

⁸ APHO & Department of Health @ Crown Copyright 2009. Health Profile 2010

⁹ Ibid

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

¹³ Ibid

¹⁴ www.statistics.gov.uk

¹⁵ Department of Work & Pensions Tabulation Tool

¹⁶ www.communities.gov.uk

¹⁷ www.slough.gov.uk Indices of Deprivation 2004 (<http://www.slough.gov.uk/documents/deprivation.pdf>)

¹⁸ 'Super Output Areas are a new geographic hierarchy designed to improve the reporting of small area statistics'. (Taken from: <http://www.statistics.gov.uk/geography/glossary/s.asp> (Office for National Statistics))

- 28.7% of the children in Slough reside in low income households (those who are on means tested income)¹⁹.
- Slough has relatively high crime rates. The number of crimes committed in Slough between April and September 2009 was 8397. For the same reporting period in 2010, the figure was 8464. This shows an increase of 0.87%²⁰. In Berkshire East, there were 19664 in the same reporting period on 2009 and 18646 in 2010. This is a decrease of 5.18%²¹. We would hope for Slough to decrease in line with the rest of Berkshire East.
- Slough has high levels of anti-social behaviour and in 2008 was identified as one of the seven worst local authority areas for fear of crime and anti-social behaviour²². In 2009/10 there were 1490 cases of anti-asocial behaviour reported to Slough Borough Council. This is a 6% decrease from the previous financial year where there were 1585²³. Below are the figures for Slough's ASBOs (NB: these figures are for the calendar year, not the financial year). The number of ASBOs issued in Slough has increased as the police crack down on incidences of ASB.

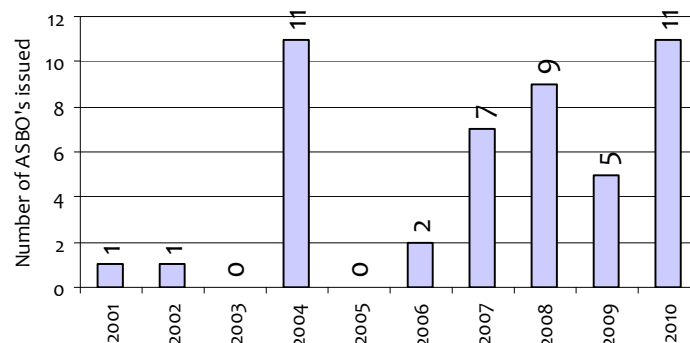


Fig.2 Breakdown of Anti Social Behaviour Orders issued in Slough²⁴

3.4. Diversity

- There are over 50 languages spoken in Slough and this may create cultural, political or social barriers for accessing treatment.

To summarise, Slough can be characterised as having good employment prospects, poor health in relation to national figures, high levels of population density, and significant levels of social and economic deprivations. However, public satisfaction with Slough as a place to live is better than average. National Indicator 5 ('General Satisfaction with the local area') shows that 67% of people were satisfied in 2010²⁵.

¹⁹ APHO & Department of Health @ Crown Copyright 2009. Health Profile 2009

²⁰ Operation Falcon Statistics. Thames Valley Police.

²¹ Ibid

²² <http://www.slough.gov.uk/moderngov/mgConvert2PDF.aspx?ID=7287>, Place Survey 2008

²³ Analysis from in-house monitoring system- FLARE November 2010

²⁴ Information from Thames Valley Police January 2011

²⁵ www.hub.info4local.gov.uk

DRUG TREATMENT IN SLOUGH

1. Overview of the Bulls eye data

The NTA Guidance recommends that for the purpose of this needs assessment, the Glasgow Study should be used to calculate the number of estimated problematic drug users (PDUs- opiate and/or crack cocaine). The smoothed estimated number of PDUs in Slough is **1193**²⁶. This means that Slough has the highest level of PDUs amongst people aged 15-64 yrs in the South East.

In order to make informed judgements about the level of need, establishing the prevalence of drug use and looking at numbers in treatment is key. Slough has good numbers of drug users in effective treatment with approximately 509 of the estimated 1193 PDUs in treatment at the end of 2009/2010, which is 42.3% of the estimated drug using population (n. 509/1193). Unfortunately, this is slightly lower than the national average of 51%. Regionally, we aren't performing as well as our neighbours: Bracknell Forest has a penetration of 60% and Windsor & Maidenhead has a penetration of 51%²⁷. However, we are performing better than Hillingdon (38.8%) which is an area with similar in treatment demographics²⁸. The estimated number of crack users in Slough is large and the proportion engaging with local treatment services is good. The DAAT must continue working with their services to try to engage as many PDUs as possible. This is an ongoing process and hopes are that service user involvement and other initiatives will aid this or provide ideas for increasing engagement.

The Bulls eye (below) is used to describe those PDUs who are in/not in effective treatment²⁹.

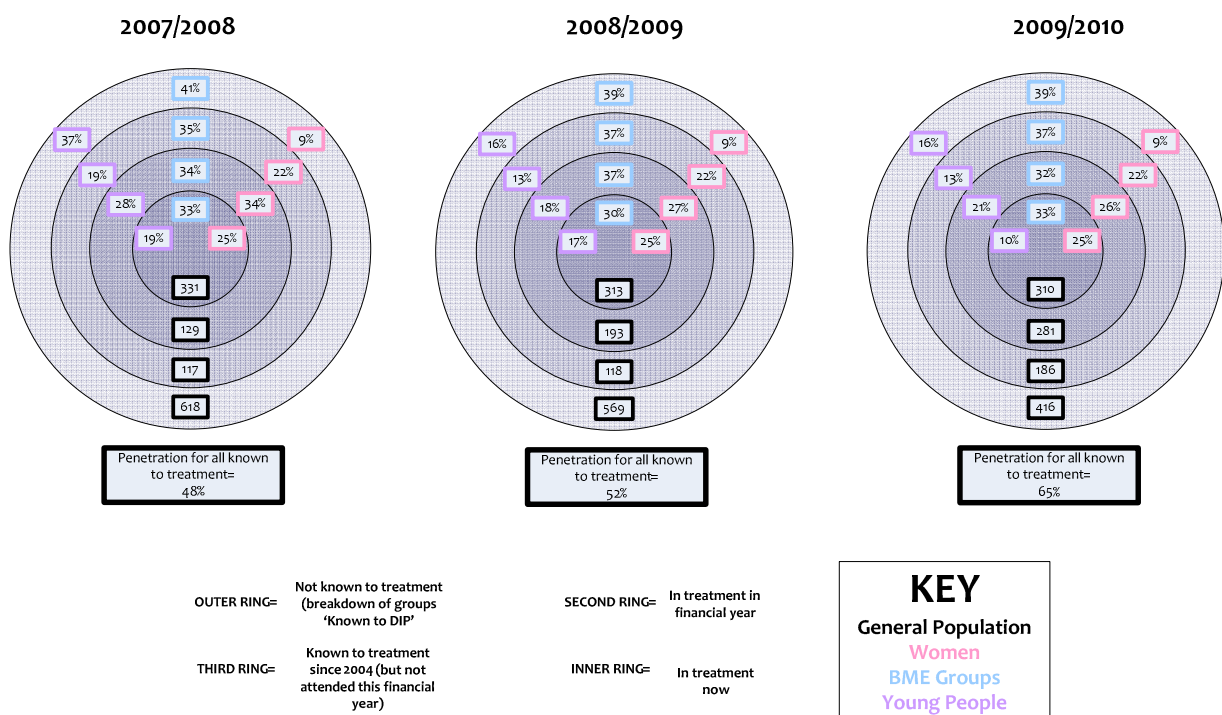


Fig 3. Slough Bulls eye data

²⁶ www.ndtms.net Glasgow Smoothed Estimates 2008/09 (NB: this data is based on 3 yrs smoothed estimates from 2004-2007)

²⁷ www.ndtms.net Glasgow Smoothed Estimates 2008/09 vs. Numbers in Treatment 2009/10

²⁸ www.ndtms.net Numbers in Treatment 2009/10

²⁹ www.ndtms.net Bulls Eye Data 2007/08/09/10. 'Known to DIP' figures are DIP clients that have been on the DIP caseload but have not been in treatment in the last two years. This gives us an idea of the PDU population that aren't engaged with treatment.

The total number of those PDUs who are known to have accessed treatment or are known to treatment in Slough is 777 (310 + 281 + 186), which is a huge increase of 153 (24.5%) from the previous year. This leaves a total of 416 unknown to the system, compared to the previous year of 569, which means 26.9% more people have accessed treatment at some point. The proportion of people known to treatment but not attending again has increased. This could be viewed as a positive thing, in that they may have become drug free and no longer require treatment. Using the Home Office problem drug user estimate of 1193, this gives a treatment penetration of 65%. This is up 13% from last year, where we were at 52% penetration.

The average number of treatment episodes for a client in Slough is (for the first time in 3 years) slightly above the South East average at 1.67 in 2009/2010³⁰.

Area of residence	2007/08	2008/09	2009/10
Slough	1.45	1.45	1.67
South East	1.53	1.50	1.52

Fig 4. Shows average number of treatment episodes

Also, SEPHO have identified that of those triaged clients who left treatment successfully (with ‘treatment completed’ and ‘treatment completed drug free’), 52.1% were returned clients (who returned for at least one subsequent treatment episode) within the financial year³¹. This is above the South East average at 23.4%. This provides evidence that even though more clients may be leaving treatment in a planned way they are no less-likely than before to relapse.

Recommendation: Additional focus on wrap around work should ensure that clients are better integrated in the community and more likely to stay drug free. It is worth the DAAT considering abstinent provisions to reduce the number of relapses.

Area of residence	Number of successful discharges	Number of individuals with at least 1 subsequent episode	%
Slough	547	285	52.1%
South East	15035	3511	23.4%

Fig 5. Shows estimated percentage of returning clients who previously completed (2004-10)

1.1. First (inner) ring - In Treatment now

- **Overview.** There are 310 problematic drug users in effective treatment compared to 313 in 2008/09. In spite of this slight reduction in numbers in treatment, the number of those that are known to treatment is considerably higher. The DAAT must work to continue engaging these clients.
- **Demographics.** An overview of the demographics of those in treatment is as follows:

³⁰ NDTMS data analysis provided by SEPHO (November 2010)

³¹ Ibid

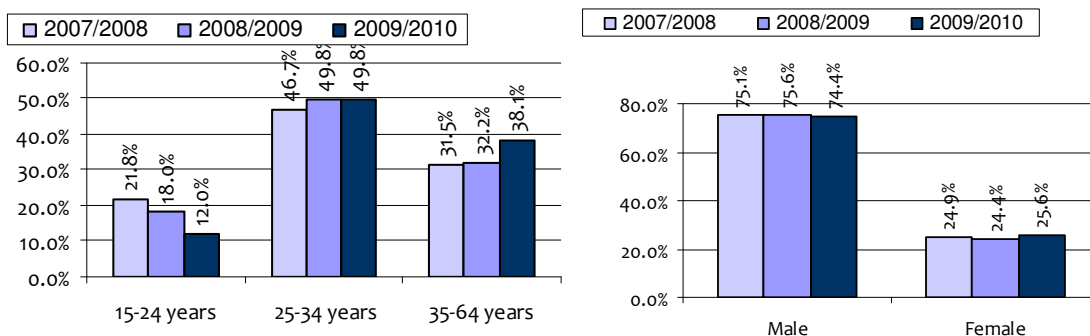


Fig 6. Shows age in treatment Fig 7. Shows gender in treatment

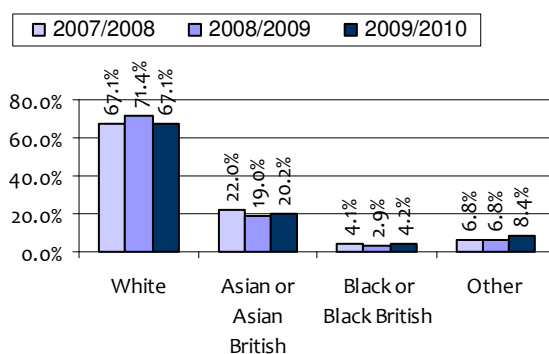


Fig 8. Shows the summary breakdown of ethnicity in treatment

This shows that those in treatment are mainly White British (at 67.1%) men (74.4%) and are between the ages of 25-34 years old (49.8%) and this profile has not changed considerably since last year.³²

- The 2008/09 Needs Assessment made recommendations to increase representation from 'hard to reach groups'. There has been an increase in representations of BME groups (up from 30% in 08/09 to 33% in 09/10³³), which is good when we compare with Hillingdon, a similar profile area, where they are at 30%.

Overall ethnic group	Asian	Black	White	Other
Slough 2008/09	20%	4%	69%	7%
Slough 2009/10	20%	4%	67%	9%
Regional 2009/10	2.5%	1.4%	93.2%	3%

Fig 9. Summary of ethnicities in Slough and the SE region³⁴

The ethnic minority population of those in treatment in Slough is estimated as being 33% (slightly up from the 31% in 08/09) of the total population (with 20% being Asian, 4% Black and 9% as other).

³² www.ndtms.net in treatment reports 2009/10

³³ Ibid

³⁴ Derived from 'In Treatment' data produced by www.ndtms.net 2009/08 and 2009/10

- **Testing on arrest.** Data from April to August 2009 shows that the ethnicities of those committing crime and testing positive for drugs are similar to the ethnicities represented historically in treatment (e.g.: 73% vs. 68% White, 11% vs. 10% Pakistani and 9% vs. 5% Caribbean for testing on arrest and in effective treatment respectively³⁵). This may suggest that the proportions of drug users in treatment broken down by ethnicity are reflective of the actual number of drug users in those communities.

Recent migration patterns in Slough have changed the ethnic profile in Slough; maybe increasing those falling into the 'other' category. The DAAT need to work with partnership agencies to resolve issues that may occur from this increase in clients from Eastern European countries.

- **Gender.** There are fewer women than men in treatment. The proportion of women being treated has remained the same (at 25%). This could be due to the drug using community being mainly male and services not being suitable for females; however, it was identified that in 2008 that there was a need for a female specific post which was introduced in 2009/10. This post, who is based at the Drug Intervention Programme, works with female offenders and street workers in collaboration with the police, community wardens and other services. 75% of those accessing treatment are male and 25% are female³⁶.

Research carried out by the NTA found the following factors influence treatment entry and retention for female groups:

- **Needs of women with children:** Lack of provision for adequate childcare. Currently there are no childcare facilities provided by the treatment agencies in Slough. The locations and physical structure of treatment agencies limits the availability of safe and appropriate childcare. Data provided by NDTMS suggest that approximately 20% of clients starting their treatment journeys in 2009/10 have at least one child living with them³⁷.
- **Myths (Social services involvement):** Misguided belief that should they enter treatment they are at risk of having their children taken into care. An estimated 48% of clients in treatment are parents, with 22% having children living with them³⁸. A locally agreed protocol is in place to only contact social services if a worker believes the child to be at risk (safeguarding children).
- **Lack of training:** Key workers should be able to deliver financial, motivational and women only sessions. The DAAT recently provided ITEP training for all key workers at Slough services to enable them to provide the best interventions possible.
- **Needs of Street Sex Workers/ Relationships with Key Workers:** Following from the street sex workers research, the 2007 Needs Assessment recommended outreach work for sex workers.

The DAAT now has a new female outreach worker is now in post. She works closely with the police and other agencies to identify women in need. She is spending time with

³⁵ In-house analysis on Testing On Arrest data and NDTMS data September 2010

³⁶ www.ndtms.net Bulls Eye Data 2009/10

³⁷ www.ndtms.net Quarterly report 2009/10 Quarter 4

³⁸ NDTMS data analysis provided by SEPHO (January 2001)

women with drug problems (mainly those who are involved with sex work) to identify their need and to encourage them to engage with local services.

- **Age.** There has been a decrease in younger clients (down from 17% in 08/09 to 10% in 09/10), which could be due to lower numbers of young people requiring treatment as nationally we are seeing an ageing population of drug users with our largest age group category being 25-34 years old. Slough's representation of younger people in treatment is in line with the national average of 10% but it is slightly lower than its regional partners within the South East at 13.3%³⁹. We also know that increased awareness in schools and the local community may be discouraging younger people from misusing substances, so reducing the numbers of younger people known to treatment.
- **Family Set-up.** "Think Family" means looking at individual needs in the context of the whole family, so clients are seen not just as individuals but as parents or family members. The DAAT need to be aware of substance misusers who may have a family. An average of 48% of clients in treatment are parents⁴⁰, so the DAAT need to be able to provide services that accommodate the needs of parents (e.g.: appropriate opening times). Currently the services do provide later opening times to accommodate clients and signpost them appropriately to family/parenting support services.

The Drugs and Community Safety Team has a Crime Reduction Family Intervention Project (FIP) which works with families who are believed to be involved, or at risk of being involved, in crime. As part of the FIP team, a substance misuse FIP post has been created as it was highlighted as a need, therefore, the DAAT will encourage agencies to refer families to the FIP.

1.2. Second and third rings - Known to Treatment

- In the year 2009/10 there were 281 clients known to have left treatment. These are clients that were known to have been in treatment at some point in 2009/10 but who were not in contact with drug services at the end of that financial year (on 31st March 2010). This is a large (46%) increase from 193 clients known to have left treatment in 08/09. Whilst this increase could be interpreted as showing that people remained in treatment for shorter periods (and so Providers were working less successfully), the DAAT believes the figure may have been skewed by a reporting anomaly. It is believed that when the DAAT's contract was ended with BDASS (a provider), BDASS closed clients who had actually left treatment before 09/10 but had been erroneously recorded as "in treatment" on the BDASS data base. The DAAT believes we now have records that are much more reflective of clients' actual situation.
- The third ring represents additional clients who have previously been in treatment but have not engaged with treatment providers during 2009/10. This has increased by 37% from 118 in 2008/09 to 186 in 2009/10 and may be due to clients remaining drug free for longer and no longer needing treatment. However we have no way of proving this and it may be that many of these are not drug-free and this should be a key target group for the DAAT.
Recommendation: DAAT to focus efforts on engaging with those who have been in treatment but have not engaged over the past year.

³⁹ www.ndtms.net Quarterly report 2009/10 Quarter 4

⁴⁰ NDTMS data analysis provided by SEPHO (January 2001)

1.3. Fourth (outer) ring - Not known to treatment

- The Bulls Eye estimates that there are 416 PDUs not known to the treatment system (which is a reduction of 37% from 08/09, which was at 569), which demonstrates the success of the DAAT in engaging with the drug using population.
- The reasons people do not engage in treatment have been discussed under point 2. .

1.4. Over view of the Drug Treatment journey

The treatment map (see Appendix D) shows the numbers of clients flowing into, through and out of the services provided in Slough. The information can be then used to identify gaps or under utilisation of services and aid financial planning.

As explained above, it should be noted here that there have been considerable changes to the treatment system in Slough with one of the major services closing and transferring large numbers of clients onto new agencies.⁴¹

2 Referrals into Treatment

2.1. The DIP / Criminal Justice System

One of the most common forms of entry into treatment is via the DIP system (23.1%- See Appendix C- Treatment map for further details). Most Slough DIP clients are referred through the Criminal Justice System (CJS). Between 2008/09 and 2009/10 the number of new presentations through the DIP programme has decreased from 146 to 133, which could demonstrate:

- a. lower numbers testing positive on arrest (there has been a reduction in crime that is believed to be drug-related, which would support this hypothesis);
- b. more accurate reporting- previous processes meant that some clients were being recorded as starting treatment, when in fact, they hadn't.

2.2. Other drug services

The next most common route for referrals is from other drug services (22.1%). This is because of the recent changes in the drug treatment services provided in Slough. Whilst the number of referrals from the DIP has decreased, this route is providing an increasing number of referrals; Between 2008/09 there were 139 self referrals (into our Tier 2 service), in 2009/10 it increased to 169⁴². This may be because:

- high profile raids by “Operation Falcon” have reduced the supply of drugs throughout the ye, leading people to seek treatment to move away from their dependency
- increased communication campaigns have signposted more people into services.

⁴¹ www.ndtms.net in treatment reports 2009/10. See Appendix C for raw data.

⁴² Ibid

Referrals from GP's to our open access service have increased from 9 in 08/09 to 42 in 09/10. The increased work with the Tier 1 workforce and clearer information in regards to referral pathways has undoubtedly helped encourage the number of referrals coming from GP's.⁴³

3. Transfers

3.1. Transfers out

The number of referrals between each agency is relatively high. The DAAT believes this is because there are better relationships between treatment providers. This had come about through use of the Treatment providers' forum, the commissioning of new services and the prospect of services being co-located. The majority of the transfers occur between the open access service to our community residential rehabilitation unit and our specialist prescribing service. It is a core purpose of the open access service to provide links to onward agencies.

Our data shows that the DIP service carries out the next largest number of transfers after our open access service. This is to be expected as the DIP is the 'gateway' to treatment and its primary aim is to stabilise the client before discharge or referral onto other treatment agencies (Appendix D shows over 30 referrals on from DIP to other agencies).

3.2. Transfers in

Shared care (which was established in Slough in January 2009) took 25 referrals from other agencies between January and April 2010. They had 37 people on their caseload and are working with clients within the GP setting encouraging them to become drug free⁴⁴. Working with clients at their GP can help to encourage engagement as they feel more comfortable and give the treatment services a route of access to those hard to reach groups where it may be taboo to access treatment.

4. Discharges

Unplanned discharges from treatment are a concern and there has been an increase in the number of clients referred on to other agencies. Possible explanations include:

- Referrals between some agencies are not as smooth as they should be due. Although, as has been noted above, this is improving and should improve further with co-location.
- Changes in areas of focus from the NTA mean that the priorities communicated to the services sometimes change (for example: focus historically was about volume in effective treatment, however now, it seems the focus is moving towards planned exits; working with those who will benefit the most).
- Anecdotally the services explain the low planned discharges are because of the type of client we are working with. It is not in everyone's care plan to become drug free and even though this is the 'ultimate' goal, it may be that a client leaves treatment in a planned way for them, but not a planned (drug free) way in regards to the way that statistics are recorded.
- With the recent changes in priorities for drug treatment, staff may not be focusing key work/care planning around recovery. ITEP (International Treatment Effectiveness Project) techniques are now being implemented through all of our services and these should help to improve the quality and focus of the interventions clients in Slough receive.

⁴³ Ibid

⁴⁴ In house NDTMS analysis for financial year 2009/2010

The DIP has the highest proportions of clients who leave the system without any aftercare or structured plans. The clients' criminality may be a factor in this. They may breach their appointments or get sentenced and go to prison, so cannot attend (rather than *will not*) or they just drop out. The clients may attend the required assessment to show attendance for their conditions but then leave when it is no longer a requirement.

The DIP is closely followed by Smart and then Turning Point for the number of clients who leave the system without any aftercare or structures plans. **Recommendation:** The DAAT must continue working with the agencies to try and encourage drug free exits and will continue to work with the guidance issued from the NTA.

5. Tier Four Treatment

The DAAT has three block contracts with tier four treatment providers, these are:

- Broadway Lodge,
- Western Counselling
- Broadreach which includes Closerreach and Longreach.

In addition to these, the DAAT will purchase spot contracts (one off residential placements) to meet the needs of our clients.

During 2009/10 the number of clients that accessed tier four treatment was relatively low: there were 22 applications, of whom 14 of were accepted for funding. The DAAT has worked closely with the agencies this year to improve the quality of tier 4 referrals and an average of 71% went on to leave treatment in a planned way⁴⁵, which is positive in comparison to the number of successful exits from our tier 3 services.

We have been working closely with the agencies in partnership with some of the tier 4 providers to not only encourage referrals, but also to make sure that the referrals are for clients who are ready for treatment and that all necessary documentation is completed (to ensure applications can be processed successfully and in a timely manner). The majority of the referrals into our local residential service (Equinox) are via Turning Point T2.

6. User / carer involvement

During 2008/09 the DAAT has successfully appointed a post to improve user and carer involvement. The work of this post has led to the following outcomes in the past 3 years:

- Consultation / survey project to assess treatment provision ,
- Introduction of a user magazine, written by users for users;
- Launch of the Slough Service User Group (run monthly);
- The launch of www.sloughdaat.org.uk; providing information to drug users, their family/carers and professionals and
- The production of a wrap around directory for service users giving advice on local service.

⁴⁵ www.ndtms.net Tier 4 Treatment Map Summary 2009/10.

The DAAT should continue to take advantage of improved relations with its users. Consultation with service users this year⁴⁶ has indicated the following points:

- 84% of clients are satisfied with the services they receive (48% very satisfied and 36% satisfied)
- 78% of clients are satisfied with the care planning used while in treatment (39% very satisfied and 39% satisfied)
- The clients also gave some helpful feedback:
 - They want access to work and training opportunities (the DAAT has setup strong links with Progress 2 Work and Job Centre plus- as above)
 - They want the rules at the service to be clearer (the DAAT are working with all agencies to provide rules/policies that are generic and clear)
 - They want the services to be bigger (the services are moving into new premises in December 2010 where there will be much more room and better facilities)
 - They want more (varied) groups (the DAAT commissioned services are now providing varied groups to clients in Slough and these are well received and attended)

7. Training

In the past need for training has not been required as attendance for training was poor. The DAAT carried out a training needs assessment amongst the tier one workforce in 2009 to assess the requirements for training around substance misuse around the agencies in Slough.

It was identified that most wanted basic drugs awareness training and also some information on the referral process into our drug services. A training package was been developed and rolled out in 2009/10. A joint package with the rest of East Berkshire is being used currently in 2010/11 and is proving quite successful. The DAAT will evaluate the courses immediately after they have taken place and also after 3 months to assess their effectiveness. The success of the programme will act as a needs assessment for the upcoming years.

⁴⁶ In-house user consultation 09/10

DRUG USE IN SLOUGH (of those in treatment)

1. Drug types

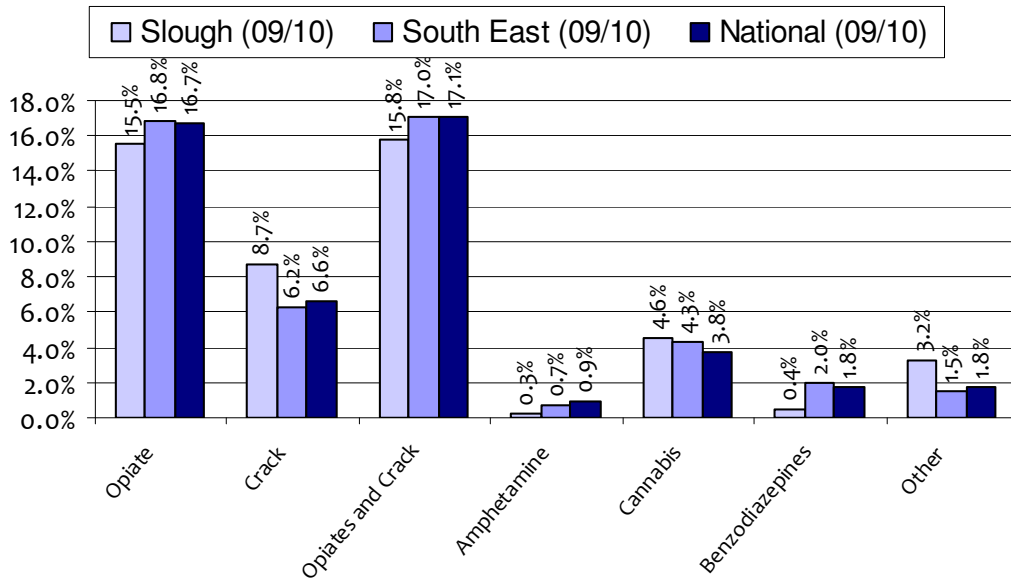


Fig 10. Shows the breakdown of drug use of the clients in treatment 09/10⁴⁷

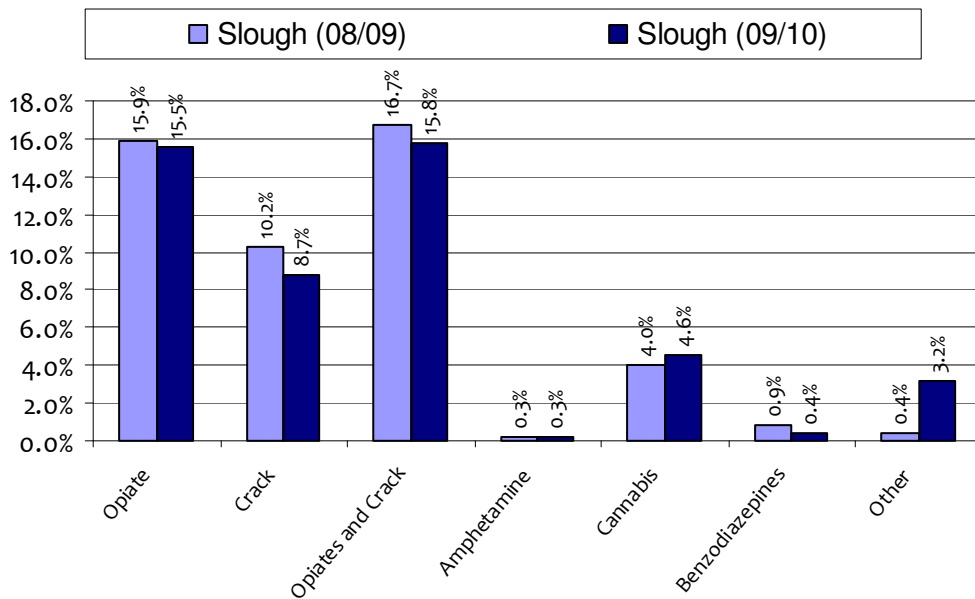


Fig 11. Shows the breakdown of drug use of Slough clients in treatment 08/09/10⁴⁸

Figs 10 & 11 show that the main drug used by the Slough treatment population in 2009/10 was dual use of opiate and crack; this is below the regional and national averages and again this is the same for opiates, other stimulants and cannabis; however, crack alone is a bigger problem in Slough when compared regionally or nationally. This could be due to more availability of the drug in this area, as it is thought that Slough is an area where drugs are distributed from. This graph also shows that there has been quite a big increase in the number of clients reporting 'other'

⁴⁷ www.ndtms.net Bulls eye data 2009/10

⁴⁸ Ibid

drug use. This could be as a result of the DAAT encouraging all services to work with all clients, not just focusing on those who are using class A drugs. We hope to see this trend continue as more clients are engaged in treatment.

2. Route of administration

The main method of drug use (for Drug 1 captured on NDTMS) is smoking with 74.9% of the client population in treatment doing so, which is up from 65% last year. This is well above the South East average and is not closely followed. This data can also be supported by drug paraphernalia finds, which show foils finds in much higher proportions than needle finds⁴⁹. The South East average for injecting is much higher than Slough with 29.2% vs. 15.3%⁵⁰.

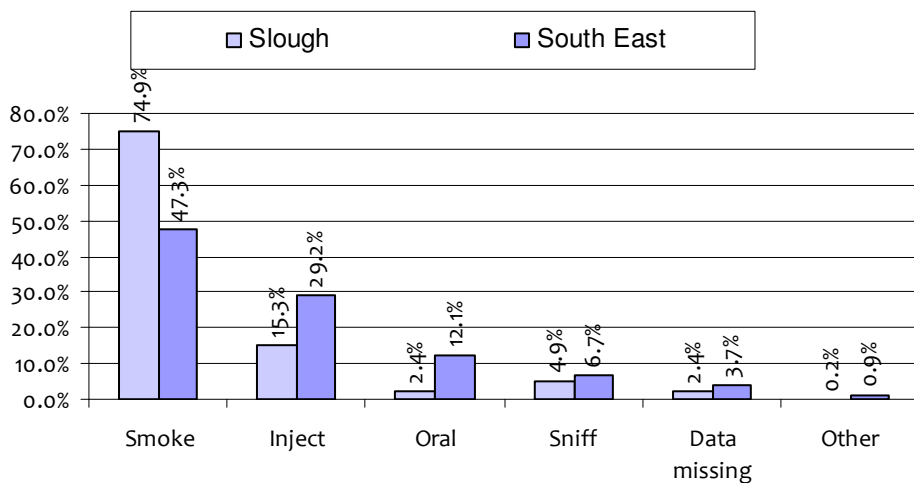


Fig 12. Shows the breakdown of the main method of drug use

Of those presenting at treatment, we estimate that 13% of them are injecting and 60% have never injected⁵¹, which could demonstrate that our harm reduction efforts are working and that the continued need for good harm reduction strategies. The DAAT has in place a needle exchange scheme running at various pharmacies in the area and at one of the main drug treatment service.

⁴⁹ Analysis from in-house monitoring system- FLARE November 2010

⁵⁰ NDTMS data analysis provided by SEPHO (November 2010)

⁵¹ www.ndtms.net Green Reports Q4 2009/10

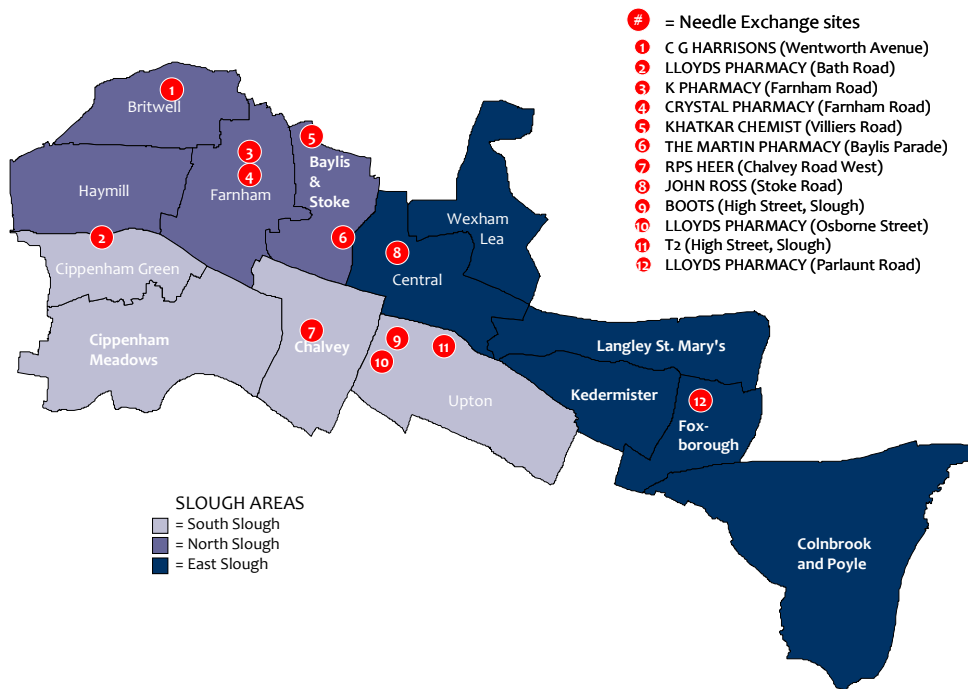


Fig 13. Shows an approximate map of needle exchanges in the area in 09/10

In October 2010, 500 packs were issued to clients in Slough, which has provided them with clean equipment ensuring that the harm caused is minimised⁵².

70% of the clients injecting are doing so daily, which is higher than the regional average of 62% and the national average of 57.7%⁵³. Of those that aren't injecting daily, the average days per month that they do inject is 11, which is slightly higher than the regional average of 9.4 days and the national average of 9.8⁵⁴.

3. Economic, environmental and social implications

3.1. Environmental

In Slough, just over a third (approx 37%) of the estimated number of drug users (Glasgow smoothed estimate = 1193) currently return used needles⁵⁵.

Drug litter finds in Slough are quite high and the council has several contractors to safely dispose of these to reduce possible harm to members of the public/animals etc. In 09/10 there have been 51 occurrences of drug litter finds reported, which is exactly the same as for 08/09⁵⁶.

This poses a significant risk to public health and safety, but also impacts on fear of crime and the perception of drug misuse for those living in and visiting Slough. National Indicator 42 (Perceptions of drug use or drug dealing as a problem) shows that 52.7% of the population in

⁵² In-house NEXC data analysis 2010

⁵³ www.ndtms.net TOP's data reports 2009/10 (data set is small so figures should be used with caution)

⁵⁴ Ibid

⁵⁵ In-house analysis of needle exchange data 2010 estimates

⁵⁶ In-house analysis of drug litter finds 2008/09 and 2009/10

Slough agree that there is a problem of drug use/dealing⁵⁷. It should be noted however that people's fear of crime may increase because of the high profile of drug related activities (with "Operation Falcon" campaigns such as 'Too much bling? Give us a ring.', crack house closures etc).

Chalvey is an area where drug paraphernalia is commonly found or reported. This area has significant levels of deprivation, anti-social behaviour, and crime levels; which could all be a contributing factor.

3.2. Economic

A large majority of problematic drug users will use illegitimate sources to supplement their drug habit. Home Office estimates suggest that the financial burden to society per problematic drug user is approximately £44, 231⁵⁸. This takes into account the cost towards crime, drug related deaths, mental illness, social and economic costs.

The total annual estimated financial burden of Sloughs 1,193 local problematic drug users is £52,767,583. However, for every £1 spent on treatment it is estimated that £9.50 is saved in crime and health costs. The Drug Intervention Programme alone is estimated to save £4.4 billion over eight years from 2007⁵⁹.

3.3. Drug related crime

As is documented well by the Home Office, the NHS and also throughout the media, the links between drugs and crime is a strong one. Promoting access to treatment for drug misusing offenders is a key theme in the Government's Drugs Strategy ('Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life- 2010'). The Home Office estimates that between a third and a half of all acquisitive crime (also known as "trigger offences" and includes theft, burglary, car crime, shoplifting and begging) is linked to the use of heroin, crack and cocaine. It is also estimated that Class A drug use generates £15.4 billion in crime and health costs each year, of which 99 per cent is accounted for by problem drug users⁶⁰.

Drug Offences in Slough are above the average for the South East and other areas in Slough's Crime and Disorder Reduction Partnership comparator group⁶¹. In 09/10 there were 1574 (including 59 inspectors' authorities) drug tests completed under the Drug Intervention Programme (DIP) in Slough, of which 396 were positive, which is 25.2%⁶². From these we can note the following:

- **62.1%** of drug tests relating to the offence of **drug possession** tested positive for cocaine/opiates or both (100% in 08/09),

⁵⁷ www.hub.info4local.gov.uk 2010

⁵⁸ 'Measuring Different Aspects of Problem Drug Use: Methodological Development (2nd Ed)' Home Office Report online 2003/2004

⁵⁹ Published by the Home Office © Crown copyright 2007. Product code: 280665 <http://drugs.homeoffice.gov.uk/publication-search/dip/DIP-treatment-booklet?view=Binary>

⁶⁰ 'Drugs: protecting families and communities 2008' Produced by COI on behalf of HM Government

⁶¹ Source: IQUANTA

⁶² Operation falcon Monthly Reports (2009/10)

- **34.6%** of drug tested relating to the offence of **drug supply** tested positive for cocaine/opiates or both (0% in 08/09. This was 38% in 07/08 so may be a reporting issue.),
- **23.1%** of drug tested relating to the offence of **theft or handling** tested positive for cocaine/opiates or both (11.3% in 08/09),
- **24.8%** of drug tested relating to the offence of **burglary** tested positive for cocaine/opiates or both (8% in 08/09),
- **24.8%** of drug tested relating to the offence of **robbery** tested positive for cocaine/opiates or both (0% in 08/09. This was 21% in 07/08 so may be a reporting issue.) and
- **18.4%** of drug tested relating to the offence of **vehicle crime** tested positive for cocaine/opiates or both (0% in 08/09. This was 19% in 07/08 so may be a reporting issue.).

However, Slough continues to remain a centre of high activity for drug dealing. Supply of drugs continue to come from the west of London, however the market is not controlled by London gangs. Anecdotally, we understand that Slough has several smaller groups which filter down to much smaller operations of maybe one or two people. “Operation Falcon” reported seizures in 2009/10⁶³:

SUBSTANCE	No OF SEIZURES	WEIGHT
• Cannabis Resin:	17	(42.974g)
• Cannabis Herbal:	456	(10,540g)
• Cannabis Other:	38	(2063 plants)
• Heroin:	38	(2,814g)
• Crack	15	(864.15g)
• Cocaine:	39	(2297g)
• Other:	27	(1114 + 3717 units)

This is promising as it will reduce the amount of drugs available to drug users in the community, however, this could be providing an opportunity for new suppliers to establish themselves, which has contributed in the recent rises in violent crime and reduction in the purity of drugs.

Stenner and Keane (2007) made the following recommendations in order to address the needs of drug using offenders and some key points are below:

- **Increase the level of support available to crack, cocaine and poly-drug users.** In particular, take steps to increase awareness amongst clients and drug workers of the risks of continued crack use and of the therapies available for this. Although clients are currently referred to crack groups outside of the DIP service, a) these services will not suit all clients and b) current key work support needs to address non-opiate as well as opiate drug use. The DIP has key workers trained to provide this support and are actively working to engage known offenders who are stimulant users.
- **Address the problems underlying offending behaviour of clients who continue offending once engaged in drug services.** The DIP key workers are trained to understand offending and work with the clients to reduce this; they are also ITEP trained.

⁶³ Operation falcon Monthly Reports (2009/10)

- **Increase the level of practical support** offered to clients' early on in treatment and maintain the importance of key worker relationships- this is still an issue.
- **It is important to maintain routes by which clients can easily re-enter the drug service system** after failure to attend. Continue with policy to enable clients to easily re-access the service following missed appointments. The DIP work closely with their clients and attempt contact when appointments have been missed to try and engage the client.
- **Work to further improve speed of access**, reduce waiting times for appointments and offer a range of appointment times to suit clients who work. The DIP has good opening times and also has low waiting times, with 100% of clients being seen in the recommended 3 weeks⁶⁴.
- **Achieve if possible a good balance of security and flexibility over supervised scripts and procedure at pharmacies.** The DIP works closely with the GP's that provide prescribing clinics and local dispensing pharmacies involved in supervised consumption dispensing.

The report also suggested clients held mixed views about the relationships between offending and drug misuse and believed that a reduction in drug misuse would not necessarily lead to a reduction in offending (this was particularly true for PPOs).

It was identified in the last financial year, by both probation and the DAAT that the processes in place for Drug Rehabilitation Requirements (DRRs) were not clear and this meant that the requirements issued were not necessarily suited to the client and didn't make it clear the level at which a client had to engage with drug treatment. The DAAT has worked with probation and the drug treatment services through 2009/10 to ensure processes are in place to provide clear assessments to inform DRRs. This now means that the DRR includes full and informed information in regards to the level at which the client is required to engage with drug treatment in order to comply with their DRR.

3.4. Health

With an estimated 464 injecting drug users (IDUs) and 3294 ex-IDUs, the Health Protection Agency estimated that there are 727 IDUs infected with Hepatitis C in East Berkshire in 2007⁶⁵.

Overall almost half of the injecting drug users have a hepatitis C test status and 2/3 report having a hepatitis B vaccination (or course underway)⁶⁶. Harm reduction is a core component of drug intervention and is incorporated within all four treatment tiers within Slough DAAT. Of all the clients who attended our largest service (T2), 100% were offered and accepted a hepatitis B vaccination; however, only 18% went on to actually get the vaccination/began the vaccination course⁶⁷. This could be due to many reason, however, the services explain that the clients say they just don't want to go or are scared.

The DAAT is working with all services and needle exchanges to increase the uptake of vaccinations and to ultimately reduce BBV rates. The DAAT are also extending our BBV clinics so we can provide easier access to vaccinations for clients. We are also investigating swab testing.

⁶⁴ www.ndtms.net Quarterly reports 2009/10 quarter 4

⁶⁵ Health Protection Agency. Template for Estimating HCV Prevalence 2007

http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733744529

⁶⁶ Health Protection Agency. Shooting Up: Infections among injecting drug users in the United Kingdom 2007. October 2008

⁶⁷ www.ndtms.net quarterly reports 2009/10

The Office of National Statistics (ONS) reported that nationally there were a total of 2,928 drug related deaths in 2008, up 11 per cent on 2007 and the highest figure since 2001⁶⁸. The Clinical Development Unit reported that the number of drug related deaths in Slough itself is relatively low with 3 deaths in 2010⁶⁹. However, with a national increase, the DAAT need to be aware of the increasing danger. The same should also be said for any ‘problem’ drugs that are known in the area; the DAAT should be able to notify as many people as possible to prevent any impact from ‘contaminated’ drugs. The DAAT now has agreed processes in place for clear notification to relevant parties and is working effectively. This will be used throughout East Berkshire (as per the East Berks Harm Reduction Strategy 2010/2011).

The number of hospital admissions has gradually increased in the last 7 years, as shown in the graph below. We can also see that there has been a spike in the number of 40-59 year olds who have been admitted to hospital in the last year. The DAAT need to be aware that the number of drug related admissions are growing and that this has a huge financial impact. One of the DAAT’s commissioned services provides a drug worker at a drop in session at A&E for two hours once a week to provide support to anyone who needs it. This is up for review as take up has so far been slow. There is hope to get time from triage and charge nurses in order so that they can gather information for the service to follow up.

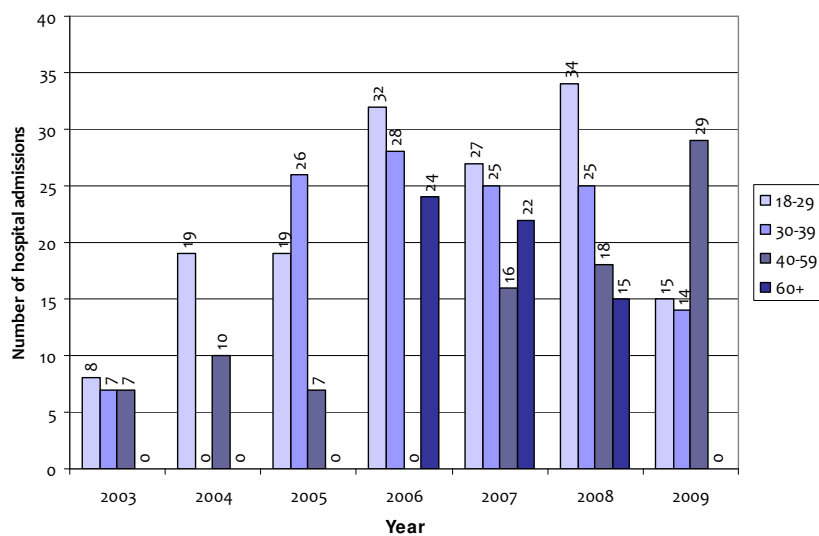


Fig14. Summary of hospital admissions in Slough over the last 7 years⁷⁰

3.5. Housing and employment

Some homelessness will result from drug misuse. Approximately 10% of clients who have engaged in treatment between 2009/10 have an ‘urgent housing problem’, 13% have a ‘housing problem’ and 77% have ‘no housing problem’⁷¹. Failure to recognise the relationship between secure accommodation and successful treatment outcomes may result in lower levels of retention and high drop out rates. However, we have set up successful links between all of our

⁶⁸ Office for National Statistics News Bulletin, August 2009: Drug poisoning deaths at eight-year high

⁶⁹ Provided by Clinical Development Unit February 2011. Slough residents.

⁷⁰ Figures provided by Berkshire Public Health Network November 2010

⁷¹ www.ndtms.net Quarterly reports 2009/10 quarter 4

services to other housing services in order to be able to provide a seamless link/information to our clients, but a shortage of housing continues to be a problem in Slough.

Anecdotal information provided by local treatment services suggests that take up of employment and training opportunities after treatment is low; however, we also have close contact with the Job Centre Plus and Progress 2 Work (amongst others) to encourage clients to take up employment.

Whilst some aspects of drug use in Slough have remained the same, we anticipate there will be changes in demand for the type and provision of structured services due to changes in the pattern of drug misuse in Slough over the last two years. Details of these changes are summarized in 'SUMMARY, RECOMMENDATIONS & PRIORITIES'.

SUMMARY, RECOMMENDATIONS & PRIORITIES

1. Summary

1.1. Drug misuse in Slough

- Compared to regional and national averages, there is a high level of drug misuse in Slough.
- Currently there are 1193 problematic drug users in Slough, which is above the national average.
- Opiate and Crack use is high in Slough but is comparable to regional and national averages.
- The levels of those using cannabis has remained relatively low as a primary drug choice and stable over the last few years.

1.2. Drug users in treatment

- We have high numbers known to treatment (penetration is at 65%).
- During 2009/10, in-house analysis shows that 20% of clients left the treatment system drug free in comparison to the South East average of 37% and national average of 37.9%⁷².
- The number of older clients has increased and the level of younger and BME clients has remained relatively low as a proportion of the population but this maybe due to better early intervention provision.
- The estimated number of users currently in treatment who inject is lower than the South East average at 10% vs. 26%⁷³.

1.3. Drug users not in treatment

- In Slough there are approximately 416 Problematic drug users not known to the treatment system – this group is described as ‘treatment naïve’.
- A further 186 problematic drug users in Slough were known but not engaged with treatment between 2009/10.
- The proportion of female and BME clients in treatment is lower than the representation of these groups in the population as a whole. This could be due to the lack of willingness to engage; however it could be argued that the number of BME groups within the drug using community is lower. This argument is supported by the low number of BME and female clients known to the DIP. Young people are under represented in treatment.

1.4. Identified need

- Needs of women needs to be better understood and identify if there are barriers to accessing treatment in Slough
- The number of unplanned discharges is high
- Drug Related Offending is still an issue for Slough
- Suitable accommodation is still a need for a proportion of drug users accessing treatment
- Suitable training / employment opportunities

⁷² Ibid

⁷³ Averages calculated from www.ndtms.net Bulls eye data 2009/10.

2. Recommendations

The treatment services in Slough can be further improved by focusing on the following areas:

- Getting more GPs involved with the shared care scheme that has recently been set up with our largest surgery. This will help to accommodate the increasing numbers of clients in shared care and so increase the number that can be taken onto the caseload.
- Increase outreach services. There is an increase in demand for outreach services.
- Increase the level of referrals and aim to increase the number of successful discharges.
- Continue the DAAT project officer's involvement with service user representatives to ensure user representation at all levels of decision-making.
- Ensure services are suited to different communities by continuing project officer work in training/educational work within communities. There are some groups who may be under-represented (BME, younger people and women).
- Ensure services are suited to particular types of drug misuse. For example, the DAAT must ensure it is prepared in response to the increase in those clients using only crack; it should increase the treatment provision for stimulants users and further examination of the impact of performance enhancers (clients using performance enhancers currently make up an estimated 16% of our needle exchange clients with stimulant users at 11%⁷⁴).
- Improving the way we address issues that may be underlying causes of drug misuse. This would include:
 - Practical help with housing, employment and training, which is essential to prevent relapse. This will involve continued DAAT project officer work to encourage partnership working with housing, education and employment services (as well as other agencies)
- Improving the embedding of harm reduction in all services through:
 - Overdose and poisoning awareness training for users and their carers.
 - Ensuring good take up of vaccinations and tests for hepatitis B and C (and other BBVs).
 - Ensuring safeguarding protocols are in place for vulnerable children.

3. Slough DAAT priorities

Based on the recommendations the DAAT should adopt the following priorities for 2010/11:

- Effectively manage our **specialist services** in order to deliver services that meet the needs of drug users in Slough and improve successful treatment exits for all clients.
- Continue working with partner agencies within Slough to provide improved **training and employment opportunities**.
- Continue working with partner agencies within Slough to provide improved **housing opportunities** for those clients with an accommodation need.
- Continue to improve the number of **planned exits** with guidance from the NTA & service users.
- Increase **outreach** services (and work more effectively with tier 1 services) to increase the engagement of individuals in effective treatment with a focus on those groups who may be under-represented (females).
- Continue to increase the **penetration** rates of the numbers of drug users in Slough engaged in effective treatment.

⁷⁴ In-house analysis from needle exchange data July 2009/10.

- Improve the provision of **Shared Care** in the Primary Care setting in order to provide a more efficient drug treatment system.
- Improve the availability, accessibility and effectiveness of **harm reduction** services in order reduce the harm that drug users cause to themselves and others (including safeguarding vulnerable children and blood borne viruses).
- Ensure that the **DIP** is successful in engaging drug using offenders in treatment (develop a system and referral process that is integrated), supports the delivery of National Indicator 38⁷⁵ and prioritises any offenders on the IOM list.

⁷⁵ NI38 = Drug-related (Class A) offending. This indicator intends to measure and drive partnership performance to tackle drug misuse as a key driver of crime and offending.

APPENDIX A

	Slough	Slough %	South East	South East %	England	England %
All People ¹	119,067	100.0%	8,000,645	100.0%	49,138,831	100.0%
White ¹	75,843	63.7%	7,608,989	95.1%	44,679,361	90.9%
White: British ¹	69,441	58.3%	7,304,678	91.3%	42,747,136	87.0%
White: Irish ¹	2,489	2.1%	82,405	1.0%	624,115	1.3%
White: Other White ¹	3,913	3.3%	221,906	2.8%	1,308,110	2.7%
Asian or Asian British ¹	33,272	27.9%	186,615	2.3%	2,248,289	4.6%
Asian or Asian British: Indian ¹	16,719	14.0%	89,219	1.1%	1,028,546	2.1%
Asian or Asian British: Pakistani ¹	14,360	12.1%	58,520	0.7%	706,539	1.4%
Black or Black British ¹	6,026	5.1%	56,914	0.7%	1,132,508	2.3%
Black or Black British: Caribbean ¹	3,470	2.9%	27,452	0.3%	561,246	1.1%
Black or Black British: African ¹	2,275	1.9%	24,582	0.3%	475,938	1.0%
Black or Black British: Other Black ¹	281	0.2%	4,880	0.1%	95,324	0.2%
Mixed ¹	2,778	2.3%	85,779	1.1%	643,373	1.3%
Mixed: White and Black Caribbean ¹	1,116	0.9%	23,742	0.3%	231,424	0.5%
Mixed: White and Black African ¹	224	0.2%	9,493	0.1%	76,498	0.2%
Mixed: White and Asian ¹	845	0.7%	29,977	0.4%	184,014	0.4%
Mixed: Other Mixed ¹	593	0.5%	22,567	0.3%	151,437	0.3%
Asian or Asian British: Bangladeshi ¹	171	0.1%	15,358	0.2%	275,394	0.6%
Asian or Asian British: Other Asian ¹	2,022	1.7%	23,518	0.3%	237,810	0.5%
Chinese or Other Ethnic Group ¹	1,148	1.0%	62,348	0.8%	435,300	0.9%
Chinese or Other Ethnic Group: Chinese ¹	349	0.3%	33,089	0.4%	220,681	0.4%
Chinese or Other Ethnic Group: Other ¹	799	0.7%	29,259	0.4%	214,619	0.4%

APPENDIX B

	Slough	South East	England
All People ¹	119,067	8,000,645	49,138,831
Aged under 1 year ¹	1,638	89,174	554,460
Aged 1 yrs ¹	1,618	92,598	574,428
Aged 2 yrs ¹	1,612	95,954	587,635
Aged 3 yrs ¹	1,651	96,606	596,726
Aged 4 yrs ¹	1,692	98,169	612,989
Aged 5 yrs ¹	1,588	97,838	604,631
Aged 6 yrs ¹	1,691	98,978	608,575
Aged 7 yrs ¹	1,676	101,856	625,462
Aged 8 yrs ¹	1,679	102,056	630,665
Aged 9 yrs ¹	1,716	105,168	653,196
Aged 10 yrs ¹	1,713	105,846	661,291
Aged 11 yrs ¹	1,635	103,710	646,996
Aged 12 yrs ¹	1,696	103,477	640,717
Aged 13 yrs ¹	1,695	103,721	650,842
Aged 14 yrs ¹	1,630	99,753	629,201
Aged 15 yrs ¹	1,661	99,315	623,767
Aged 16 yrs ¹	1,626	100,709	629,445
Aged 17 yrs ¹	1,501	97,017	601,821
Aged 18 yrs ¹	1,484	95,379	590,850
Aged 19 yrs ¹	1,338	91,599	586,721
Aged 20 yrs ¹	1,505	96,065	614,403
Aged 21 yrs ¹	1,657	96,129	611,506
Aged 22 yrs ¹	1,721	92,163	588,649
Aged 23 yrs ¹	1,749	88,341	564,695
Aged 24 yrs ¹	2,076	89,137	573,466
Aged 25 yrs ¹	2,097	90,361	592,740
Aged 26 yrs ¹	2,199	94,487	619,548
Aged 27 yrs ¹	2,224	98,129	642,742
Aged 28 yrs ¹	2,436	105,718	687,806
Aged 29 yrs ¹	2,368	111,413	725,824
Aged 30 yrs ¹	2,230	114,467	743,517
Aged 31 yrs ¹	2,168	112,894	733,446
Aged 32 yrs ¹	2,312	119,016	760,002
Aged 33 yrs ¹	2,197	121,592	763,358
Aged 34 yrs ¹	2,108	126,153	785,288
Aged 35 yrs ¹	2,027	128,272	787,124
Aged 36 yrs ¹	2,088	129,801	791,661
Aged 37 yrs ¹	1,896	129,257	782,799
Aged 38 yrs ¹	2,012	127,092	769,653
Aged 39 yrs ¹	1,941	123,115	749,776

	Slough	South East	England
Aged 40 yrs ¹	1,830	121,105	730,588
Aged 41 yrs ¹	1,730	116,319	701,571
Aged 42 yrs ¹	1,771	115,921	690,494
Aged 43 yrs ¹	1,616	113,237	681,359
Aged 44 yrs ¹	1,690	109,616	656,875
Aged 45 yrs ¹	1,476	105,160	634,240
Aged 46 yrs ¹	1,487	104,336	619,926
Aged 47 yrs ¹	1,522	104,440	627,116
Aged 48 yrs ¹	1,420	102,806	617,653
Aged 49 yrs ¹	1,357	102,087	612,630
Aged 50 yrs ¹	1,317	102,221	617,394
Aged 51 yrs ¹	1,286	106,749	639,113
Aged 52 yrs ¹	1,262	110,500	659,638
Aged 53 yrs ¹	1,342	121,754	715,481
Aged 54 yrs ¹	1,348	129,049	751,071
Aged 55 yrs ¹	1,039	98,577	577,525
Aged 56 yrs ¹	1,008	100,744	596,512
Aged 57 yrs ¹	1,028	96,760	575,598
Aged 58 yrs ¹	973	91,694	548,342
Aged 59 yrs ¹	921	80,421	487,454
Aged 60 yrs ¹	846	74,220	462,708
Aged 61 yrs ¹	954	80,280	491,823
Aged 62 yrs ¹	797	78,650	487,196
Aged 63 yrs ¹	815	77,637	481,809
Aged 64 yrs ¹	784	75,215	468,294
Aged 65 yrs ¹	801	73,639	454,008
Aged 66 yrs ¹	824	71,589	439,446
Aged 67 yrs ¹	766	68,008	420,079
Aged 68 yrs ¹	792	68,169	419,937
Aged 69 yrs ¹	739	68,898	420,553
Aged 70 yrs ¹	834	68,515	418,979
Aged 71 yrs ¹	756	65,917	404,735
Aged 72 yrs ¹	726	63,581	387,853
Aged 73 yrs ¹	693	60,392	370,943
Aged 74 yrs ¹	732	59,795	366,308
Aged 75 to 79 yrs ¹	2,926	272,374	1,645,194
Aged 80 to 84 yrs ¹	1,862	191,955	1,105,941
Aged 85 to 89 yrs ¹	1,000	115,598	637,701
Aged 90 to 94 yrs ¹	363	47,224	249,874
Aged 95 to 99 yrs ¹	74	11,464	58,401
Aged 100 yrs ¹	9	1,504	8,048

APPENDIX C

REFERRAL IN

Agency	GP		Self		Drug services		Arrest referral/DIP		Probation		CARAT		CJS other		Other		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
BDASS	4	12.1%	0	0.0%	20	60.6%	2	6.1%	0	0.0%	1	3.0%	0	0.0%	6	18.2%	33
Equinox Care (Project 316)	0	0.0%	0	0.0%	4	80.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	5
Slough DIP	0	0.0%	1	0.8%	0	0.0%	83	62.4%	1	0.8%	32	24.1%	0	0.0%	16	12.0%	133
Turning Point Slough	42	24.9%	81	47.9%	14	8.3%	4	2.4%	27	16.0%	0	0.0%	0	0.0%	1	0.6%	169
Turning Point Shared Care	0	0.0%	0	0.0%	14	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	14
SMART specialist prescrib	0	0.0%	1	2.8%	34	94.4%	1	2.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	36
CRI Psychosocial intervent	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0
Total	46	11.8%	83	21.3%	86	22.1%	90	23.1%	28	7.2%	33	8.5%	0	0.0%	24	6.2%	390

IN TREATMENT

Agency	No. in Treatment	No. in Treatment 2-4y	No. in Treatment +4y
BDASS	224	31	38
Equinox Care (Project 316)	43	0	0
Slough DIP	208	2	0
Turning Point Slough	276	1	0
Turning Point Shared Care	37	0	0
SMART specialist prescrib	95	0	0
CRI Psychosocial intervent	2	0	0
Total	885	34	38
Percentage	92%	4%	4%

957

TRANSFERS

Agency Transfer To	BDASS	Equinox Care (Project 316)	Slough DIP	Turning Point Slough	Turning Point Shared Care	SMART specialist prescriber	CRI Psychosocial interventions	Total
BDASS	0	2	4	10	19	45	0	80
Equinox Care (Project 316)	3	0	1	5	0	0	0	9
Slough DIP	9	6	0	14	0	3	0	32
Turning Point Slough	10	19	6	0	1	8	1	45
Turning Point Shared Care	0	1	0	0	0	2	1	4
SMART specialist prescrib	0	1	2	7	5	0	0	15
CRI Psychosocial intervent	0	0	0	0	0	0	0	0
Total	22	29	13	36	25	58	2	185

TREATMENT EXITS

Agency	Planned		Referred on		Unplanned - Dropped out		Unplanned - prison		Unplanned - other		Total
	n	%	n	%	n	%	n	%	n	%	
BDASS	2	2.0%	50	50.0%	46	46.0%	1	1.0%	1	1.0%	100
Equinox Care (Project 316)	2	33.3%	4	66.7%	0	0.0%	0	0.0%	0	0.0%	6
Slough DIP	12	12.6%	20	21.1%	60	63.2%	0	0.0%	3	3.2%	95
Turning Point Slough	34	42.0%	22	27.2%	17	21.0%	0	0.0%	8	9.9%	81
Turning Point Shared Care	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0
SMART specialist prescrib	1	7.7%	8	61.5%	4	30.8%	0	0.0%	0	0.0%	13
CRI Psychosocial intervent	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0
Total	51	17.3%	104	35.3%	127	43.1%	1	0.3%	12	4.1%	295

APPENDIX D

