

## Adult Drug Needs Assessment Summary: 2009/10

### Changing Drug Use trends –ACCE cohort:

- 18-24s transitional pathways and relation to Adult services (roll on from last years needs assessment recommendations)
- ACCE cohort and differing drug use patterns leads to an under-representation of 18-24s in the treatment system –no referrals form DECCA to adult services - do we need a bespoke service for this group in particular or more diversification of modalities offered? Differing drug user patterns were also seen amongst differing ethnicities.
- A growing emphasis on psycho-social interventions (particularly BTEI/ITEP) to address the increasing stimulant use evidenced from ‘front end’ police test data and emergence of an ACCE cohort
- Harm Reduction messages to address awareness of the risks of sharing drug using paraphernalia (not necessarily needles) amongst those 18-24s to prevent the spread of BBVs and assist in reducing any future health care costs associated with such BBVs – especially for the ACCE cohort

### Partnership/Integrated Working:

- Accepted common screening and assessment tool used across agencies to expedite referrals into treatment and appropriate course of action for inappropriate referrals
- Integrated Care Pathways work to enforce and underpin the families, employment and recovery agenda within every aspect of delivery – this will also work towards improved outcomes for clients where care coordination and co-cased managed clients needs are met holistically
- Effective information flows across providers to enable better use of intelligence to inform more effective delivery, and to enable sharing of data where care co-ordination warrants this
- Learning from the NTA ‘towards successful completions’ document 2009, with regards to improving client engagement and retention using a multi-agency/case management approach.
- An increasing move towards outcome focussed commissioning and outcome focussed performance measures
- Personalisation focussed services – linked to assessment tool to allow for personalisation of desired outcomes/ recovery for the individual client to tailor flexible provision to meet that
- Ensure future commissioning decisions and service specifications take into account findings/ key references identified from the family, recovery, treatment and Criminal Justice sections of this years needs assessment

### Family:

- A commonly accepted understanding of a ‘whole family approach’ and what that means in terms of interventions and developing whole family support plans –adding value to the individualised approach in place already
- An understanding of DAAT commissioned ‘family’ services provision within existing local services aligned to the family agenda (for example, to address the need for a single assessment process across young people and adults to

better identify need and expedite the response across providers, as well as across thematic areas)

- The need to link in with available resources, service provision and contacts around the family agenda (links to C&YP commissioning; carers commissioning already underway) to mobilise all possible resources to this agenda
- A recognition where generic services around the family can be used to deliver brief interventions and the remit/overlap to specialist family services commissioned – and the right sizing/pathways underpinning that
- The value of and place of the family agenda with regards to building social capital and resilience in relation to increased positive outcomes for clients and the wider recovery agenda
- Recently released NTA & DSCF joint guidance on the development of local protocols between drug & alcohol treatment services & local safeguarding & family services –how learning /recommendations from this will need to be adapted and applied locally
- The extent of plausible crossover between the families agenda and harm reduction agenda needs to be aligned and captured in relevant local strategies and documents (e.g. the extent to which the family can play a role in reducing the risk of overdose and BBV transmission)
- A need to increase the level of family members and carers involved in a clients treatment journey to work towards increased positive outcomes for the client as well as addressing the needs of those affected by the clients drug misuse – approximately 7% of clients accessing effective treatment had a family member/carer accessing the DAAT commissioned ‘Family Support Service’

#### Recovery:

- A need to develop a shared vision of ‘recovery’ amongst local partners and providers to provide a framework for coordinated recovery oriented service development – do we adopt the UKDPC recovery definition locally?
- A need to develop and strengthen the links between provider organisations (treatment specific and non treatment services) with particular relevance to the reintegration agenda.
- A shift towards a recovery focussed system with relapse prevention and aftercare embedded as part of the entire treatment process/ journey – currently the system is predominantly medical and treatment focussed rather than an emphasis on reintegration and recovery
- A growing emphasis on psycho-social interventions (particularly BTEI/ITEP) as part of the ‘routes to recovery’ agenda
- The use, right sizing of, and appropriate referrals for Tier 4 services as well as the appropriate community aftercare and relapse prevention to maximise gains delivered from Tier 4 interventions. Home Office report recommends applying principles of Continuity of Care to those entering/leaving residential and inpatient care services.
- The need for structured relapse prevention and aftercare modality/ programme with appropriate links to non-commissioned services such as NA/AA/CA
- Explore potential for a ‘preparation for rehab’ programme and funding approval panel approach to maximise the return from Tier 4 services for clients

- Explore the use of community champions as part of the recovery agenda – and to aid any specific relapse prevention and aftercare interventions commissioned
- Address the balance needed between treatment, recovery and reintegration provision locally- potentially reducing costs by reducing the demand for later re-admission (from high levels of readmissions seen from treatment data locally)
- The place of the family agenda with regards to building social capital and resilience in relation to increased positive outcomes for clients and the wider recovery agenda
- Integration and alignment of reintegration based service provision (Employment Training Education, Structured Day Programme) linked more closely to shared care/GP prescribing community based treatment. PEC drug lead to raise awareness of substance misuse agenda, and to increase capacity for the shared care scheme.
- Explore the possibility of half way house concepts locally to encourage independent living and help to ease social reintegration as part of the recovery agenda in order to increase positive outcomes for clients
- Explore options for leisure based activities as part of the treatment, rehabilitation and reintegration process

#### Training & Development:

- Sharing best practice and on-going workforce training and development (and therefore the effectiveness of treatment) through a comprehensive workforce development plan for the entire treatment system to ensure, for example, responsibilities under the families agenda and the ‘no wrong door’ approach – & how this ties into regional workforce development worker.
- Training and awareness raising for front line services and their workers who are likely to come into contact with those who misuse substances – demand from police services particularly pertinent where DIP has been identified as the main source of treatment naïve referrals.

#### Drug Interventions Programme:

- DIP is the main source of identifying treatment naïve and stimulant users – drop in purity of cocaine may impact on numbers identified – need to consider for future commissioning and right-sizing of services and to ensure appropriate interventions and packages of care in place to create accessible services with a non-opiate focus
- Decrease in trigger offences has meant a corresponding decrease in positive tests – more difficult to identify drug users (esp. stimulant users) – need for DIP workers to engage with all offenders and conduct voluntary assessments where appropriate
- Raise awareness of DIP conditional cautioning and its benefits within police stations and the Crown Prosecution Service and increase the number of applications made

#### Harm Reduction:

- Needle Exchange coverage is significantly below the coverage threshold needed to provide a clean needle for every injection (currently 1 clean needle for every 4 injections locally)
- Need for 'desirable' information in addition to essential information to be collected for those Needle Exchange providers (i.e. whether a client is accessing structured treatment, drugs used etc..) to inform of the usefulness of needle exchange services as a way to engage treatment naïve clients and increase awareness of local treatment services.
- The level of BBV/harm reduction advice and information delivered as part of the current Needle Exchange services is also something that needs to be addressed in light of the poor coverage results
- Awareness of the risks of sharing drug using paraphernalia (not necessarily needles) amongst those 18-24s to prevent the spread of BBVs and assist in reducing any future health care costs associated with such BBVs – especially for the ACCE cohort
- The Harm Reduction working group is set to reconvene in the new year 2010, with a new Harm reduction Strategy - findings point to a need to encompass the alcohol agenda alongside that of drugs (as seen from ambulance and deaths data), as well as to address young people and their substance misuse patterns (as seen from hospital episode statistics) – as key areas for the upcoming Harm Reduction Strategic Group to address.

#### Service User Involvement:

- Recognition of the service user group SAVE and their place within key agendas such as harm reduction and the recovery agenda– for example, offering peer led training on overdose and safer injecting; providing opportunities for peer involvement through the Rattle newsletter, promoting self confidence, attending community and training events promoting positive views of not using drugs etc. and their links to the newly commissioned 'Hi's and Low's' service user involvement service.
- A need to include SAVE at each stage of any potential commissioning/ service delivery changes for input and guidance.