

Living Well

Drug Misuse

Revised: 2014

Introduction

Drug treatment is included in the Public Health Outcomes Framework and is split into two distinct areas:

- the number of adults who are in drug treatment
- the number of adults in treatment who leave drug treatment successfully. This is defined as being discharged drug free and not returning to treatment within six months

In 2012, just over 2.5 people per 1,000 people in West Berkshire were in structured drug treatment. This figure is lower than the national average (5 per 1,000), or regionally (3 per 1,000).

Approximately 35% of non-opiate drug users leaving drug treatment are successful completers of treatment, the percentage decreases to approximately 5% for opiate drug users.

The adult drug misusing population of West Berkshire can access a full range of treatment from Turning Point, based centrally in Newbury and providing satellite services from various GP surgeries. Treatment provision includes: Specialist Opiate Substitute Prescribing; Users Group work; Individual Key Work; Abstainers Group work; Peer Support sessions; Parent and Carers Support; Specialist Counselling; Education Programmes; Community and In-patient detoxification programmes; Needle Exchange and Harm Reduction Service.

What do we know?

Table 1 shows the estimated number of drug misusing residents in West Berkshire. It can be seen in West Berkshire, the rate of the different types of drug users are lower than the national figures.

Table 1: Prevalence estimates (aged from 15-64), 2010/11

West Berkshire Council Joint Strategic Needs Assessment

	West Berkshire		England
	Number	Rate per 1,000	Rate per 1,000
Opiate and/or crack users	541	5.4	8.7
Opiate	489	4.8	7.6
Crack	199	2	5
Injecting	221	2.2	2.7

Source: [National Drug Evidence Centre, University of Manchester](#)

When engaged in structured drug treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue.

The information in table 2 below shows the proportion of adults in West Berkshire in 2012-13 who have been in treatment for three months or more – a measure for effective treatment engagement.

Table 2: Proportion of adults in effective treatment, 2012/13

	West Berkshire			England	
	Number	Growth from 11-12	Prop'n of treatment pop'n	Growth from 11-12	Prop'n of treatment pop'n
Opiate	247	4%	97%	-3%	96%
Non-opiate	18	-22%	86%	3%	88%
All	265	2%	96%	-2%	94%

Source: [National Drug Evidence Centre, University of Manchester](#)

The ongoing trend of a reduction in intravenous Opiate misuse nationally, is not mirrored in West Berkshire. However there is a trend of older misusers accessing effective treatment in 2013/14.

Either being employed or undertaking meaningful activity is strongly associated with improved recovery outcomes, as is accessing education and training. However, the majority of people in drug and alcohol treatment will require significant support to address their education, training and employment needs and to get them job ready.

- Within West Berkshire, in 2012/13, 21% of clients on drug treatment programmes were in full time employment at the start of their treatment, compared to 16% nationally. 63% of clients were unemployed at the start of their treatment, compared to 58% nationally. The difference however is that 5% of clients in West Berkshire were described as long term sick / disabled, compared to 11% nationally.
- In terms of the outcomes of drug treatment, data is drawn from the [Treatment Outcomes Profile \(TOP\) NDTMS](#), which tracks the progress drug users make in treatment. This includes information on rates of abstinence from drugs and statistically significant reductions in drug use and injecting, and those successfully leaving treatment with secure housing and in work.

- [2012/13 data from the NDTMS](#) suggests that clients who stop using illicit opiates in the first six months of treatment are almost five times more likely to complete successfully than those that continue to use.

Table 3: Abstinence, Significant reductions in use and injecting use, housing need and employment among opiate, crack and cocaine users in West Berkshire, 2012/13

	West Berkshire		England
	N	%	%
Abstinence			
Opiate	18	49%	45%
Crack	10	53%	51%
Cocaine	1	100%	64%
Significant reductions in use			
Opiate	14	38%	23%
Crack	2	11%	11%
Cocaine	0	0%	11%
Injecting use, housing need and employment			
Adults no longer injecting at review	18	69%	60%
Adults successfully completing treatment no longer reporting a housing need	6	86%	88%
Adults working ten or more days in the month before successfully completing treatment	8	30%	25%

Source: [National Drug Evidence Centre, University of Manchester](#)

What is the data telling us?

The data below shows the proportion of drug users who complete their treatment free of dependence, the progress West Berkshire has made on people successfully completing treatment, and those successfully completing who do not relapse and re-enter treatment.

Additionally, the proportion of adults who have been in treatment for more than two years – the data tells us that the likelihood of clients completing treatment and not re-presenting decreases the longer they remain in treatment over 2 years.

Table 4: Proportion of drug users who successfully completed treatment and proportion of drug users who did not return to treatment, West Berkshire

		West Berkshire	England
Successful completions as a proportion of total number in treatment	Opiate	12%	9%
	Non Opiate	43%	41%
	All	14%	15%
Proportion who successfully completed treatment and did not return within 6 months	Opiate	80%	80%
	Non Opiate	100%	95%
	All	85%	88%
Growth in successful completions since 2011-12	Opiate	11%	-7%
	Non Opiate	-25%	2%
	All	0%	-3%
Proportion of adults in treatment for two years or more	Opiate	47%	54%
	Non Opiate	0%	5%
	All	44%	44%

Source: National Drug Treatment Monitoring Service

What are the key inequalities?

As West Berkshire is predominantly rural, the lack of public transport is the predominant cause of inequality for accessing treatment provision.

Recommendations for consideration

- Additional support for Parents and Carers
- Additional Rural Service Provision
- Increased referrals from GP and Pharmacists
- Increased access to transport provision
- Increased specialist accommodation support

National and local strategies

The current government's [2010 Drug Strategy](#) asked local areas to increase the number of people successfully leaving treatment having overcome dependence.

Locally West Berkshire follows the recommendations contained within the document. However there are amendments that include: closer working with accommodation providers, enforcement agencies, Community Mental Health Teams, Vulnerable Adults Team, Children and Young Peoples Directorate, hospitals, GP practices, relevant charities and local businesses.

It is recognised that although many individuals will require a number of separate treatment episodes over time, most individuals who complete successfully do so within two years of treatment entry.

Other chapters you might be interested in

Alcohol

West Berkshire Council Joint Strategic Needs Assessment

Drug and Alcohol Misuse in Children
Mental Health
Housing
Domestic Abuse

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437