TACKLING DRUGS CHANGING LIVES IN OLDHAM

Oldham Adult Drugs Needs Assessment

December 2009

Data analysis for 2008/09

Confidential

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SECTION 1

Oldham's Adult Drugs Needs Assessment

1.1 Introduction

Oldham DAAT is essentially 'under new management'. The new team has undertaken a review of its own structure and performance and is, during 2009, making a strategic assessment of current commissioning arrangements and the state of the provision it commissions.

Both this needs assessment and a similar exercise for young people have been given priority in order to fully re-examine and audit Oldham's current substance misuse provision. These assessments were commissioned by Oldham DAAT to Howard Parker and Roy Egginton. Alcohol misuse and current provision are included in both assessments in order to inform strategic planning and partnership work with key local stakeholders. Given all the services the DAAT commissions have alcohol workers attached, to omit alcohol would be short sighted. Furthermore alcohol misuse is a major problem in Oldham and is tied into poly-substance misuse in each service. The strategic priority is to ensure a unified system of provision whereby all Oldham's services can deal effectively with all substance misuse referrals.

This needs assessment will fully inform treatment planning, further commissioning and business cases to partnership boards.

Section 2 provides an overview of the substance misuse trends in Oldham which include Alcohol, Heroin-Crack and the emergent ACCE profile.

Section 3 summarises adult drug treatment performance across 2008-09 and describes the profile of clients, their substance use and treatment journeys. It includes the required Bullseye analyses and the key measures of performance for each service including ODIP.

Section 4 looks at problematic substance misusers who are treatment naïve and treatment resistant. It provides an analysis of Needle Exchange customers and the population captured by criminal justice – mandatory drug testing via ODIP.

Section 5 describes the strategic and operational situation in relation to Hidden Harm and interventions with children and families adversely affected by parental alcohol and drug misuse as required by the NTA's 'Supplementary advice in relation to families and carers' for the Needs Assessment.

Section 6 brings together the key findings of the needs assessment process in respect of a 'gap analysis' which are critical for strategic planning, new commissioning and treatment planning.

1.2 The Needs Assessment Process

This report has been guided by the NTA's instructions for the 2009 needs assessment and with the exception of a review of drugs work within the Prison Establishment includes all the key advised elements.
This needs assessment has been a corporate exercise involving DAAT officers alongside two consultants (Roy Egginton and Howard Parker). It has been the most extensive assessment conducted by Oldham in recent years in order to set a more robust baseline for the future.

The initial findings of the needs assessment have been shared with stakeholders and feedback incorporated. In particular a full away day in September attended by 85 local stakeholders has allowed a two way communication process. The DAAT has been able to inform and engage a wide range of players from other key sectors and services. They in turn, via themed focus groups and exercises, have been able to comment and suggest how the DAAT and local drug and alcohol services might better engage with other services and advertise themselves. This was a particularly successful consultation and the stakeholders commentary and wish lists have been incorporated in Section 6.

During the Autumn full drafts of the needs assessment were put out to consultation with ….

1.3 Information and Data Sources

1. Direct meetings and visits to all the main service providers: ODAS, ADS, ACCE, ADAS/Acorn, Turning Point. Requests for data from each service. Head of Services 'Wish list'.

2. A rapid assessment of the pilot ACCE service (Spring 2009). A rapid assessment of Hidden Harm responses in Oldham (Summer 2009).

3. NDTMS downloads for Oldham and extensive interrogation via the portal. Use of in-house databases (e.g. Theseus).

4. A secondary analysis of DIP/DIRWeb data sets especially Mandatory Drug Testing results.

5. An analysis of Syringe Exchange data collected by ODAS.

SECTION 2

Key Substance Misuse Targets and Trends in Oldham

2.1 Introduction: Three Substance Misuse Arenas

Oldham DAAT's strategic plan involves moving towards an integrated whole systems approach to treating substance misuse. This includes maintaining a key focus on the PDU population but also setting up and improving services, within a partnership, for alcohol misusers and Oldham residents with non opiate-crack problems who are mostly younger adults. This section provides an overview of substance misuse in Oldham which has implications for strategic and treatment planning. A key issue for treatment provision in Oldham is that those with recent drugs treatment experience show a tendency for poly-substance misuse and substance switching. Thus older PDUs have secondary drinking problems and young adult presenters are often combining alcohol, cannabis and cocaine. Similarly many primary drinkers have secondary drug use complications.

Chart 2.1 describes the indicative consumption patterns. Oldham has a serious problem with alcohol across all age groups and alcohol workers are embedded in the main drug services of ODAS, ADS and ACCE (and OASIS for Under 18s) with ADAS/Acorn treating all substance misusers fairly generically.

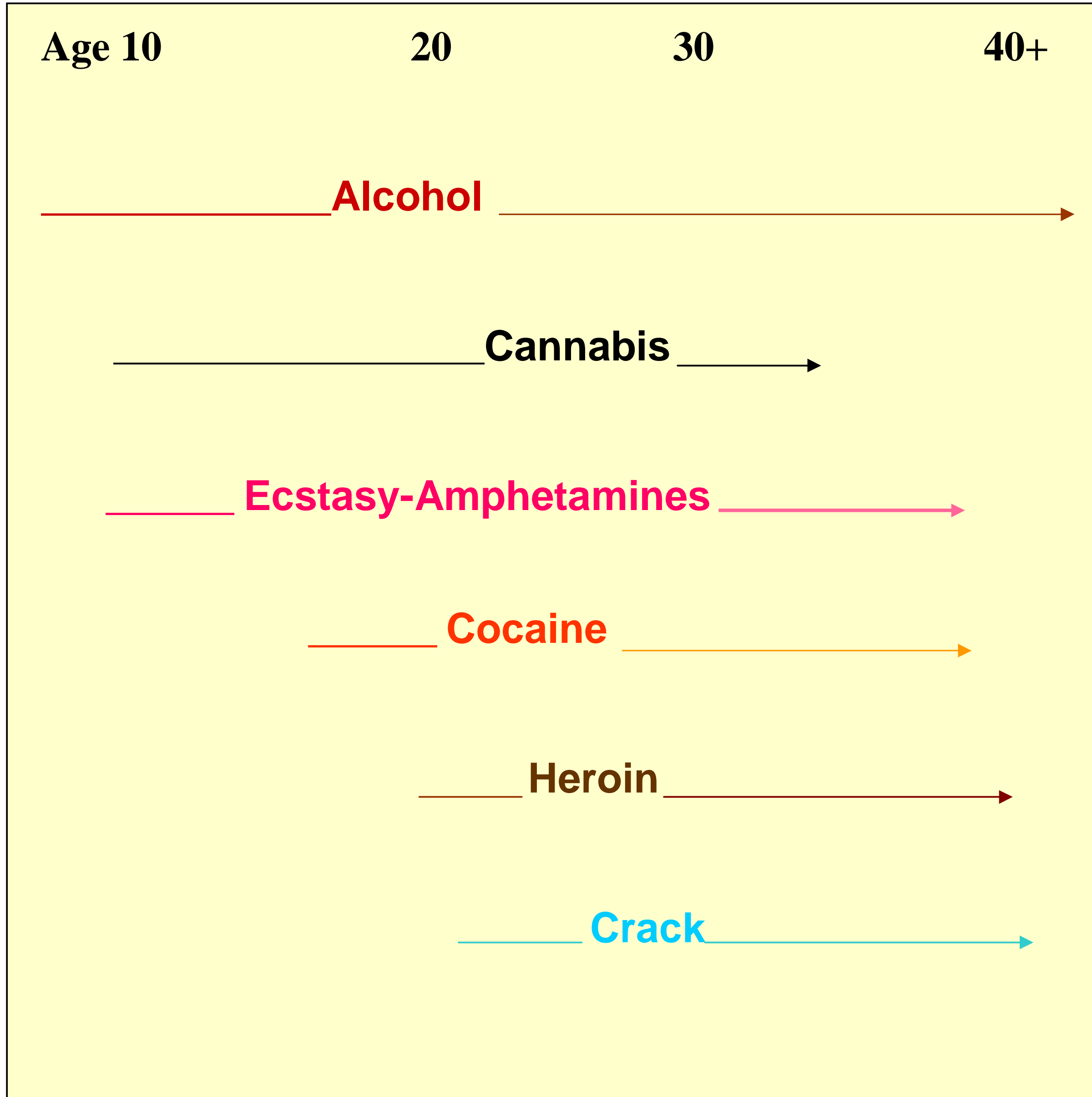
The key in-treatment population of heroin-crack users (over 60% of all presenters) are in general getting older with the proportion over 45 years olds continuing to rise. However as a borough which had a second wave heroin outbreak in the late 1990s Oldham has a younger 'tail' of PDUs. Its treatment population's mean age is lower than for the region.

As elsewhere in the region Oldham also has a younger population of ACCErs whereby (see Chart 2.1) alcohol and cannabis in particular dominate primary substance misuse in the Under 25s. These three consumption misuse patterns: Alcohol, ACCE and Heroin-Crack are summarised in this section.

CHART 2.1

Drug and Alcohol Misuse in Oldham

Three Consumption Patterns at Once



2.2 Alcohol: Oldham's Favourite Drug

2.2.1 Oldham's Problematic Drinker Segments

The North West of England has the highest rates of problematic drinking in England. Oldham in turn sits at the higher end of alcohol harms for the North West. Using the national Local Alcohol Profiles for England (LAPE) synthetic indicator framework the estimates for Oldham are described in Table 2.1.

Table 2.1: Oldham (Over 16 yrs) Consumption Profile Comparisons based on Synthetic Estimates (May 2008) %

	Oldham	Greater Manchester	North West England	England
Binge	21	23	23	18
Hazardous	23	23	22	20
Harmful	7	7	6	5

It is clear that Oldham has a larger population of Binge, Hazardous and Harmful drinkers than England and similar proportions as Greater Manchester and the region.

To complicate matters the Department of Health has introduced a new typology to model and map drinking profiles which uses: **abstainers, drinking at low risk, drinking at increasing risk and higher risk drinking**. **Binge drinking** is found straddling all drinking types and **dependent** drinking straddles increasing risk and higher risk drinking.

Using the new typology via the Department of Health's 'Ready Reckoner' approach to national consumption data Table 2.2 provides the profile intended to guide PCTs and local authorities. Of Oldham's population of 215,000, 173,000 over 16s are in the estimation.

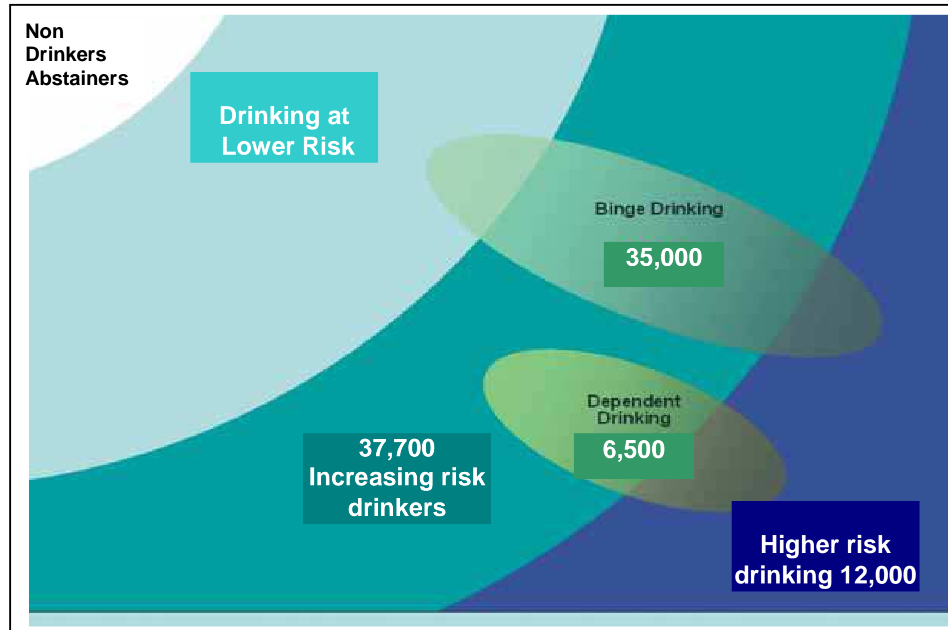
Table 2.2: Oldham's Risk Related Drinkers' Segmentation (Alcohol Learning Centre 2009)

	Oldham %	Size of Population	North West %	England % (95% CI)
Increasing risk drinking	22.5	37,715	22.1	20.1
Higher risk drinking	7.1	11,980	6.3	5.0
Dependent drinking	3.9	6,589	2.2	2.7
Binge drinking	21.1	35,309	23.0	18.0

Table 2.2 and Diagram 2.1 provide critical information for planning Oldham's 'ideal' response programme for the adult 'at risk' drinking population. We exclude **non-drinkers** and **low risk drinkers** from any responses other than public health/social marketing interventions. The **increasing risk** population are also a target group for public health and lifestyles programmes and within this segment will be drinkers who require Tier 1/2 interventions. The **higher risk drinkers,** in an integrated response system, would be a target for Tier 1

and 2 interventions if captured (through screening, hospital admissions, GP registration etc). The **dependent drinkers** are the primary target segment to be captured at Tier 3 and 4. The **binge drinking** segment overlaps the other drinking segments. We can have binge drinkers who actually drink to sensible weekly limits but do so in one or two 'risky' drinking episodes through to binge drinkers who are also at increasing risk and higher risk drinking levels.

Diagram 2.1: Targeting Oldham's Risk Related Drinking Profiles



Over 16 yrs only Source: Alcohol Ready Reckoner doh

The Oldham profile shows that for the 'increasing' and 'higher' risk segments the size of the 'problematic' population in Oldham is proportionately greater than for England and indeed the North West of England except for binge drinkers. Of particular importance is the size of the Higher Risk and Dependent Drinking cohorts. These are far higher than for England and the North West. This suggests the **scale** of interventions in Oldham needs to be higher (per 1,000 population) than for most of the region. This is because of the evidence base for cost-effective interventions with high impact and because the presence of such a high risk adult drinking population is already producing multiple health harms and morbidity as evidenced below. Nearly 19,000 adults in Oldham are estimated to be eligible for formal Tier 2-4 interventions even excluding a high proportion of binge 'drinkers'. Public health messages and Tier 1 interventions would be appropriate for the 37,000 increasing risk drinkers once a more robust treatment system is in place.

Oldham residents were surveyed as part of a major regional alcohol related survey in 2008 **The Big Drink Debate Surveys**. Whilst the sample size was not wholly representative this data set provides the only recent comparative data available to validate the synthetic drinker segments and profiles. Table 2.3 utilises all inclusive drinker definitions. It suggests that Oldham has more non-drinkers than the regional and national averages possibly related to the presence of a large range of BME communities of Muslim faith accounting for around 10% of the adult population.

Table 2.3 Oldham (Over 18 Years) Consumption Big Drink Debate Self Report Surveys (2008) %

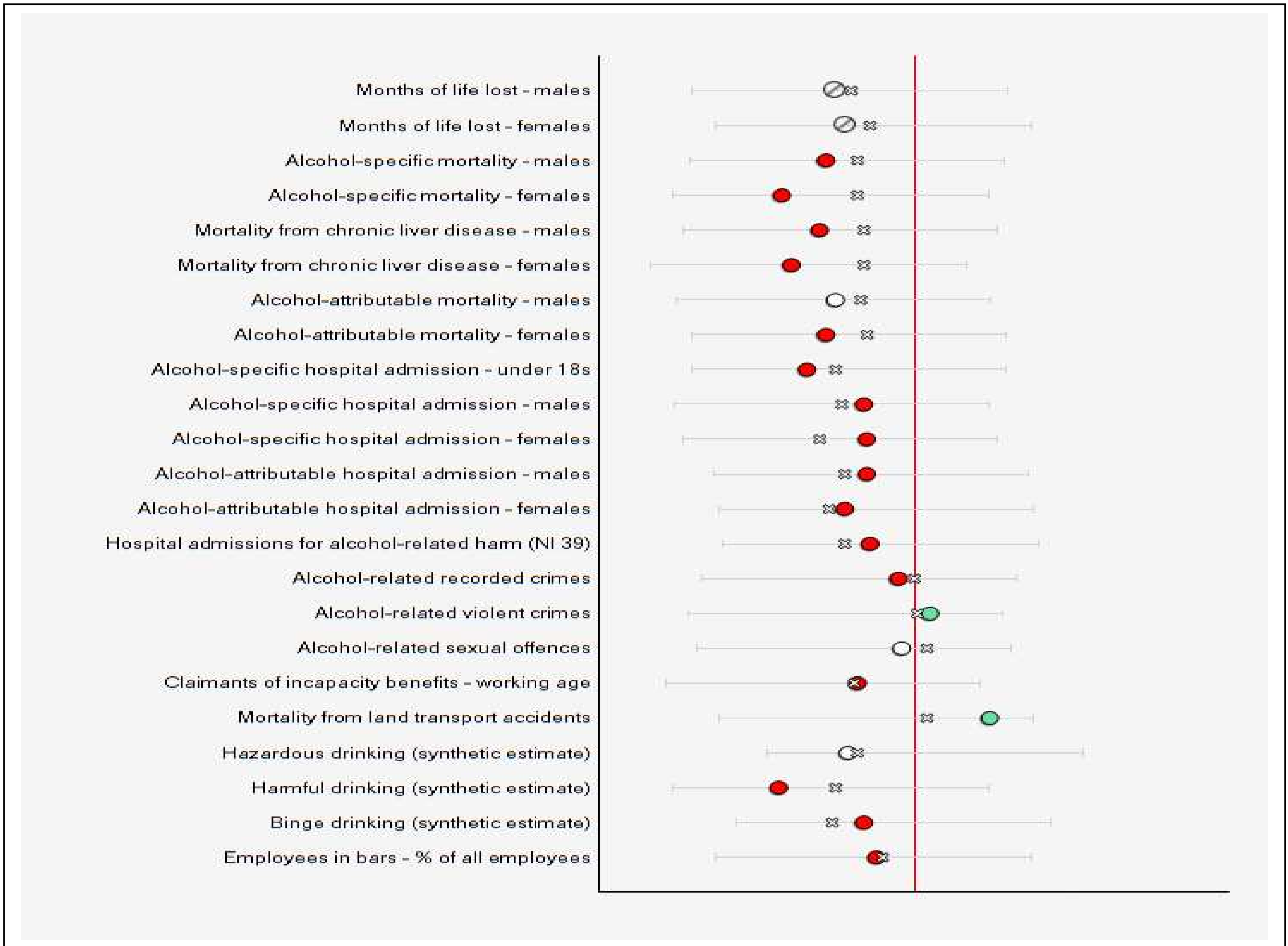
	Oldham	Greater Manchester	North West England
Non-drinkers	12.1	11.2	11.2
Sensible	60.5	58.8	61.7
Hazardous	18.8	22.4	20.4
Harmful	8.5	7.5	6.4

A similar rate of sensible drinkers in Oldham as the region is estimated. A slightly lower rate of hazardous drinkers is estimated when compared with the region. However, the most 'serious' profile of harmful drinkers is estimated to be higher than both Greater Manchester and the Region. This data is largely consistent with the proportions created by the synthetic estimates. The high rate of dependent drinkers in the LAPE estimates is confirmed by, the unusually high proportion of harmful drinkers in the Big Drink survey. Essentially this regional survey validates the synthetic estimates which can thus be used to define the scale and nature of macro alcohol interventions for Oldham.

2.2.2 High Rates of Alcohol Related Harm

Consistent with this problematic drinkers profile Oldham scores in the 'top twenty' local authorities on multiple alcohol harms measures as summarised in Table 2.4. Thus alcohol specific and related hospital admissions and mortality are particularly high in Oldham as are most other harm measures.

Table 2.4: Profile of Alcohol Related Harm for Oldham



- Significantly better
- Significantly worse
Ø – Regional Average
England Average

Source Lape PCT Profile NWPH

2.2.3 Implications for Alcohol Treatment Capacity and Quality

Although a major alcohol strategy development is underway in Oldham the challenge for creating an integrated 4 Tier system of interventions will remain critical for several years. In relation to Tier 3 treatment, which is situated within the 5 services Oldham DAAT commissions for drugs interventions Table 2.4 summarises NDTMS reported activity for 2008-09.

Table 2.4: Primary Alcohol Treatment (Tiers 3 and 4) Oldham 2008-09

	No in Treatment	New Presentation	Discharges
OASIS	102	78	89
ACCE	6	6	0
ADAS	18	18	15
ADS	254	214	116
ODAS	210	149	98
Greater Manchester Wentworth House In-patient (Tier 4)	12	12	12

All others <5 (i.e. High Level, Manchester CAT, GMW Salford, Primrose Bank, Ascot House Source NDTMS

In respect of adults and based on Department of Health recommendations that 15% of dependent drinkers should have access to its current capacity to Tier 3 treatment in any one year Oldham needs to double its current capacity to about 1,000 clients a year. Current treatment performance of around 500 adult alcohol treatment episodes a year is in fact already undermined with waiting lists and a 10% DNA rate at ADS's Tier 3 service and compromised by the need to ration structured interventions. ODAS and ADS are only achieving 47% of planned discharges with 53% of clients making unplanned exits. Similarly there are waiting times for community detoxification and only small numbers of alcohol clients receiving in-patient detoxification. Only 2 people received publicly funded alcohol abstinence residential rehabilitation in 2008-09 with an under-spend on the Community Social Care budget.

From a strategic planning perspective Oldham DAAT thus has a major task ahead in terms of ensuring, with partners, that the alcohol treatment capacity and quality currently embedded within its commissioned drug services is significantly uplifted and integrated into a whole systems approach. This in turn would bring a coherent 'one system' approach far nearer whereby clients with alcohol and drug problems can be treated more effectively within the same service.

2.3 The Size of the Drug Treatment Population in Oldham is Static

The number of people of all ages in drugs treatment each year in Oldham is shown in Table 2.5. Since 2005 the numbers in drugs treatment have remained fairly constant. Similarly the proportion of those in treatment per 1,000 of Oldham's population has also remained static at around 11.1.

Table 2.5: Numbers in Treatment (All Drugs) 2001-2009

Year	Numbers
2001-02	671
2003-04	812
2005-06	1141
2006-07	1127
2007-08	1188
2008-09	1159

Rate per 1,000 population all at 11.1 (based on 15-45 year olds)

So whilst there have been changes in the age and primary substances involved overall Oldham's drug treatment system has treated almost the same number of people each year since 2005.

This is not atypical across the region but nevertheless an important observation given significant increases in resources over recent years. The challenge for future drugs treatment must be to increase treatment activity and without the historical year on year increases in funding.

2.4 The ACCE Profile

The PDU population is getting older in North West England and the proportion of those presenting for treatment with heroin-crack problems is falling whilst non-opiate problem presenters are increasing in real terms and as a proportion of all those entering treatment.

In 2007-08 30% (n=347) of all Oldham's treatment population has an ACCE profile (i.e. alcohol, cannabis, solvents, ecstasy, cocaine, amphetamines and other non opiate drugs). However NW England including Oldham has a lower rate of 19-24 year olds in treatment than the rest of the country. The mean age of ACCErs in treatment was 20.5 years against a regional average of 22.5 years old.

Based on all substances recorded on NDTMS Oldham ACCErs were **more** likely to define alcohol as a problem substance (38% versus 36% for the region), cannabis (81% versus 64% for the region) and other drugs (13.5% versus 6.9% for the region). However Oldham treatment presenters were **less** likely to nominate cocaine (22% versus 41% for the region) and amphetamines (9.5% versus 18% for the region) and ecstasy (4.9% versus 9.7% for the region). (JMU Themed Report, 2009).

The emergence of the ACCE profile in Oldham is in line with the regional picture in general terms but for reasons which are unclear alcohol and cannabis misuse produce an unusually high proportion of treatment episodes. Cocaine presenters on the other hand are amongst the lowest in the region. This is despite other indicators especially Mandatory Drug Testing results which show a very high proportion of young adults who test positive for cocaine only, usually cocaine powder use.

The ACCE service in Oldham set up as a pilot in late 2007 has seen over 150 clients with an ACCE profile nearly all criminal justice referrals and often found to be poly-substance users especially of alcohol and cannabis. Amongst young Needle Exchange customers a significant population of anabolic steroid injectors are identified who appear to have an ACCE profile.

In conclusion a key element of a whole systems approach to substance misuse in Oldham must include provision for a younger 'anti-heroin' population of ACCErs. All the indications are that Alcohol, Cannabis and Cocaine in particular, often used together, will ensure a small but growing cohort of younger adults who require treatment interventions whether as voluntary referrals or as coerced clients via DIP and the criminal justice system. The re-commissioning of a robust ACCE service for 19-25 year olds is described in the final section.

2.5 Heroin-Crack PDUs in Oldham

Most of this needs assessment focuses on PDUs. The numbers of opiate-crack users in treatment over recent years has remained fairly static, at between 830 and 855 in the past few years with a further 120-135 having had a previous treatment episode. Essentially around 1,000 PDUs will have had treatment experience since 2006.

Glasgow's estimate for the 'not known to treatment' PDUs was around 300 in 2007-08 but the new smoothed estimated is now around 500 (2009). This will mean that the PDU penetration rate of 64% in 2007-08 is likely to fall slightly.

Sections 3 and 4 will provide insights into how Oldham's PDU population is evolving and where the treatment naïve and treatment resistant populations can be identified. The challenge in terms of reducing the size of the hidden populations thus remains given Oldham has a 'tail' of PDUs in the making – a product of its heroin epidemiology as a second wave outer borough. A particular irony is that if the goal of engaging this largely treatment resistant population is achieved their propensity to 'drop out' of treatment will in turn under-mine the effective retention performance indicator and thus the scale of central funding.

Section 3

Oldham Drug Treatment Performance 2008-09

3.1 Introduction

ODAS Oldham (i.e. PENC Oldham CDT) and ADS Oldham are predominantly the main providers of Tier 3 substance misuse support for Adults aged 18 and over in Oldham whilst ADAS contribute to a lesser degree to overall Tier 3 provision. Further provision is also provided by ACCE (for users of alcohol, cannabis, cocaine, ecstasy and amphetamines (19 to 30 years), Oldham DIP for up to twelve weeks individuals coming through the criminal justice system, and OASIS for the young persons service treating a number of 18-19 year olds. This section of the Needs Assessment is designed to profile this population with regards to current trends in substance use amongst new presentations as well as those in treatment.

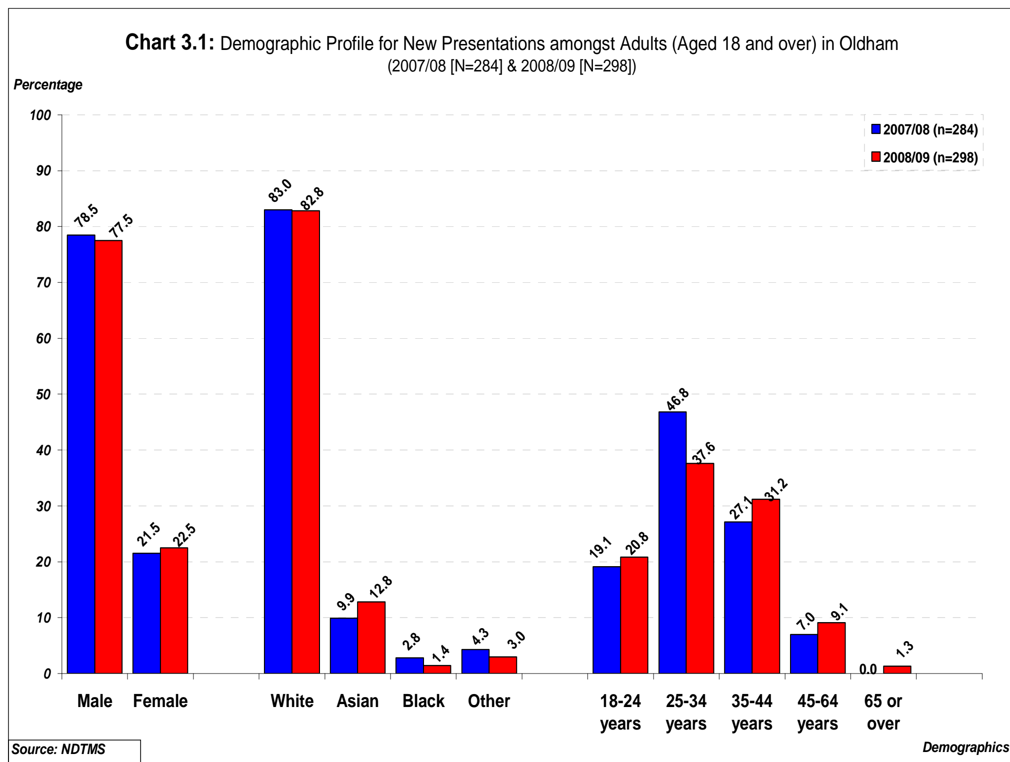
This section will also provide a detailed statistical overview of current performance by Adult Service providers within the partnership area. In this respect attention will be given to examining treatment mapping, outcomes and retention amongst clients in Oldham.

Much of the information that follows represents a secondary analysis of data derived from NDTMS as well as some locally sourced data. It is important to state from the outset that outputs from these respective sources can differ as well as contradict figures presented in Needs Assessments in previous years.

3.2 Profile of Oldham's Adult Service Users 2008-09

3.2.1 New Presentees

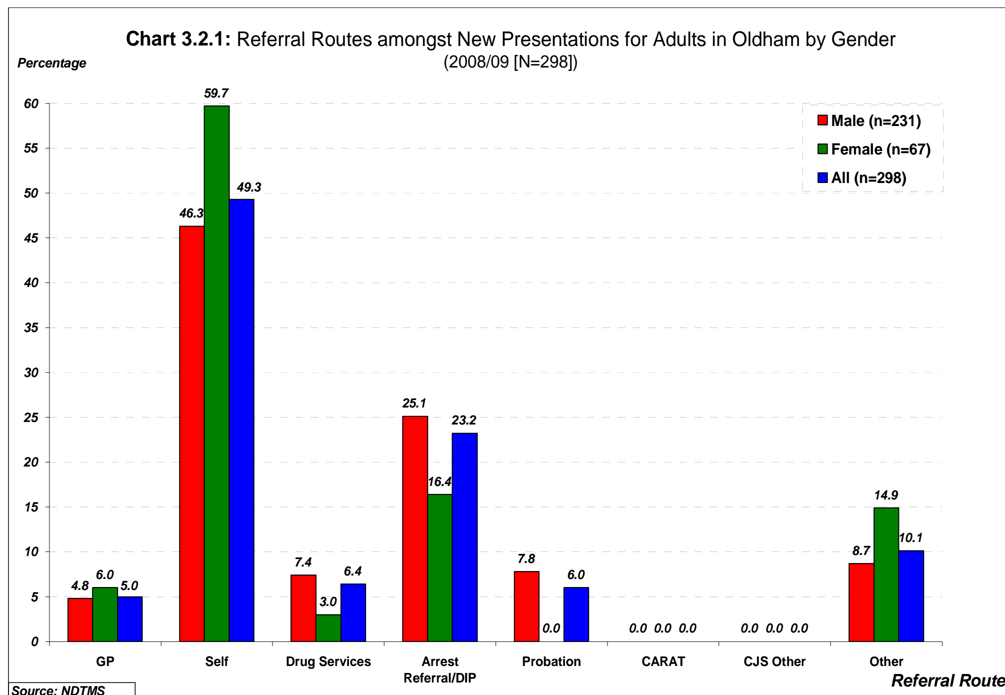
This sub-section provides statistical analyses of new presentations to Adult Substance Misuse Services for 2008-09. Chart 3.1 below provides demographic details of new presentations. During 2008-09 298 referrals, culminating in a comprehensive assessment, were received and processed by Oldham services – representing an increase of 4.9% on new presentations in 2007/08. Overall 67 referrals (22.5%) were female and 231 (77.5%) were male.



In terms of ethnicity Chart 3.1 also shows that in 2008/09 82.8% of Oldham clients were White/White British, the second largest concentration was Asian/Asian British representing one in eight of new presentees (12.8% [n=38]) - presentations amongst Asian/Asian British has increased both numerically and proportionately since 2007/08 by approximately 30%. Approximately one in five (20.8%) of referrals were aged 18-24 years on their referral date. Over one-third (37.6%) were aged 25-34 years, 31.2% were aged 35-44 years whilst one in eleven (9.1%) aged 45-64 years.

3.2.2 Referral Sources for New Presentees

Chart 3.2.1 below shows referral sources to Oldham Drug Services by gender during 2008-09.



Almost half (49.3%) were 'Self' referrals with almost one-quarter (23.2%) derived from Arrest Referral/DIP. The next largest referral source was from 'Other' (10.1%) followed by Drug Services (6.4%), Probation (6.0%) and GPs (5.0%). Males were more than 1½ times more likely than females to be referred from the Arrest Referral/DIP (25.1% compared to 16.4% respectively). While referrals from 'Other' sources amongst females were 14.9% compared to 8.7% amongst males. Females were also significantly more likely to be self referrals than their male counterparts – 59.7% compared to 46.3% respectively.

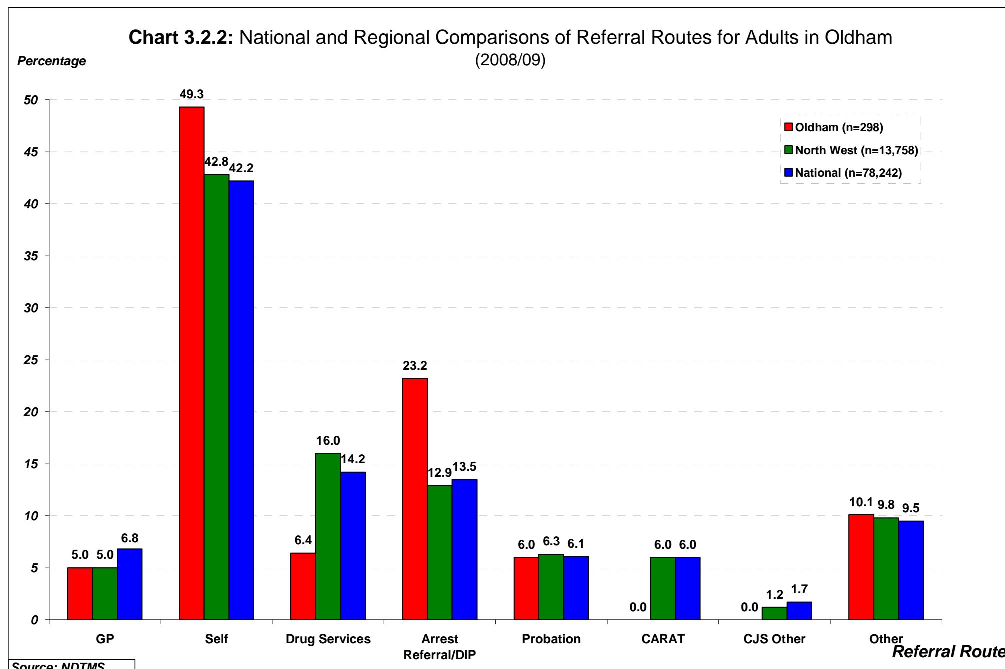


Chart 3.3.2 provides regional and national comparisons for referral routes amongst new presentees. Interestingly, new presentations in Oldham derived from Arrest Referral/DIP were almost double those found for regionally and nationally – 23.2% compared to 12.9% and 13.6% respectively. Referrals from 'Drug Services' in

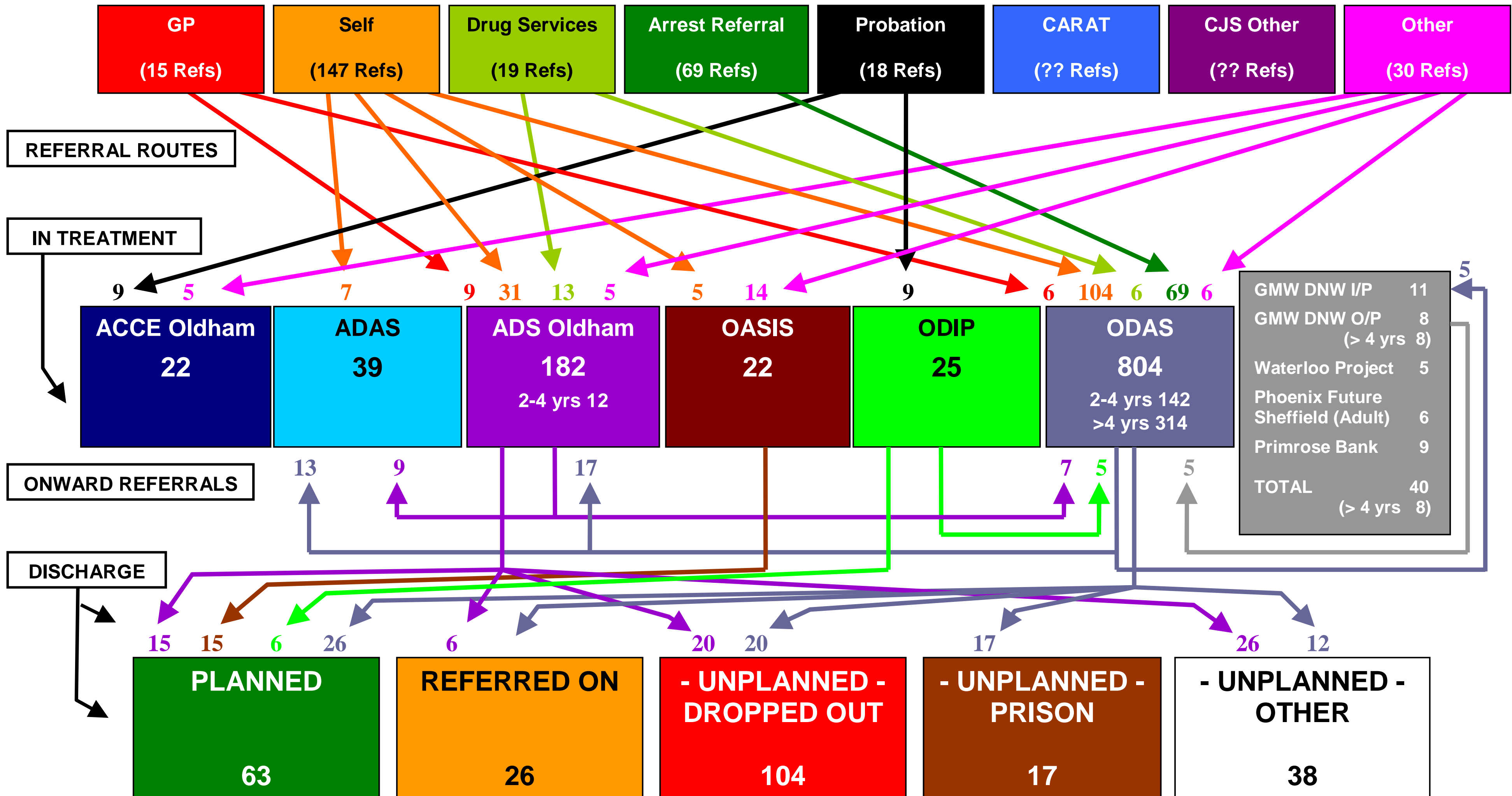
Oldham (6.4%) were found to be less than half the rate for the region (16.0%) and England & Wales (14.2%) one of several indicators of limited inter-agency activity in the borough.

3.2.3 Treatment Mapping for Adults in Oldham

NDTMS data for Oldham was downloaded and an initial Treatment Pathway Map created (See Figure 3.1).

Overall 298 Adults entering treatment in Oldham in 2008-09 26 were referred on, 63 received a planned discharge, 104 left 'unplanned' before treatment completion with an additional 17 and 38 individuals recorded as unplanned prison and unplanned other respectively. Remaining individuals [n=50] are thus deemed to be still in treatment at census date. All referrals via Arrest Referral/DIP and more than two-thirds of 'Self' referrals ended up at ODAS.

Figure 3.1: Adult Treatment Map Summary for Oldham (2008/09)



3.2.4 Substance Use and Injecting Status

Chart 3.3 below illustrates the main substances and injecting status as indicated by new presentees on referral to Oldham's services in the years 2007/08 and 2008/09.

Here we see the dominance of opiate/heroin primary substance use with almost six in ten new presentees indicating this substance category. New presentations indicating 'opiate only' in 2008/09 has increased by more than one-fifth on the previous year from 144 to 175. In 2008/09 Cannabis was the second most common primary substance indicated by new presentees with 16.3% and represents a proportional increase of approximately one-third on 2007/08. Primary Cocaine users have halved during the same period from 13.9% in 2007/08 to 6.8% 2008/09 – falling from the second most commonly indicated primary substance to the fourth (excluding adjunctive alcohol use). This year has also seen the emergence of a small group of new presentees citing primary benzodiazepine use (2.4% [n=7]).

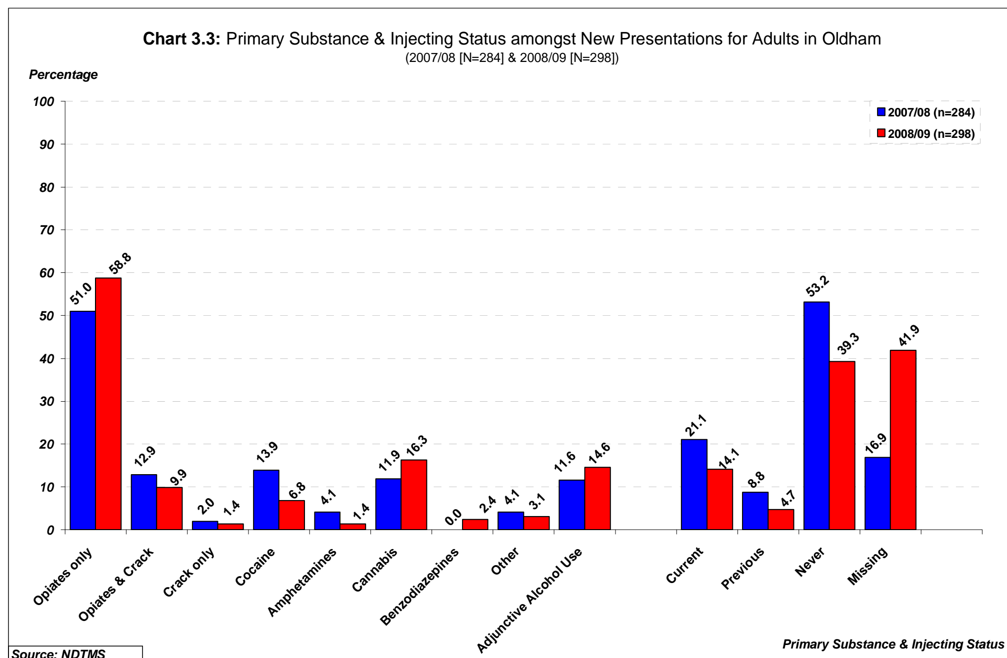


Chart 3.3 also shows injecting status amongst new presentees for both census periods. Unfortunately any comparisons between the two years are somewhat distorted by a large amount of missing data (41.9%) for 2008/09 – this is more than 2½ times the rate found in the previous year's data-set.

3.3 Profiling Oldham's Adult Treatment Naïves

3.3.1 New Presenters

This part of the assessment provides a comparative analysis of the adults accessing treatment by treatment naivety status during 2008/09. It takes the 298 new referrals for 2008-09 and divides them into those with no previous treatment experience and those with a previous treatment history. This can help stakeholders obtain a greater understanding of new trends locally in relation to shifts in demographics and type of substances. Table 3.1 below shows demographics for both sub-populations.

Table 3.1 Demographics for Adults (Aged 18 and over) accessing Oldham Treatment Services by 'Treatment Naïvety Status' (2008/09)

'Treatment Naïvety Status'	**Treatment naïve**	**Not treatment naïve**	***Total***
n size	**142**	**156**	***298***
Column percentage	**%**	**%**	***%***
Gender:			
Male	74.6	80.1	***77.5***
Female	25.4	19.9	***22.5***
Ethnicity:			
White/White British	86.6	79.2	***82.7***
Asian/Asian British	7.7	17.5	***12.8***
Black/Black British	0.7	0.6	***1.4***
Other	2.8	2.6	***3.0***
Age group (yrs):			
18 to 24 years	26.1	16.0	***17.4***
25 to 34 years	33.1	41.7	***37.6***
35 to 44 years	27.5	34.6	***31.2***
45 to 64 years	10.6	7.7	***9.1***
65 and over	2.8	0.0	***1.3***

NB: The 'Year' 2008/09 cover 1st April to 31st March.

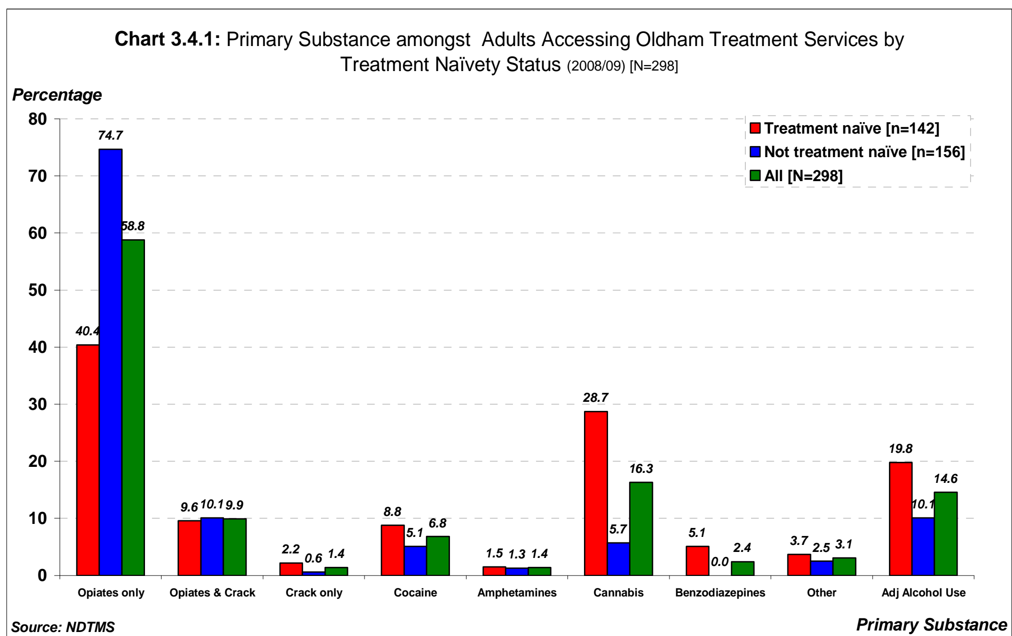
Source: NDTMS

Overall 142 individuals entering treatment in 2008/09 were entirely new to services in Oldham a further 156 had previous treatment involvement. The 'naïves' are more likely to be female than their 'not naïve' contemporaries. In terms of ethnicity those with previous treatment histories have a greater representation from individuals hailing from Asian/Asian British backgrounds – 17.5% compared to 7.7% amongst the naïves. Treatment naïves were also found more likely to belong to the 18-24 year old age range and, to a lesser extent, over 45 years old.

3.3.2 Substance Use amongst Oldham Adult Treatment Naïves

Chart 3.4.1 below shows primary substance use amongst the two sub-populations. We can see that the naïves group are more likely to present with substances associated with the *AACCE* profile[1]. The rate of primary cannabis use amongst this group is 5 times that found for the 'not naïve' group – 28.7% compared to 5.7%. Cocaine indications are almost twice as great – 8.8% compared to 5.1% respectively. Adjunctive Alcohol use contrasts similarly – 19.8% compared to 10.1% respectively. The rate of heroin as a main substance is far greater amongst those with a previous treatment history than the 'naïve' group – 74.7% compared to 40.4%.

[1] AACCE denotes involvement in one or more of the following 5 substances: **A**lcohol, **A**mphetamines, **C**annabis, **C**ocaine & **E**cstasy



3.3.3 Referral Sources amongst Treatment Naïves

Figure 3.4.2 below provides a summary of the referral sources for both sub-populations. The naïve group were approximately 7 times more likely to have been referred by GP – 9.2% compared to 1.3%. They were also found more likely to have been referred by drug services, 'other' agencies/referrers and slightly more likely by Probation.

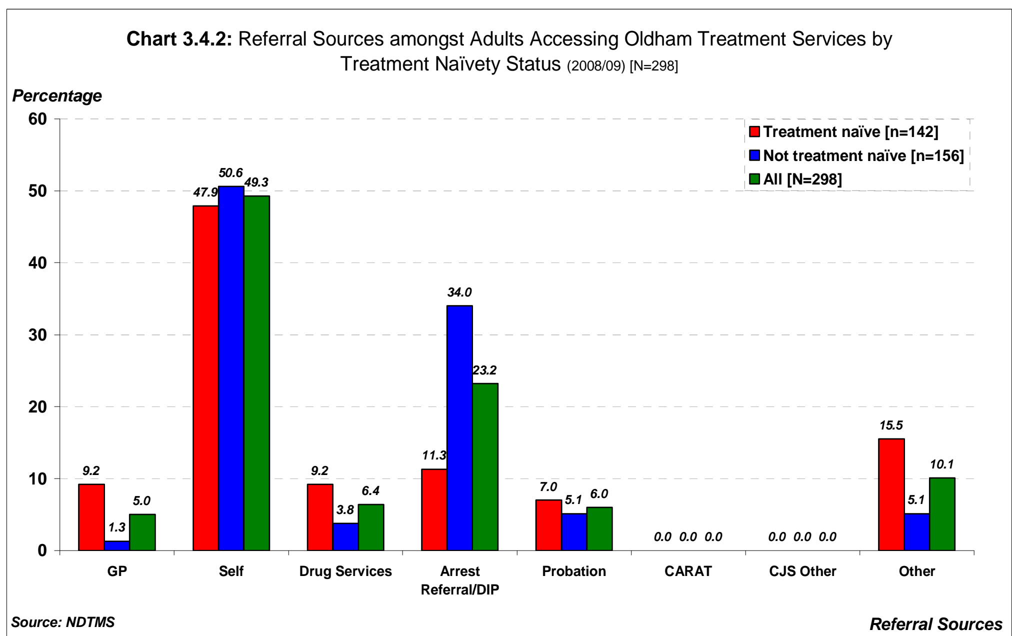


Chart 3.4.2 also shows those with a previous history of treatment in Oldham were 3 times more likely to have been referred via 'Arrest Referral/DIP' – 34.0% compared to 11.3% amongst the naïve group. This relates to the PDU population moving in and out of treatment as they pass through the criminal justice system.

3.3.4 **Other Information relating Oldham's Treatment Naïves**

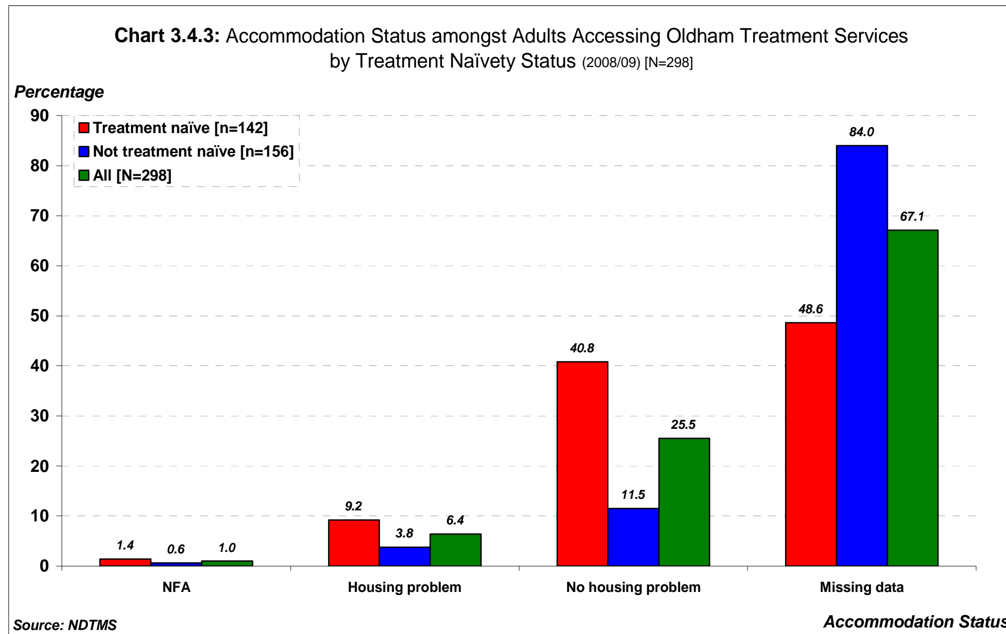
NDTMS also provides other information regarding the two sub-populations in relation to their treatment naivety status. These fall into the following areas:

- Accommodation status
- Injecting status

Looking at this level of information also helps to provide an overview of another measurement of performance locally – missing data.

Accommodation status

Chart 3.4.3 shows accommodation status by treatment naivety status for 2008/09. Overall although two-thirds of data is missing the level of missing data amongst the naïve group was far lower than amongst those with a history of previous treatment – 48.8% compared to 84.0% respectively.



Injecting status

Chart 3.4.4 shows injecting status by treatment naivety status for 2008/09. Although the level of missing data is less than that found for the two previous areas a rate of 41.9% is still very high. The difference in levels of missing data found for both sub-populations is also less pronounced.

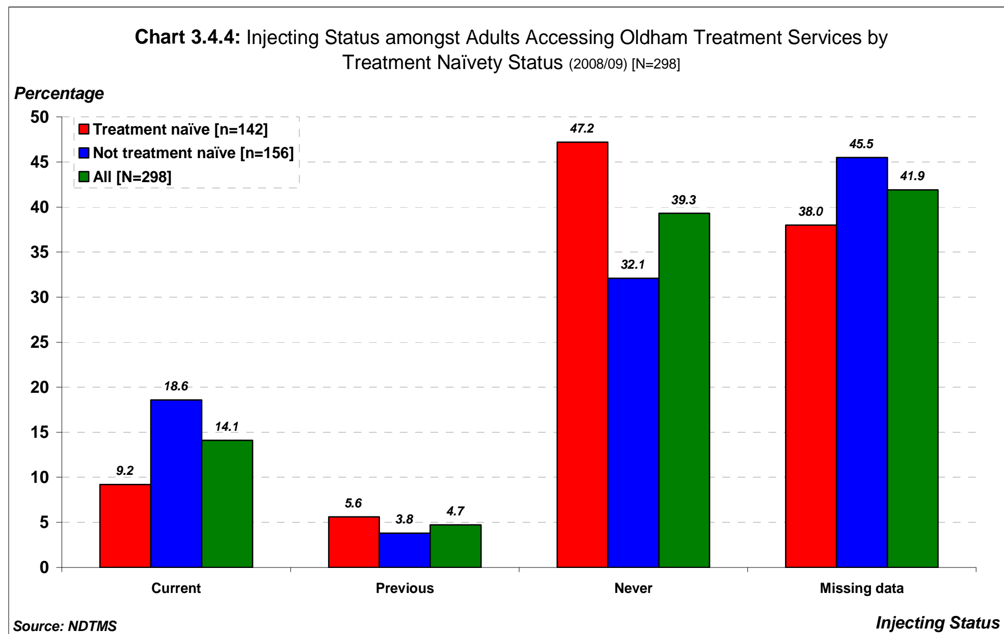


Chart 3.4.4: Injecting Status amongst Adults Accessing Oldham Treatment Services by Treatment Naïvety Status (2008/09) [N=298]

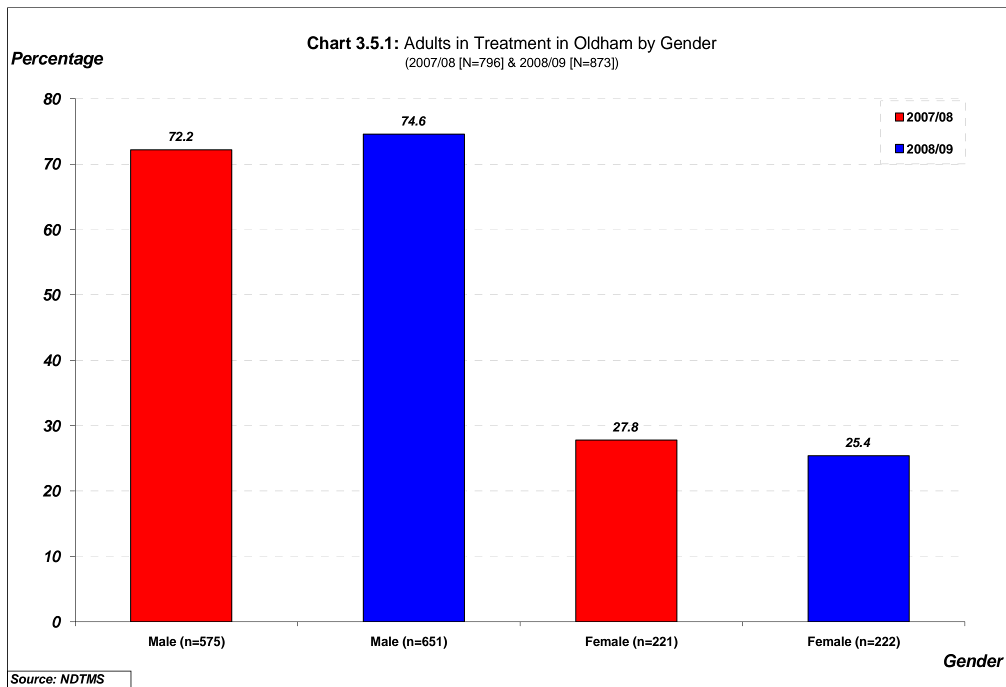
Chart 3.4.4 also shows current injecting amongst the naïve group was less than half the level found for those with treatment histories – 9.2% compared to 18.8% respectively. Indications of 'never injected' amongst treatment naïves was almost 1½ times that found for the other sub-population. This is consistent with the changing profile of first presenters being less likely to be heroin/crack users.

3.4 Oldham's Adult In Treatment Population

The total number of individuals in 2008/09 was 873 representing an increase of 9.7% on the 796 in 2007/08.

3.4.1 Demographics

Based on data derived from *NDTMS* demographics Chart 3.5.1 below shows the gender breakdown of clients 18 and over for 2007/08 and 2008/09. In 2008/09 25.4% of clients were female and 74.6% were male representing respective changes of 2.4% on the previous year.



In terms of ethnicity amongst Adults in treatment Chart 3.5.2 below shows that 2008/09 87.6% were from White/White British backgrounds. Asian/Asian British Adults represent the second largest concentration with 8.6% [n=75] over the same period – increasing from 7.7% [n=61] the previous year almost a 25% increase in numerical terms.

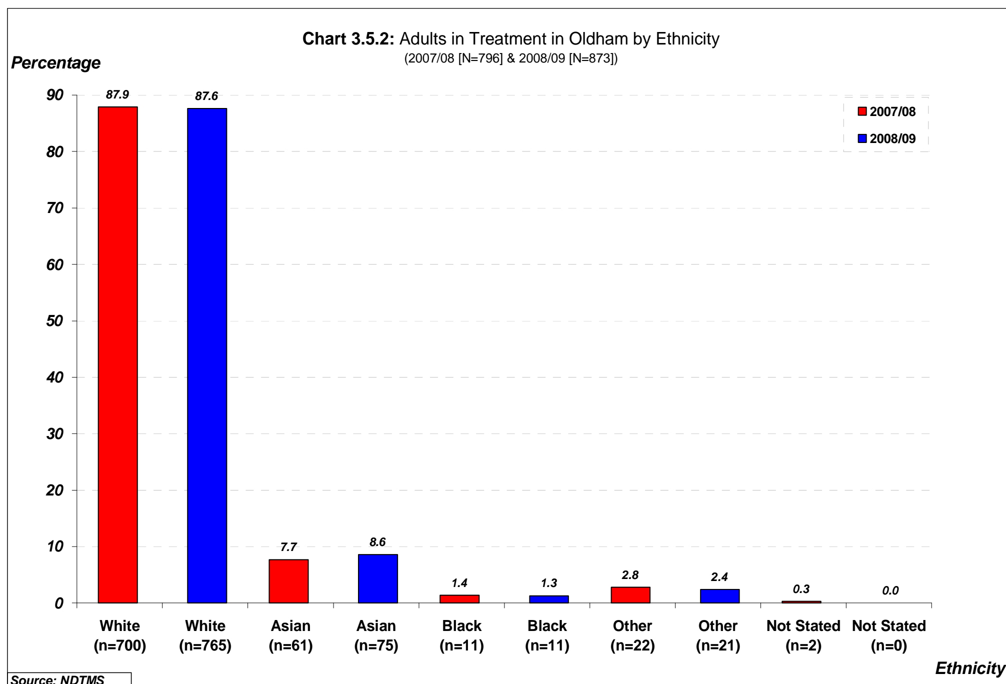
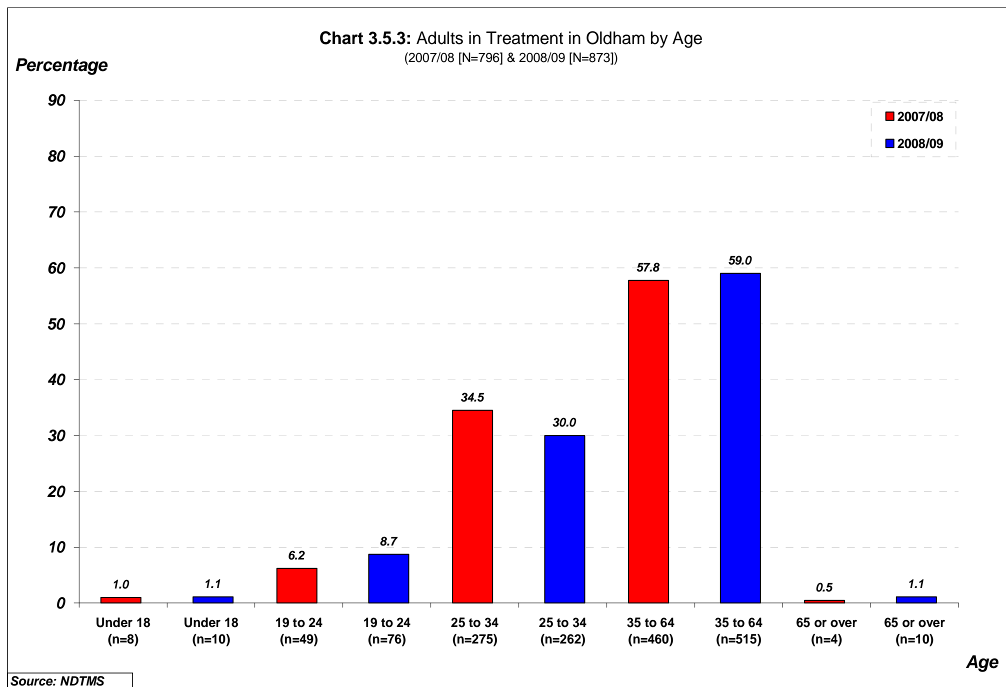


Chart 3.5.3 below shows the age distribution of Adults (18 or over) in treatment in Oldham.



The overwhelming majority of clients fall into the 35 to 64 cohort (59.0%) with 30% 25 to 34. In 2008/09 approximately one in twelve (8.7% [n=76]) of adults in treatment were aged 18 to 24 years. Numerically this represents an increase of more than 50% from 2007/08 (from 49 to 76) amongst this young adult age group. Nevertheless this proportion of young adults in treatment is lower than the national average.

3.4.2 Substance use

Charts 3.5.4 and 3.5.5 allow for an overview of changes in substance involvement from 2007/08 to 2008/09.

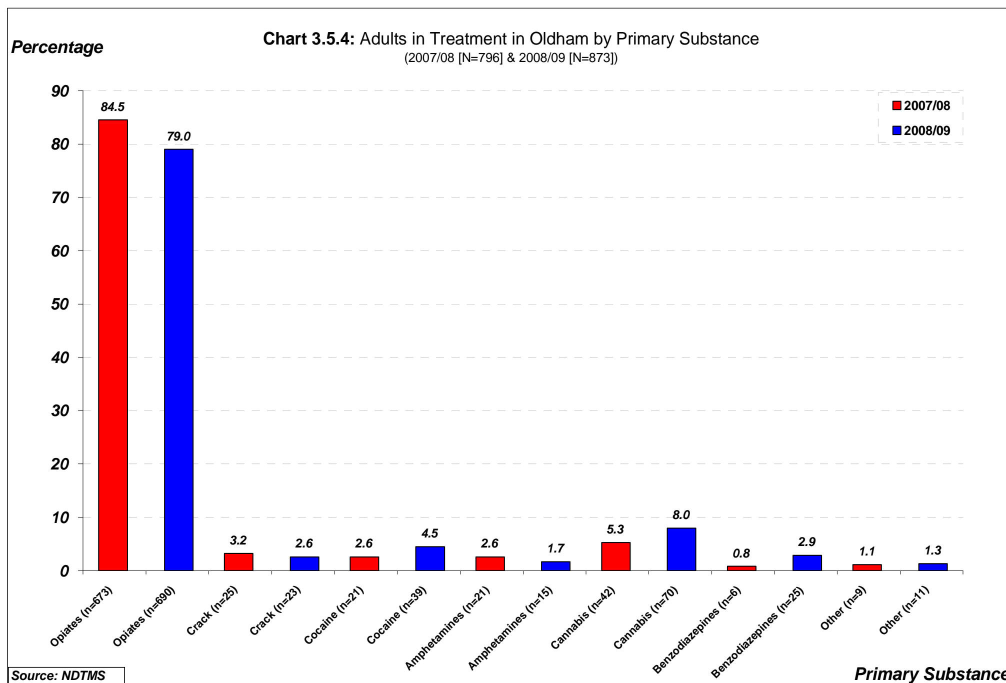
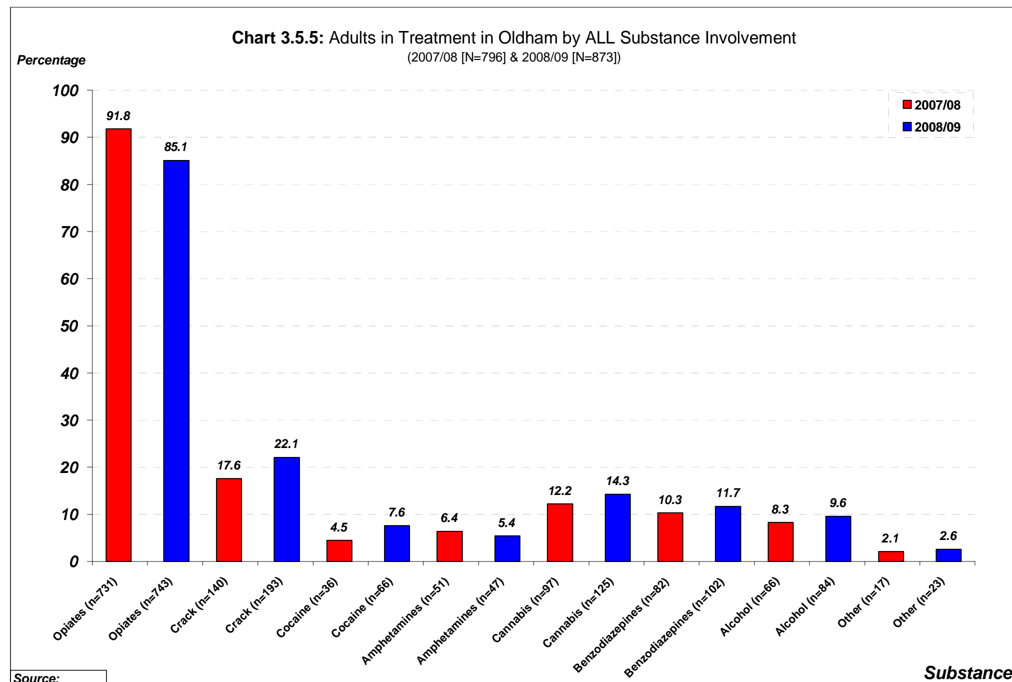


Chart 3.5.4 above shows some interesting changes for disclosed primary substances between the two census periods. Whilst Opiates represent by far the most commonly cited primary substance in Oldham the rate has dropped from 84.5% [n=673] in 2007/08 to 79.0% [n=690] in 2008/09. The second most commonly indicated primary substance was found to be Cannabis with 8.0% [n=70] in 2008/09 compared to 5.3% [n=42] the previous year – a numerical increase of 66.7%. Primary Cocaine use has also increased from 2.6% [n=21] to 4.5% [n=39] – a numerical increase of 85.7%. Primary Benzodiazepine use rose more than fourfold from 0.8% [n=6] to 2.9% [n=25] probably as a consequence of a specialist post being positioned at ADS.

Chart 3.5.5 below provides a more detailed overview of the nature of substance involvement amongst Adults in treatment in Oldham.



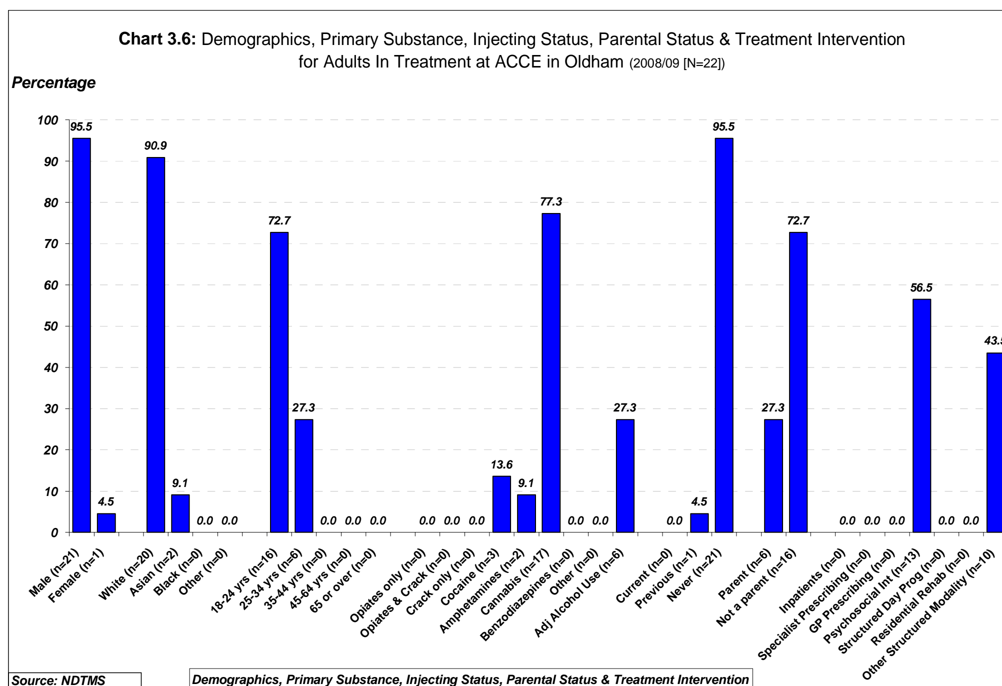
When all disclosed problematic substances are analysed as in Chart 3.5.5 other changes are apparent. Opiates have dropped from 91.8% [n=731] in 2007/08 to 85.1% [n=743] in 2008/09. Crack is the second most commonly indicated substance with 22.1% [n=193] in 2008/09 compared to 17.6% [n=140] the previous year – a numerical increase of 37.9%. Cannabis is ranked third rising from 12.2% [n=97] to 14.3% [n=125] whilst Benzodiazepines rose from 10.3% [n=82] to 11.7% [n=102] – a numerical increase of 24.4%. Indications of Cocaine involvement have also increased over this period from 4.5% [n=36] to 7.6% [n=66] – a numerical increase of 83.3%.

3.4.3 Profiles of Oldham Adults in Treatment by Agency

In this sub-section attention is directed towards profiling those in treatment by agency. It is important to note at this point due to changes in data-fields recorded and amendments to sub-categories undertaken by NDTMS some comparisons between 2007/08 and 2008/09 cannot appropriately be made. It is for this reason that in most instances agency profiles are summarised on two charts.

ACCE

Chart 3.6 below shows the Adult in treatment profile for Oldham residents accessing ACCE in 2008/09.



All but one of the twenty-two individuals was male and White/White British aged 18 to 24 years old. More than three-quarters are primary Cannabis users with a small number of Cocaine and Amphetamine users. All have received either Psychosocial Interventions or Other Structure Modalities. Current NDTMS data undercounts ACCE cases which were until recently often entered under ADS.

Chart 3.7 below shows the profile for ADAS in Oldham for 2008/09. Males outnumber females by almost 4:1. Almost half of ADAS clients were aged 35 to 44 years old with 25 to 34 year olds representing the next largest group. Almost four-fifths nominated either opiates or opiates and crack as their primary substance with cocaine forming the third most commonly cited primary substance. More than half of this sample also recorded as having ‘adjunctive alcohol use’ but are in fact primary problem alcohol users undertaking intensive treatment.

Approximately one-quarter are currently injectors with a further 41.0% indicating previous injecting behaviour.

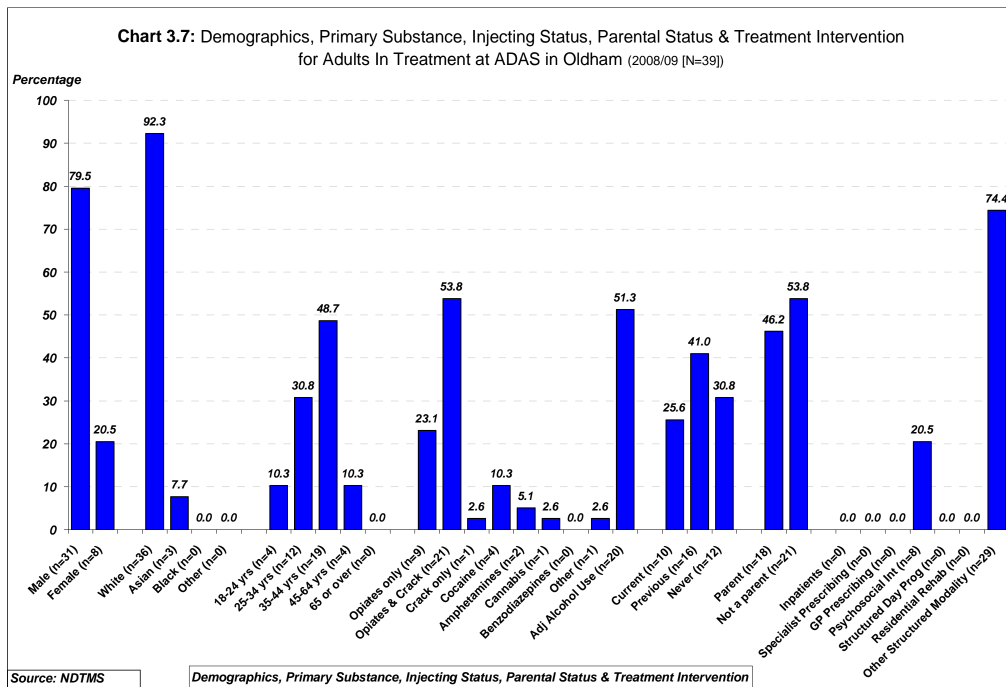
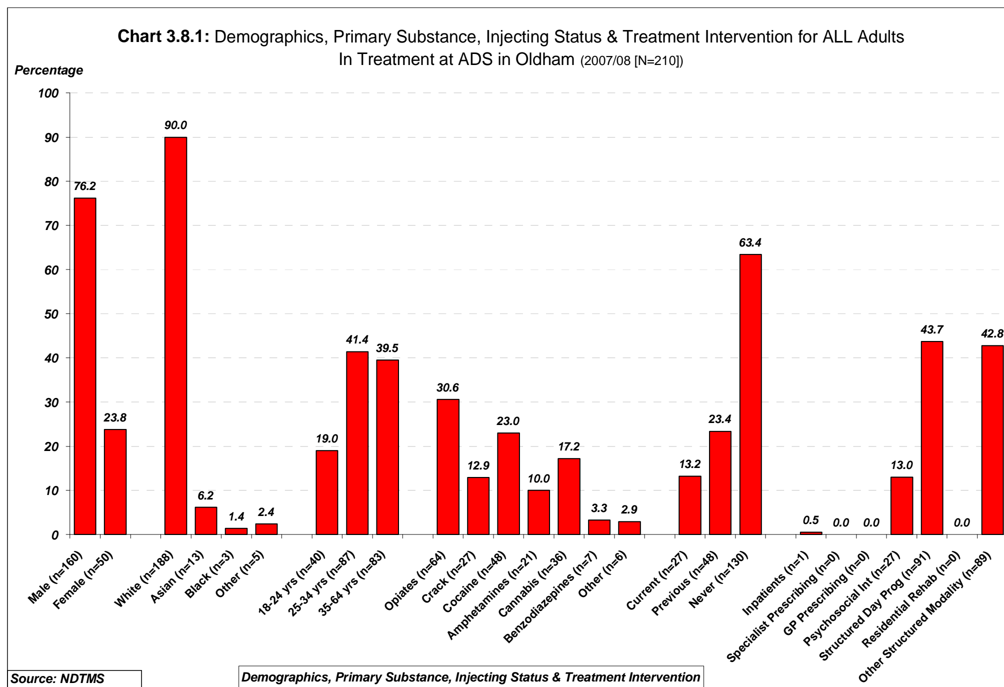


Chart 3.7 also shows that only one in five received psychosocial interventions with the remainder having 'other structured modalities' again code for the ADAS abstinence programme.

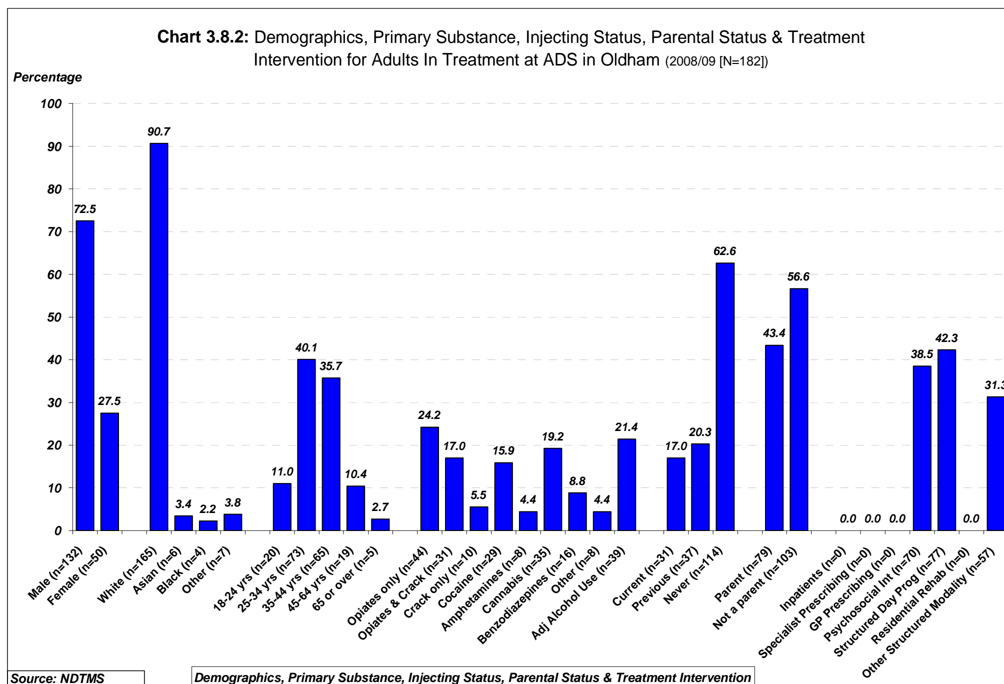
ADS Oldham

Charts 3.8.1 and 3.8.2 below summarise the profile of those in treatment at ADS Oldham in 2007/08 and 2008/09 respectively.

Chart 3.8.1 shows that in 2007/08 210 Adults were in treatment at ADS compared to 182 in the current year – a fall of 13.3%. Proportionately there were no significant changes in gender and ethnicity between the two census periods. Age remains fairly constant in the over 24 categories however the proportion of those aged 18-24 years almost halved – possibly due to ACCE cases no longer being reported as ADS clients.



In terms of primary substance indications for opiates and/or crack have remained relatively unchanged. Primary Cocaine use has fallen by approximately one-third whilst indications for amphetamines more than halved, again probably a facet of reporting. The sharpest increase was found for Benzodiazepines more than doubling from 3.3% [n=7] in 2007/08 to 8.8% [n=16] the following year.

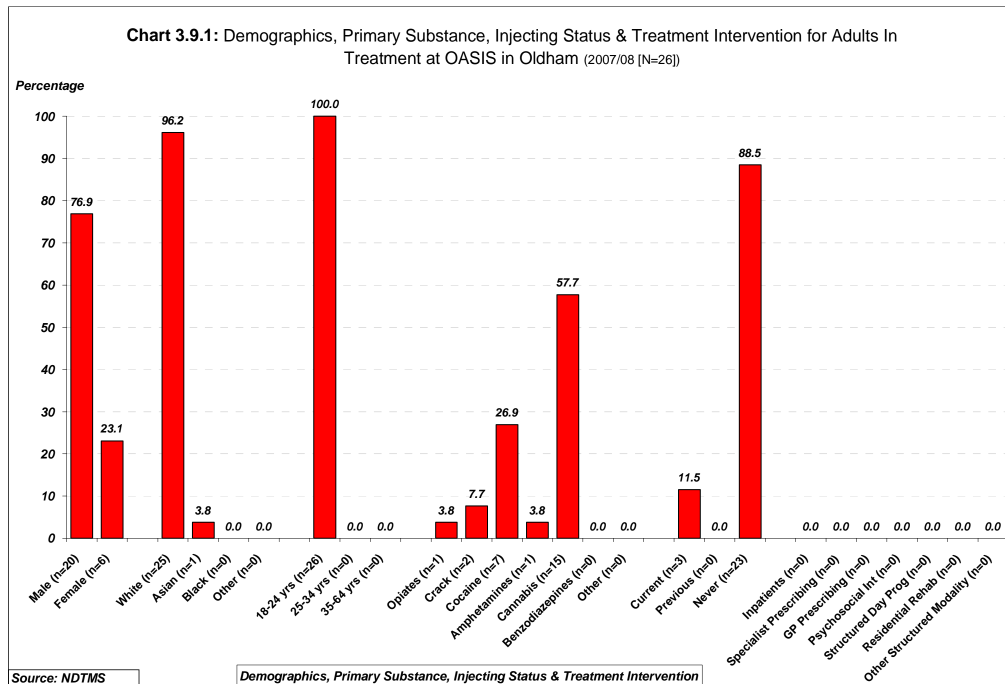


The figures for injecting status are broadly similar with regards to proportions with an injecting history. More than four in ten (43.4%) of those in treatment in 2008/09 at ADS indicated that they had/lived with children.

In respect of treatment interventions those receiving 'psychosocial interventions' almost trebled from 13.0% [n=27] in 2007/08 to 38.5% [n=70] to 2008/09. The proportion of 'other structured modalities' fell by more than one-quarter from 42.8% [n=89] to 31.3% [n=57] whilst those attending 'structured day programmes' remained broadly similar over the two census periods.

OASIS

Charts 3.9.1 and 3.9.2 below summarise the profile of Adults in treatment at OASIS in Oldham in 2007/08 and 2008/09 respectively.



The demographic profile of young adults in treatment at OASIS has changed between the two years. The ratio of males to females in 2007/08 was 3:1 but is approaching parity in 2008/09 at 3:2. In terms of ethnicity those from White/White British backgrounds have fallen from 96.2% to 84.0% whilst Asian/Asian British and 'Other' ethnicities have increased their representation to 8.0% in each case.

Information regarding the distribution of primary substance indications shows an entire drop-off for opiates and/or crack and amphetamines whilst primary Cocaine use indications have fallen from 26.9% [n=7] to 4.0% [n=1]. Cannabis indications have increased by approximately 1½ times from 57.7% [n=15] in 2007/08 to 84.0% [n=21] in 2008/09. The rise in Cannabis presentations is mirrored in OASIS's Under 18s clients.

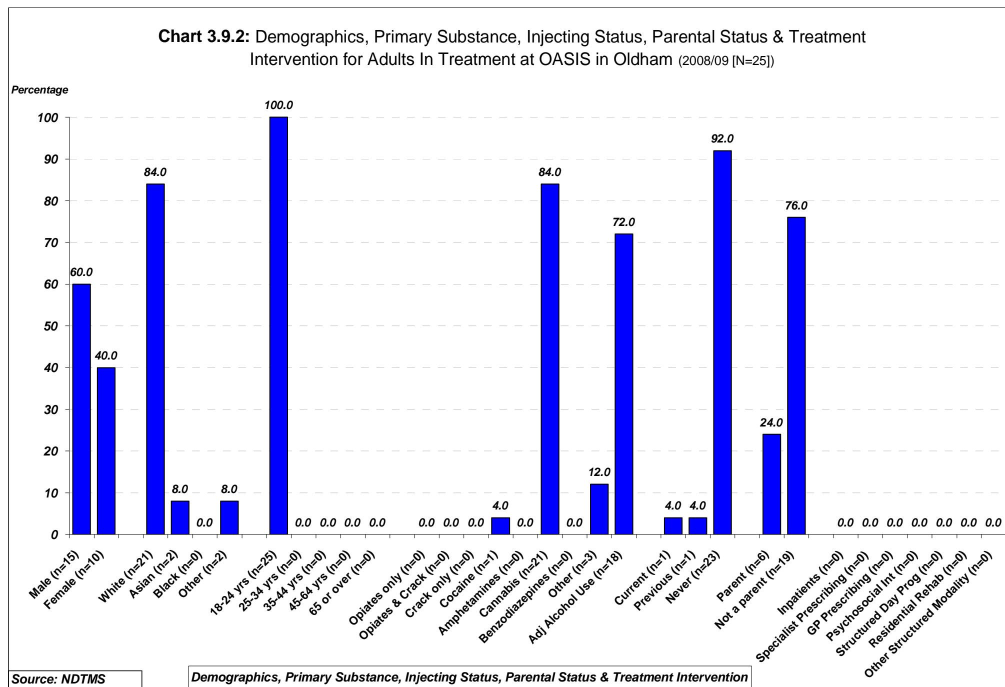
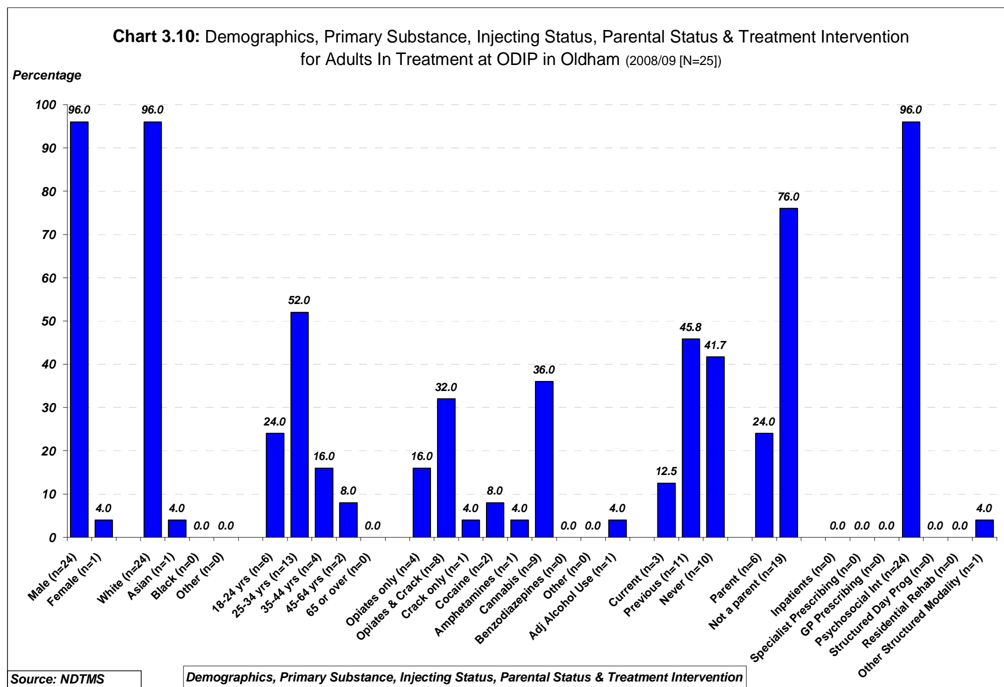


Chart 3.9.2 also shows that recording of 'adjunctive alcohol use' appears relatively high at 72.0% but is in fact primary alcohol use. Comparisons for injecting status have remained broadly similar over the two census periods. In 2008/09 data for parental status shows that almost one-quarter (24.0%) stated that they had/lived with children.

Information regarding treatment modalities is not available for either census period. This is possibly due to young adult clients still having assigned a 'Young Persons Tier 3 modality' and is thus not counted by NDTMS towards adult data.

Oldham Drug Intervention Programme (ODIP)

The treatment profile for ODIP is only available for 2008/09 as summarised in Chart 3.10 below. Of the 25 individuals recorded as being in treatment at ODIP all but one were male and all but one were from White/White British ethnic backgrounds. More than half (52.0%) were aged 25-34 years old with 18-24 year old making up the next largest contingent of 24.0%.



In terms of indications for primary substance use more than half (52.0%) cited opiate and/or crack categories with the majority of the remainder (36.0%) indicating Cannabis.

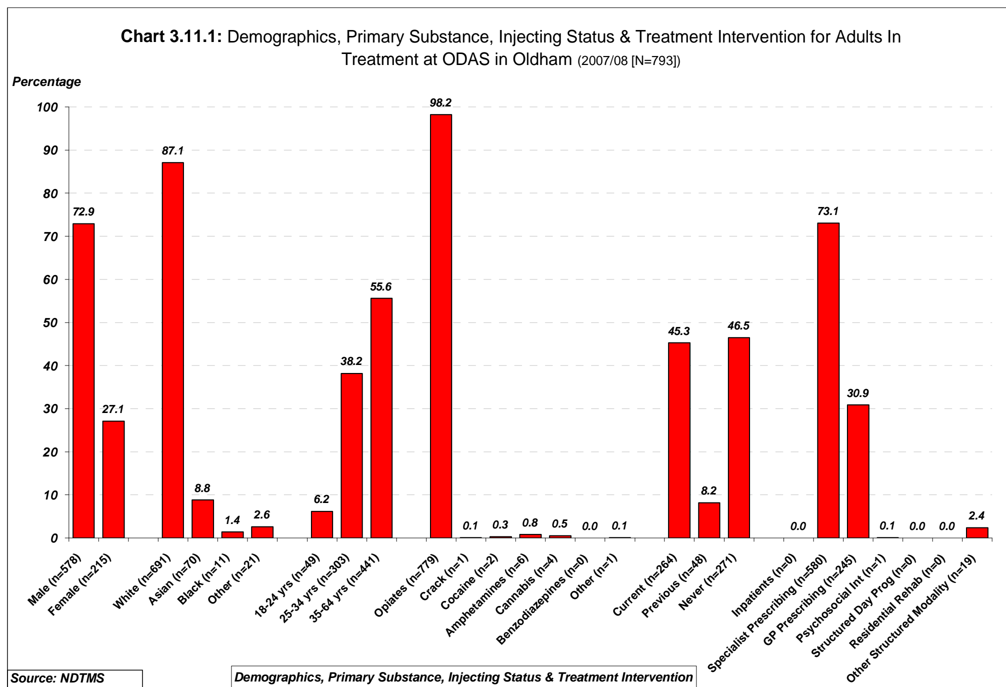
Almost six in ten (58.3%) have a history of injecting. In respect of parental status almost one-quarter (24.0%) were recorded as having/living with children.

Chart 3.10 also shows that 96.0% of Adults in treatment at ODIP received 'psychosocial interventions'.

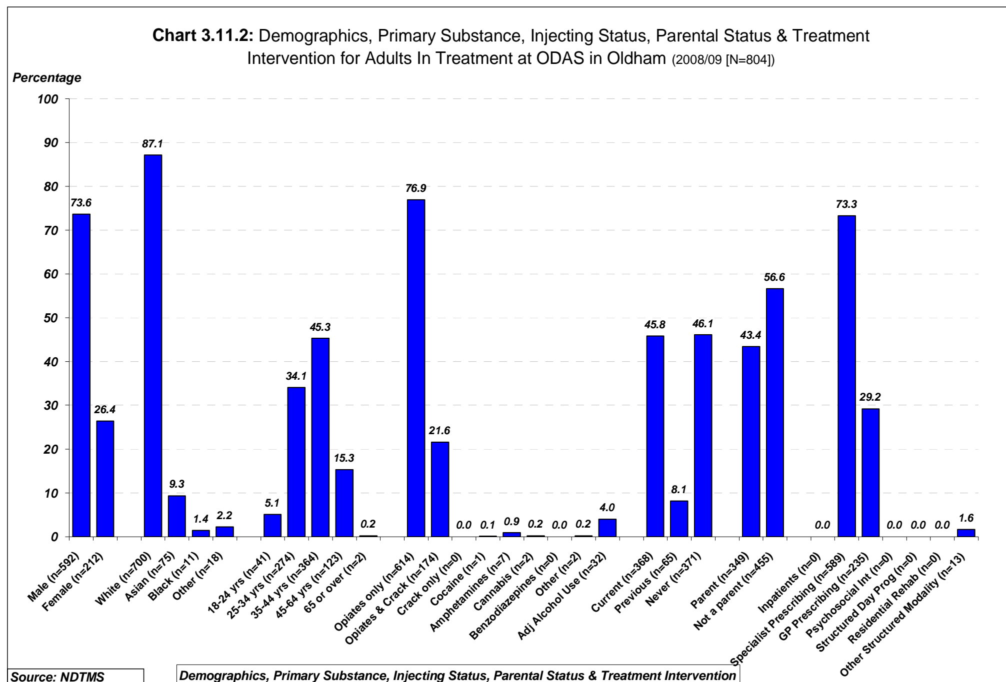
ODAS

Charts 3.11.1 and 3.11.2 below summarise the profile of Adults in treatment at ODAS in Oldham in 2007/08 and 2008/09 respectively.

Chart 3.11.1 shows that in 2007/08 793 Adults were in treatment at ODAS compared to 804 in 2008/09 – a slight increase of 1.4%. Proportionately there were no significant changes in distributions of gender, ethnicity and age between the two census periods.



Indications for primary substance have changed to some degree but only as a result of changes in statistical outputs undertaken by NDTMS/JMU in the intervening period. In 2007/08 almost all clients in treatment (98.2%) were primary opiate user whilst 2008/09 76.9% belonged to this category with a further 21.6% recorded as ‘opiates & crack’.



Comparisons for injecting status have remained broadly similar over the two census periods. In 2008/09 data for parental status shows that 43.4% [n=349] had/lived with children.

In respect of treatment interventions distributions for the various modalities have remained largely unchanged with ‘specialist prescribing’ accounting for almost three-quarters of all interventions at ODAS and around 30% in receipt of ‘psycho-social interventions’. This is in line with ODAS being Oldham’s key prescribing service for PDUs.

Other Treatment Agencies

Charts 3.12.1 and 3.12.2 below summarise the profile of Adults (from Oldham) in treatment agencies both in and outside the Oldham area in 2007/08 and 2008/09 respectively.

Chart 3.12.1 shows that in 2007/08 21 Adults were in treatment at ‘Other Treatment agencies’ compared to 39 in 2008/09 – an increase of 85.7%. Proportionately there were no significant changes in distribution according to ethnicity. However there was a slight shift in gender distribution from almost parity in 2007/08 to a 60:40 split in 2008/09 of males to females. Age has also seen some slight changes in proportionality with those aged under 35 almost doubling from one year to the next.

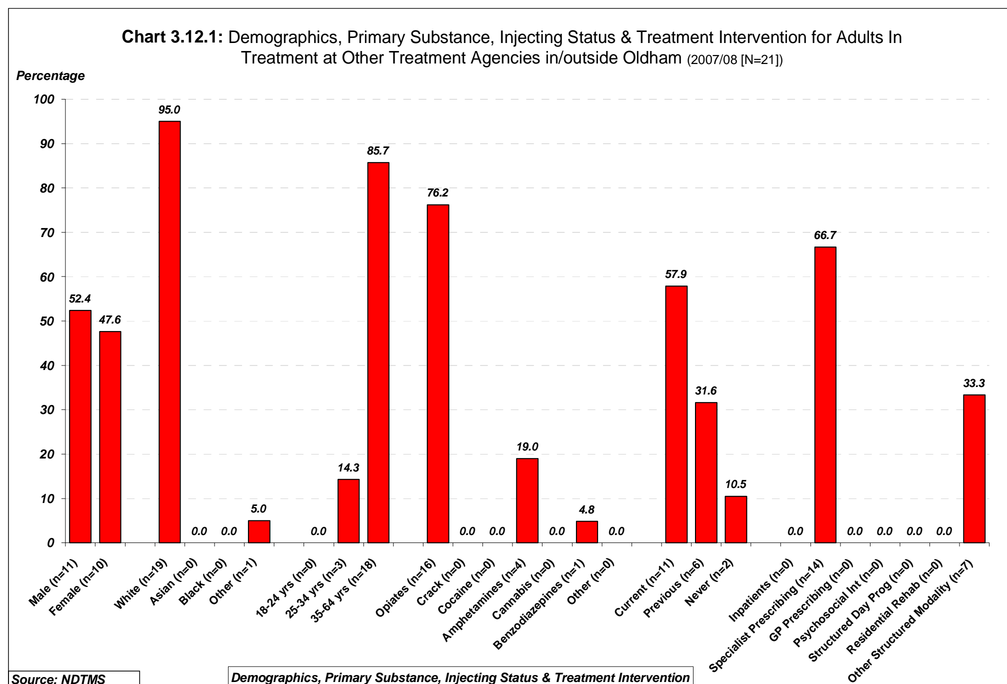
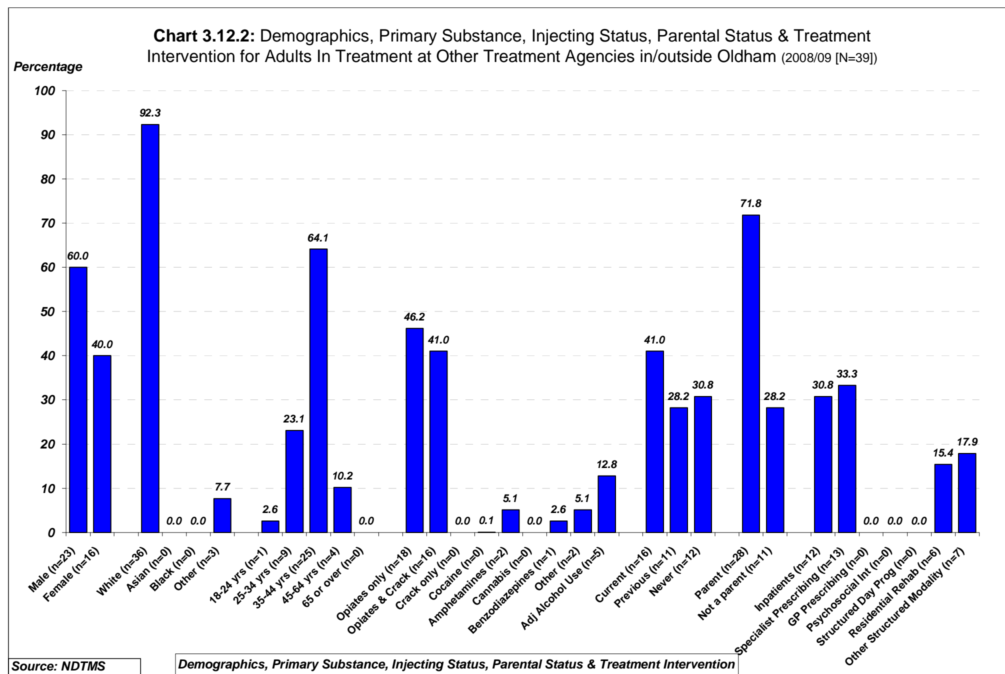


Chart 3.12.1: Demographics, Primary Substance, Injecting Status & Treatment Intervention for Adults In Treatment at Other Treatment Agencies in/outside Oldham (2007/08 [N=21])

Primary substance indications show that only minor changes have taken place with a slight drop in opiate/crack categories and a fall in primary amphetamine use.

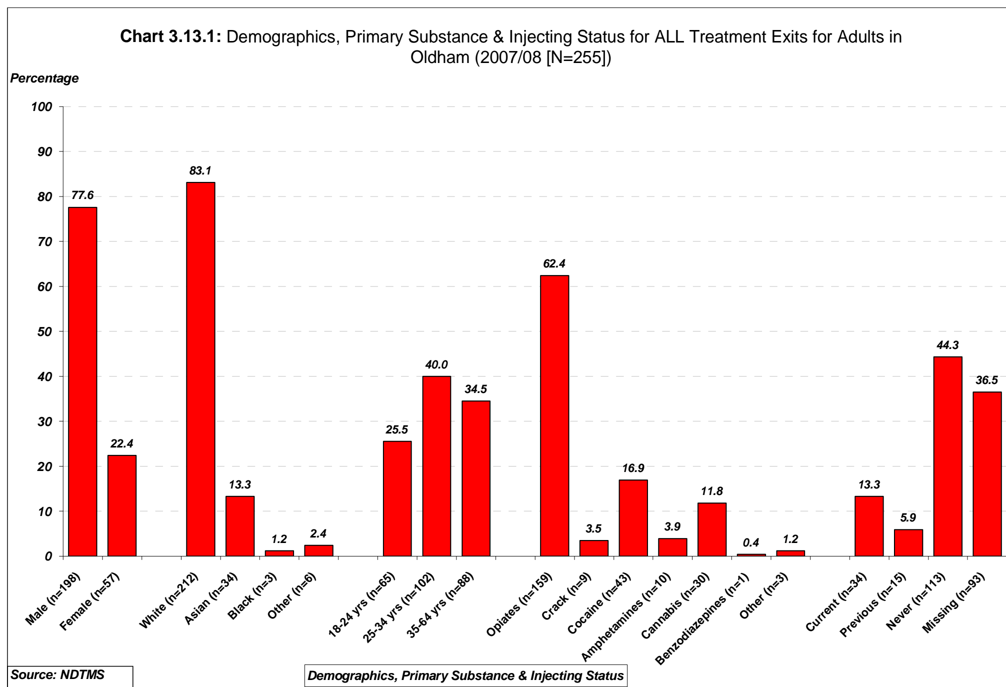


Comparisons with regards to injecting status show some changes with those stating that they had never injected increasing almost three-fold from 10.5% to 30.8%. Chart 3.12.2 shows that more than seven in ten (71.8%) indicated that they had/lived with children.

Information for distribution of modalities shows that those receiving treatment as inpatients increased from 0.0% to 30.8% whilst specialist prescribing fell from 66.7% to 33.3%. Adults in residential rehabilitation rose from 0.0% in 2007/08 to 15.4% in the following year with those engaged in ‘other structured modalities’ halved over the same period.

3.4.4 **Treatment Exits**

Charts 3.13.1 and 3.13.2 summarise the profiles for Adults exiting treatment in Oldham in 2007/08 and 2008/09 respectively. The number of exits recorded for both years is broadly similar as are proportional distributions for gender and ethnicity. The age distribution has changed slightly particularly in relation to the Under 25 cohort who represented more than one-quarter in 2007/08 to less than one-fifth in 2008/09.



Indications for primary substance are similar with regards to opiates and/or crack, amphetamines and cannabis whereas the proportion of cocaine dischargees has fallen by approximately two-thirds.

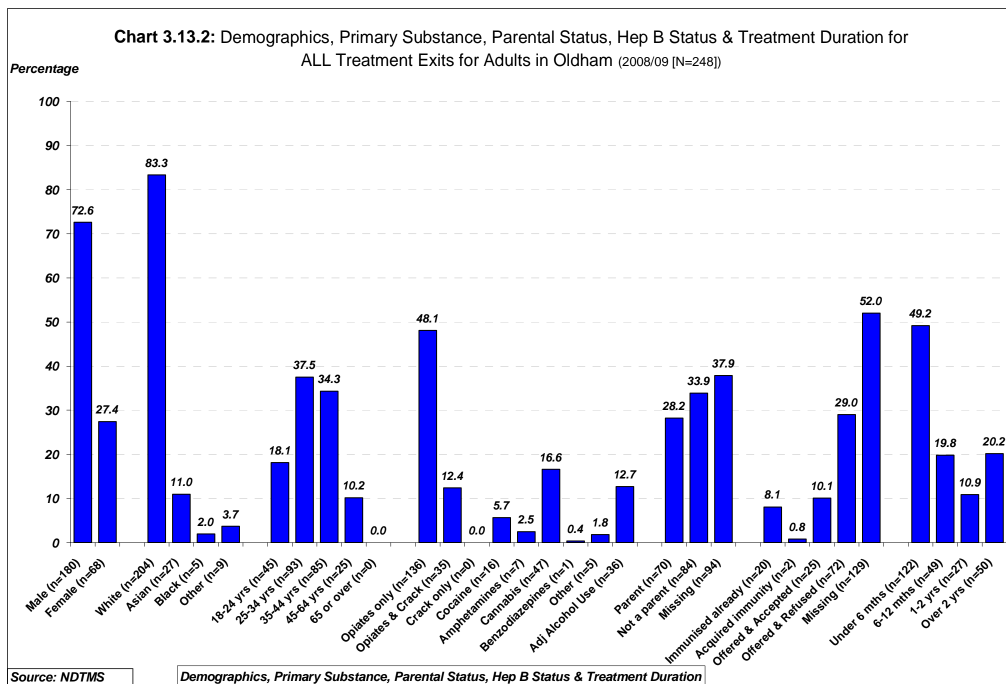


Chart 3.13.2 contains the treatment exit profile for 2008/09 and with it additional information compared to previous years. Overall 28.2% [n=70] dischargees indicated that they lived with/had children compared to 33.9% [n=84] who stated they were not parents. Information regarding parental status is however distorted

by the fact that 37.9% [n=94] did not have parental status assigned prior to them leaving treatment.

Chart 3.13.3 below shows Oldham treatment exit status for 2008/09 by agency and in comparison to regional and national data. Oldham's rate for planned exits (25.4%) falls well short of both regional (35.3%) and national (42.9%) comparators. Conversely unplanned exits in relation to those who were recorded as 'dropped out/left' in Oldham (41.9%) were more than 1½ times those found regionally (27.4%) and nationally (25.3%). Whilst unplanned exits to prison are in line with regional and national figures 'unplanned – other' is again significantly greater.

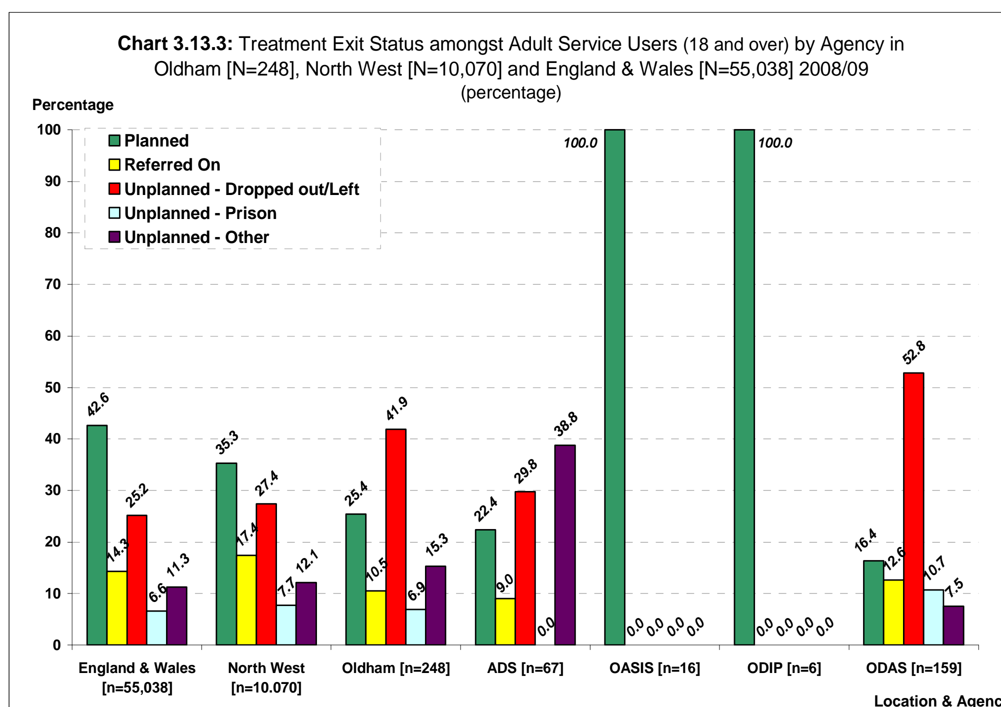
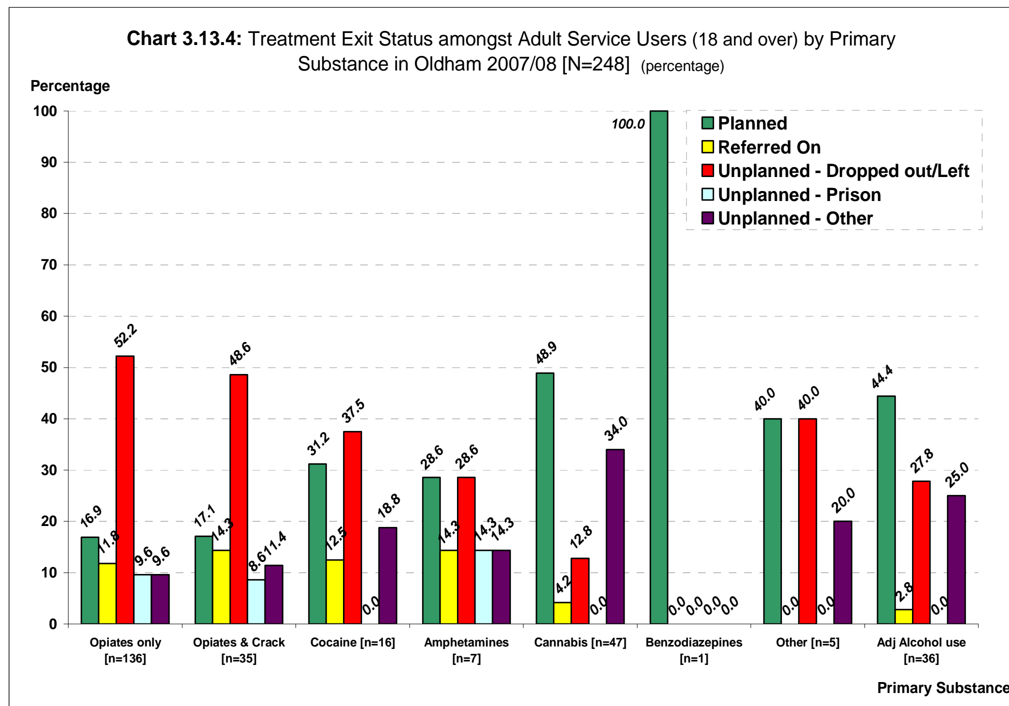


Chart 3.13.3 also offers some insight into treatment exits by agency for which the most comprehensive summaries are derived from ADS and ODAS. Both ADS and ODAS fall below the Oldham LDP average for planned exits. In relation to unplanned exits ADS fall below the partnership mean for 'dropped out/left' but more than double that for 'unplanned – other'. Whilst ODAS compared relatively well with regards to unplanned exits to prison and 'other' they compare unfavourably in relation to those who 'dropped out/left' – approximately double the regional and national average.

Chart 3.13.4 below shows treatment exits by primary substance (including adjunctive alcohol use) amongst Oldham Adults in 2008/09.

The main feature of this chart is that planned exits tended to be higher than the partnership mean for Cocaine (31.2%), Amphetamines (28.8%), Cannabis (48.9%) and 'other' substances (40.0%). Rates for 'dropped out/left' were high amongst primary users of 'opiates only' (52.2%) and 'opiates & crack' (48.5%) – both greater than mean for Oldham LDP.



3.4.5 Retention in Treatment

The following tables show the most recent retention rates for the Oldham partnership by agency. Being retained for 12 weeks or more is an important predictor of positive treatment outcomes and also a critical performance measure affecting funding streams.

Table 3.2 below shows retention rates for Opiate/Crack clients and *all* adults starting new journeys in effective treatment by agency in Oldham, compared to regional and national averages for 2008/09. Overall retention amongst Opiate/Crack users was higher than that for users of all drugs. In Oldham PDU clients' retention rate was 87.5% compared to 81.9% for the overall in-treatment adult drug using population.

In relation to differences between agencies in Oldham, *ACCE, ADAS, ADS* and 'other' have lower retention amongst their clients than that of *OASIS*, *ODIP* and *ODAS*. Indeed *OASIS* and *ODAS* are the only agencies in Oldham with retention rates in excess of the 85% target.

Table 3.2: Retention rates for Opiate/Crack Using Clients & All Adults amongst Adults Starting New Journeys in Effective Treatment (Aged 18 and Over) by Agency in Oldham, North West & Nationally (England) (2008/09)

01/04/08 to 31/03/09		**Number of Starting New Journeys in Effective Treatment**	**Number Retained for 12 weeks or more**	***Retention Rate***
Agency/Area:				
ACCE	*Opiate/Crack Users*	1	0	*0.0*
	All Adults	**22**	**12**	***54.5***
ADAS Oldham	*Opiate/Crack Users*	31	18	*58.1*
	All Adults	**39**	**25**	***64.1***
ADS Oldham	*Opiate/Crack Users*	42	30	*71.4*
	All Adults	**97**	**62**	***63.9***
OASIS	*Opiate/Crack Users*	2	2	*100.0*
	All Adults	**20**	**18**	***90.0***
ODIP	*Opiate/Crack Users*	12	10	*83.3*
	All Adults	**24**	**19**	***79.2***
ODAS	*Opiate/Crack Users*	223	201	*90.1*
	All Adults	**227**	**205**	***90.3***
Other	*Opiate/Crack Users*	29	22	*75.9*
	All Adults	**31**	**23**	***74.2***
Oldham Partnership	*Opiate/Crack Users*	248	217	*87.5*
	All Adults	**360**	**295**	***81.9***
North West	*Opiate/Crack Users*	10435	8925	*85.5*
	All Adults	**14678**	**12248**	***83.4***
National (England)	*Opiate/Crack Users*	62193	52968	*85.2*
	All Adults	**83207**	**69051**	***83.0***

NB: Sum of agencies will exceed Partnership total as some clients will have had more than one presentation in either same agency or multiple agencies

Source: NDTMS National Website

Table 3.2 also shows that Oldham retention is performing approximately 1.5% lower than the regional overall mean and 1% lower than that nationally.

3.4.6 Oldham's DIP's Official KPI Performance

Beginning with a health warning about the veracity and interpretation of these data produced by central government we can compare Oldham's performance against Greater Manchester and nationally. Turning to Tables 3.3.1 and 3.3.2 on **KPI (1)** in 2008-09 Oldham had 96% successfully completed drug tests for trigger offences – ranked 8th in Greater Manchester and falling short of the overall mean for England.

Nationally and regionally **KPI (2)** performance is far below target. Oldham, although 'amber' in this respect, has the second best performance in Greater Manchester with 86% set against a target of 95% completion of Required Assessments. It is important to note that at this stage attrition is at its greatest with Oldham losing 85 arrestees who did not complete a required assessment.

Table 3.3.1: DIP Key Performance Indicators (KPI) across Greater Manchester 2008/09

DAAT	KPI 1 (95%)			KPI 2 (95%)			KPI 3 (85%)			KPI 4 (95%)			KPI Rankings				
	A	B	%	A	B	%	A	B	%	A	B	%	1	2	3	4	Mean
Bolton	2589	2661	103%	903	479	53%	345	244	71%	367	336	92%	1	10	4	7	5.50
Bury	1296	1274	98%	429	330	77%	208	77	37%	150	148	99%	3	7	10	2	5.50
Manchester	6297	5760	91%	2005	1673	83%	620	417	67%	743	654	88%	10	3	8	8	7.25
Oldham	**1955**	**1880**	**96%**	**608**	**523**	**86%**	**497**	**473**	**95%**	**559**	**480**	**86%**	**8**	**2**	**2**	**10**	**5.50**
Rochdale	1668	1600	96%	457	351	77%	266	181	68%	260	243	93%	9	8	6	6	7.25
Salford	1710	1684	98%	464	387	83%	125	86	69%	200	194	97%	2	4	5	3	3.50
Stockport	1974	1922	97%	613	435	71%	317	215	68%	242	232	96%	6	9	7	4	6.50
Tameside	2081	2037	98%	662	615	93%	399	399	100%	480	421	88%	4	1	1	9	3.75
Trafford	1444	1412	98%	450	375	83%	252	235	93%	293	290	99%	5	5	3	1	3.50
Wigan	1587	1529	96%	496	413	83%	258	126	49%	229	216	94%	7	6	9	5	6.75
Greater Manchester	22601	21759	96.3%	7087	5581	78.7%	3287	2453	74.6%	3523	3214	91.2%	n/a	n/a	n/a	n/a	n/a

KPI (3) is another indicator where both regionally and nationally most DIPs struggle to achieve the 85% target of taking those with an identified further intervention requirement onto the caseload. In this regard Oldham is officially performing with 95% hence its ‘green’ status compared to Greater Manchester’s at 74.6% and the national mean of 85.4%.

Table 3.3.2: Oldham DIP KPI Compared Regionally and Nationally 2008/09

KPI	Description/Criteria	Oldham DAAT 08/09 Annual			Greater Manchester	National
		No. (A)	No. (B)	%	%	%
1	**95%** of adults arrested for a trigger offence to be drug tested	1955	1880	96.2%	96.3%	98.4%
2	**95%** of adults who test positive and have an initial required assessment imposed, to attend and remain at the intial required assessment	608	523	86.0%	78.7%	83.5%
3	**85%** of adults assessed as needing a further intervention, to have a care plan drawn up and agreed	497	473	95.2%	74.6%	85.4%
4	**95%** of adults taken onto the caseload to engage in treatment	559	480	85.9%	91.2%	96.2%

KPI (4) sees Oldham under-performing in relation to national and regional averages for those on the CJIT caseload engaging in treatment – indeed Oldham has the worst performance in Greater Manchester.

Overall Oldham DIP performance within Manchester could be described as ‘mid-table’. This mixed picture shows Oldham performing well for KPI 2 & 3 in comparison to the region and nationally. The key under-performance is in respect of adults engaging in treatment.

3.4.7 DIP Performance in Oldham: Discharge and Retention

In Table 3.3.3 focus is given to retention amongst clients derived from the Drug Intervention Programme (DIP) in Oldham.

Table 3.3.3: DIP Performance for New Presentations amongst Adults in Oldham, North West & Nationally (2008/09)

01/04/08 to 31/03/09		**Oldham**	**North West**	**UK**
DIP Performance/Process				
DIP Clients	*Number*	44	1707	9713
	Percentage	**12**	**12**	**12**
DIP in Effective Treatment	*Number*	33	1363	7902
	Percentage	**75**	**78**	**81**
DIP clients unplanned exits in less than 12 weeks (84 days)	*Number*	8	357	1607
	Percentage	**18**	**21**	**17**
DIP clients triaged only	*Number*	3	17	204
	Percentage	**7**	**1**	**2**

Source: NDTMS National Website

When compared to regional and national rates Oldham is under-performing slightly – 75% of DIP clients were retained in effective treatment compared to 78% for the region and 81% nationally. Oldham's rate for DIP clients involved in unplanned exits in less than 12 weeks compares well with regional (21%) and national (17%) rates. The rate for DIP clients who were 'triaged only' in Oldham is far higher (7%) in comparison to regional (1%) and national (2%) figures.

3.5 Identifying 'Hidden' PDUs in Oldham: Bulls-eye Analysis

The following analysis relates to identifying the 'hidden' problematic drug using (PDUs) population as against those with treatment experience. This enables local *DAAT*s to identify levels of penetration with the PDU population as a whole. Based on estimates derived from NDEC/Glasgow University (Hay et al, 2009) Figures 3.2, 3.3 and 3.4 show 'hidden' PDU populations for opiates and/or Crack as well opiates and crack in respective isolation. The numbers contained within the three inner rings are derived from *NDTMS.*

Figure 3.2: Opiate and/or crack users Bullseye for Oldham 2008/09

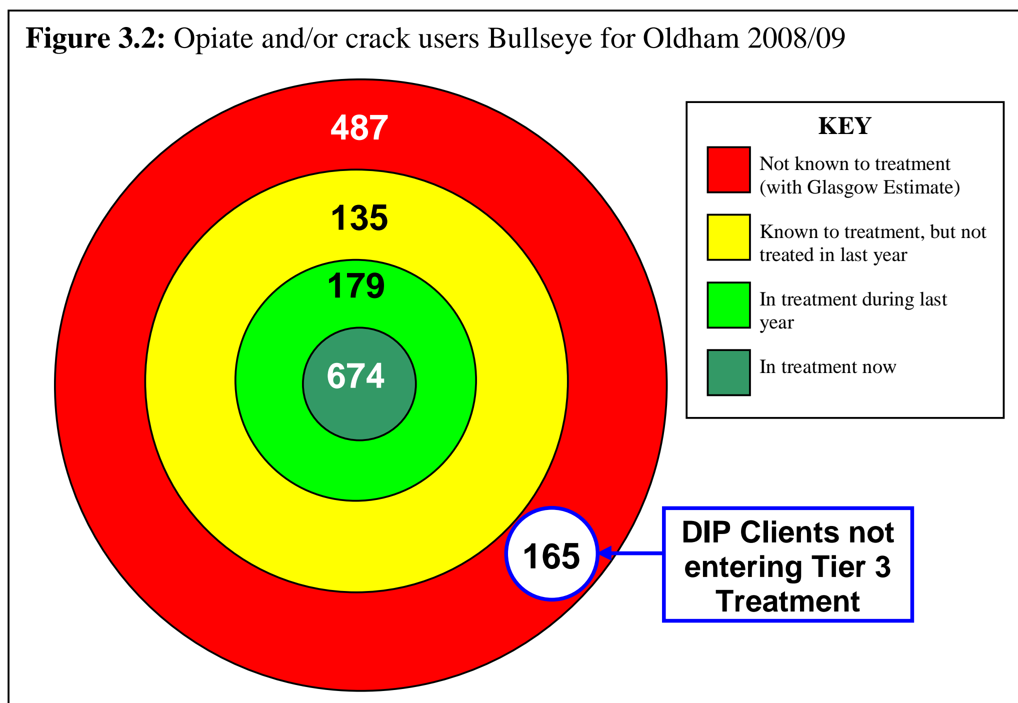
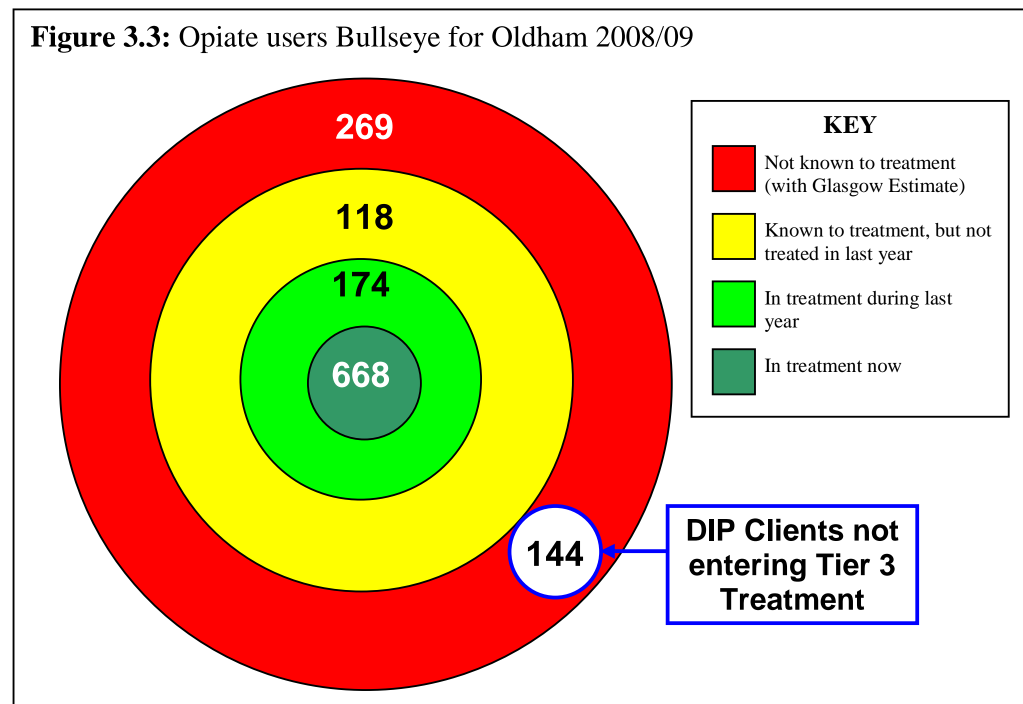


Figure 3.2 above shows the Bulls-eye for opiate and/or crack users in Oldham 2008/09. At the centre is the total number of those in treatment at the end of the census period – 674. This represents an increase of 2.3% on the corresponding figure for the previous year. Those in treatment during the last year numbered 179 (0.6% increase) while the number of those known to treatment agencies but were not in treatment in the last year is 135 (a decrease of 10.0%). Taking Glasgow University's latest estimate for opiate and/or Crack users of 1,475 for Oldham the total number of hidden users in the population is 487 (i.e. by adding the three inner rings and subtracting from the Glasgow estimate: 1,475 minus 988 equals 487). The new 'smoothed' estimate is considerably higher than for 2007/08 [n=295] – an increase of 65.1%. Data derived from NDTMS also indicated that 165 individuals who were DIP clients (and defined as PDUs) had not entered Tier 3 treatment in 2008/09 – an increase of 129.2% on the previous year.

Figure 3.3: Opiate users Bullseye for Oldham 2008/09



In Figure 3.3 above the Bulls-eye shows numbers for primary opiate users in Oldham in 2008/09. At the centre is the total number of those in treatment at the end of the 2008/09 was 668 – representing an increase of 3.1% on the previous year. Those in treatment during 2008/09 numbered 174 (7.4% increase) while the number of those known to treatment agencies but not in treatment in the last year was 118 (16.9% decrease). Taking Glasgow University's latest estimate for opiate users of 1,229 for Oldham the total number of hidden opiate users in the population is 269 (i.e. 1,229 minus 960 equals 269). Figure 3.3 also shows that 144 DIP clients involved with opiates had not entered Tier 3 treatment in 2008/09 – an increase of 125.0% on the previous year.

In Figure 3.4 below the Bulls-eye shows numbers for crack users in Oldham 2008/09. At the centre is the total number of those in treatment at the end of the census period was 205 – representing an increase of 49.6% on the previous year. Those in treatment during the last year numbered 51 (1.9% decrease) while the number of those known to treatment agencies but were not in treatment in the last year is 47 (74.1% increase). Taking Glasgow University's latest estimate for crack users of 723 for Oldham the total number of hidden crack users in the population is 420 (i.e. 723 minus 303 equals 420).

Figure 3.4: Crack users Bullseye for Oldham 2008/09

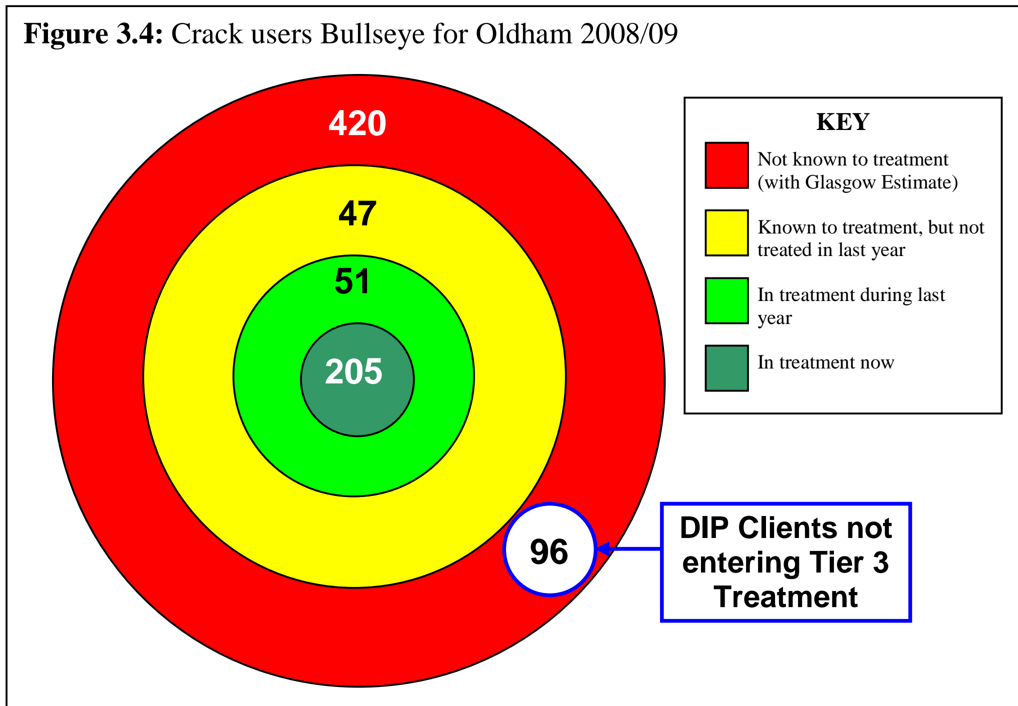
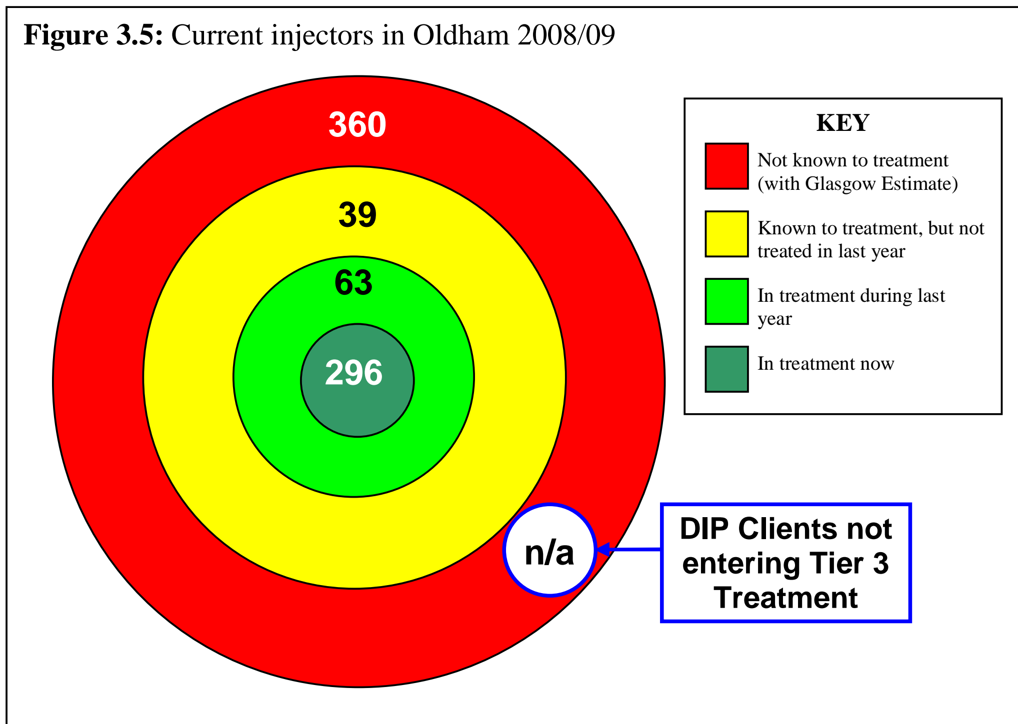


Figure 3.4 also shows that 96 crack users who were DIP clients in 2008/09 but had not entered Tier 3 treatment during the same period – a 123.3% increase.

In Figure 3.5 below the Bulls-eye shows numbers for injectors in Oldham 2008/09. At the centre is the total number of those in treatment at the end of the census period – 296. This represents a decrease of 8.4% on the corresponding figure for the previous year. Those in treatment during the last year numbered 63 (33.3% increase) while the number of those known to treatment agencies but were not in treatment in the last year is 39 (an increase of 18.2%).

Figure 3.5: Current injectors in Oldham 2008/09



3.6 Hepatitis B & C Interventions for Adults in Treatment

3.6.1 Hepatitis B Vaccination Status

Table 3.4 below summarises Hepatitis B Vaccination Status amongst Adults in Oldham from 2007/08 to 2008/09. The number and proportion of new presentees being offered Hepatitis B vaccinations has increased from 87 (26.8%) in 2007/08 to 127 (35.3%) in the current year.

Those with acquired immunity dropped from 2.3% to 0.0% whilst individuals who had been immunised already rose from 1.1% to 1.6%. The rate of vaccination acceptance fell significantly from 6.9% in 2007/08 to 0.8% in 2008/09. In both years approximately three in ten refused the offer whilst over half (53.5%) had no Hepatitis B vaccination status recorded in 2008/09 – a decrease of 5.1% on the previous year. Overall there has been a small improvement in pro-active Hep B activity in 2008-09

Table 3.4: Hepatitis B Vaccination Status for New Presentations amongst Adults entering Treatment in Oldham (2007-09)

Year	2007/08	2008/09	*Change from 2007/08 to 2008/09*
n = size	**324**	**360**	***36***
Column percentage	**%**	**%**	***%***
Number 'offered' HBV Vacc	[n=87]	**[n=127]**	
Percentage of New Presentations	26.8	**35.3**	***8.5***
Hep B Vacc Status of those 'offered' HBV:	[n=87]	**[n=127]**	
Acquired Immunity	2.3	**0.0**	***-2.3***
Immunised Already	1.1	**1.6**	***0.5***
Offered & Accepted	6.9	**0.8**	***-6.1***
Offered & Refused	31.0	**30.7**	***-0.3***
Not Offered	0.0	**13.4**	***13.4***
No Hep B Vacc Status Recorded	58.6	**53.5**	***-5.1***

NB: The 'Years' 2007/08 & 2008/09 cover 1st April to 31st March.

Source: NDTMS

3.6.2 Hepatitis C Testing and Intervention Status

Overall of 340 current or previous injectors in treatment in Oldham during 2008/09 155 (45.6%) were tested for Hepatitis C compared to 150 from 350 (42.9%) in 2007/08 – a slight increase of 2.7%. So for those injectors who have been in treatment for some time nearly half are tested. However Table 3.5 below describes Hepatitis C Intervention Status amongst Adults entering treatment in Oldham from 2007/08 to 2008/09. Basically there has been no successful testing recorded given in 2008/09 acceptance of testing dropped to zero. Whilst the rate of refusal fell, 'not offered' and non-recording of Hepatitis Intervention Status suggests this activity either stalling or being poorly recorded.

Table 3.5: Hepatitis C Intervention Status for New Presentations amongst Adults entering Treatment in Oldham (2007-09)

Year	**2007/08**	**2008/09**	***Change from 2007/08 to 2008/09***
n = size	**18**	**21**	***3***
Column percentage	**%**	**%**	***%***
Offered & Accepted	11.1	**0.0**	***-11.1***
Offered & Refused	27.8	**9.5**	***-18.3***
Not Offered	0.0	**4.8**	***4.8***
No Hep C Intervention Status Recorded	61.1	**85.7**	***24.6***

NB: The 'Years' 2007/08 & 2008/09 cover 1st April to 31st March.

Source: NDTMS

3.7 Dual Diagnosis

Information regarding adults being dual diagnosed as derived from *NDTMS* is minimal. According to *NDTMS* in 2008/09 not a single individual entering treatment was recorded as dual diagnosed compared to just one person in 2007/08.

Locally officials from *ODAS* have confirmed that the Dual Diagnosis Worker has a caseload of 22 to 27 clients at any one time. Unfortunately it is not possible calibrate this further in respect of arriving at an annual figure for 2008/09. This is an issue that requires further exploration in order to present more reliable information that more accurately reflects actual casework being undertaken.

3.8 Tier 4 Treatment

Table 3.6 below shows the number of adults from Oldham in Tier 4 treatment by agency in 2007/08 and 2008/09. These figures contain people who have made their own arrangements to access treatment without coming via the PCXT or local services. Overall there has been a 36.8% increase in adults in Tier 4 treatment from 19 in 2007/08 to 26 in 2008/09. Greater Manchester West Drugs North West Inpatient (GMW DNW I/P) service has seen the largest rise in clientele from Oldham from 3 to 11. Phoenix Futures in Sheffield hosts the second largest concentration with six – double the number from the previous year.

Importantly whilst in-patient detoxification rates shown are mostly generated by local services applying to the PCT led applications panel the rate of application for residential rehabilitation through Oldham's Adult Social Care is very low. In 2008 - 09 only 9 applications were processed, 6 for drugs and 2 for alcohol and 1 for both. All were successful and 8 went into rehab. However this means capacity and funding has not been fully utilised.

Table 3.6: Oldham Adults in Tier 4 Treatment by Agency (2007/08 [N=19]) & (2008/09 [N=26])	**Numbers in treatment**	
	2007/08	**2008/09**
Abbey Gisburne Park Hospital Dependency Centre		**1**
ADS Oldham	**1**	
Chatterton Hey	**2**	**2**
Detox 5 HG		**1**
GMW DNW I/P	**3**	**11**
Phoenix Futures Alpha Residential Services	**1**	**1**
Phoenix Futures Sheffield Adult Services	**3**	**6**
Phoenix Futures Wirral Adult Services	**3**	
Pierpoint House		**2**
Trust The Process Counselling	**1**	**1**
Turning Point Ascot House	**2**	
Turning Point Chester Residential		**1**
Turning Point Smithfield Detox	**3**	
Total Tier 4 In-Treatment (I/P & RR)	***19***	***26***

RR = residential rehabilitation I/P = inpatient treatment

3.9 Drug Related Hospital Admissions for Oldham 2007 & 2008

Statistics for drug related Hospital Admissions in Oldham are currently only available for the periods January to December 2007 and January to July 2008.

Table 3.7: Drug related Hospital Admissions for Oldham 2007 and 2008 (Projection)

	Jan-Dec 2007		**Jan-Jul 2008**		**Jan-Dec 2008** (Projection)	
	Number	**Prevalence**	**Number**	**Prevalence**	**Number**	**Prevalence**
Males	71	***0.66***	56	***0.52***	96	***0.89***
Females	42	***0.37***	19	***0.17***	33	***0.29***
Totals	113	***0.51***	75	***0.34***	129	***0.59***

Prevalence is calculated per 100,000 European Standard population

Projection for January to December 2008 is derived from daily average for January to July 2008

Source: Oldham PCT

Table 3.7 above shows drug related hospital admissions in Oldham for the aforementioned periods. From January to December 2007 a total of 113 individuals were admitted of which 71 (62.8%) were male and 42 (37.2%) were female. Using our projection for January to December 2008 drug related admissions have been forecasted to increase by 14.1% to 129. The projected change by gender reveals a widening difference. Admissions for males have been forecast to increase 35.2% from 71 to 96 while admissions for females are expected to decrease by 21.4% from 42 to 33.

3.10 Drug/Alcohol Related/Associated in Oldham (ODAS only)

Ascertaining complete statistics in relation to drug/alcohol related/associated deaths has been a challenge. In Oldham the only drug agency that actively monitors drug related deaths is ODAS. In consultation with local officials we can only present figures for 2008/09 with a degree of caution. In all 17 deaths were potentially suspected to be related to/associated with drugs/alcohol. Fifteen were

male and 2 were female ranging from 31 to 59 years old and averaging 39 years. The vast majority were White/White British [n=16] with the remaining death occurring amongst the BME community.

Thirteen of the deceased had been in treatment (with ODAS) in last 12 months. The remaining four were previously known to treatment. Three of the 17 deaths were deemed to be 'drug related' with the remaining [n=14] being regarded as 'drug and/or alcohol related'.

It seems inevitable that rates of deaths amongst Oldham's older PDUs will continue to rise given that in the long term lifestyles will reduce life expectancy. This reality will be played out nationally over the coming years.

3.11 Key Points from Section 3:

1. The number of new presentations for adults increased from 231 in 2007/08 to 298 in 2008/09 – a 29% increase. The number of Asian/Asian British presentees increased slightly [n=38]. This is a positive outcome.

2. New presentees during 2008/09 were predominantly primary opiate (heroin) users (n=175 (59%)). Newly presenting cannabis users (16%) have increased significantly but new cocaine presentees have fallen significantly (7%). Those presenting with secondary alcohol problems have increased. Heroin and Crack presentations have decreased (10%).

3. Of the 298 new presentees 156 had had a previous treatment episode and 142 were new or naïve to treatment. The naïve were more likely to be younger and have an ACCE profile and returnees more likely to be older and PDUs.

4. The numbers in treatment have increased from 796 to 873 in 2008/09 another positive finding.

5. Three-quarters in treatment were male. Asian/Asian British clients in treatment have increased in 2008/09 to 9%.

6. Six in ten clients in treatment during 2008/09 were 35-64 years old. Thirty per cent were 25-34 years old. One in eleven (9%) were aged 18-24 years – a significant increase from 49 (2007/08) to 76 but still lower than the national average.

7. Of the 873 in treatment the primary substance was overwhelmingly heroin/opiates but with a notable reduction in comparison to the previous year. Cannabis is the second most commonly indicated primary substance (8% [n=70]) and showing a significant increase on the previous year. Primary cocaine use [n=39] although only 4.5% has increased from 2.6% [n=21]. When all problematic substances are factored in opiate problems have fallen but crack, cannabis, benzodiazepines and cocaine problems have increased. The PDU profile of over 60% of cases appears to be incrementally falling as ACCE type non opiate treatment cases slowly increase.

8. Unplanned discharges/exits in 2008/09 are far higher at 42% compared to the region (27%) and nationally (25%). Oldham thus performs badly on this key performance indicator. ADS performs particularly badly on unplanned exits followed by ODAS.

9. Retaining clients in treatment for 12 weeks or more is a critical performance indicator as extended retention predicts improved treatment outcomes. Oldham does not meet the 85% 12-week retention target. Currently only 81.9% are thus retained compared to 83.4% for the region. Only ODAS (90.3%) and OASIS (90.0%) exceed retention targets. Although methadone prescribing encourages retention at ODAS Oldham's other services are performing poorly compared with other areas.

10. It is estimated that currently 487 opiate/crack users are living in Oldham but have never been in treatment. This official estimate is substantially higher than in previous years. Over 150 of these are known to DIP but not entering treatment after required assessments.

11. Hepatitis B interventions amongst clients in treatment have improved slightly but Hep C testing is static although nearly half of injectors in treatment have been successfully tested.

13. Tier 4 in-patient detoxification and residential rehabilitation numbers remain low and client numbers accessing rehabilitation through the Adult Social Care budget are so low (n=8) that the fund was under spent.

Section 4

Identifying Treatment Naïves and Treatment Resistance

Introduction

The purpose of this section is to identify Oldham's 'hidden' problematic drug using (PDU) population and identify any other important drug misuse profiles. The previous section revealed that almost 500 PDUs were treatment naïve. Analyses will now focus on the following three key areas:

- Needle & Syringe Exchange (NSE) data
- Mandatory Drug Testing (MDT) data
- ODIP

Within each area it is possible to identify the level of treatment resistance as cross-matching with historical treatment agency data files as well analysing the extent of attrition with regards to Oldham DIP has been undertaken. Thus a picture of Oldham's unknown PDU population emerges.

4.1 Oldham's Needle and Syringe Exchange System Data

4.1.1 Profile of customers

A description of Oldham's NSE data has been a long time in development. Analysis of locally sourced information does offer some indication of the extent and nature of demand in the Borough. Oldham DAAT maintains some level of information regarding NSE traffic containing individual attributors and demographic details (i.e. sex, ethnicity (in some cases) and age). Other information also collected includes primary substance (in the majority of instances), secondary and tertiary substance involvement (only if an individual has a treatment history in Oldham) and date of treatment entry.

Preparation of data for analysis was relatively protracted as exclusions were necessary on the basis of inappropriate attributors. Individuals with multiple entries required careful processing to ensure optimum information was preserved as additional entries often contained further details especially in relation to substance involvement and NSE locations. Overall almost 2,300 NSE episodes were processed culminating in information relating to 1,382 individuals whose demographics are summarised in Table 4.1 below.

Table 4.1 shows demographics and NSE locations accessed in Oldham during 2008/09. Oldham NSE attendees are sub-divided into four 'treatment status groups':

- Never in treatment – n=1,100 (79.6%)
- Previously in treatment (i.e. not during 2008/09 – n=78 (5.6%)
- In treatment in the last year – n=28 (2.0%)
- In treatment (i.e. at end of census period) – n=176 (12.7%)

Table 4.1: Demographics and NSE Location for Oldham Residents Accessing Needles and Syringe Services by Treatment Status (2008-09) [N=1,382]

Treatment Status 2008/09	Never in Treatment	Previously in Treatment	In Treatment in the last year	In Treatment	*Total*
n size	**1100**	**78**	**28**	**176**	***1382***
Column percentage	%	%	%	%	*%*
Gender:					
Female	14.6	26.9	21.4	20.5	***16.2***
Male	85.4	73.1	78.6	79.5	***83.8***
Ethnicity:*					
Black/Black British	0.8	1.3	0.0	0.0	***0.7***
Asian/Asian British	2.7	10.3	3.6	14.8	***4.7***
White/White British	50.3	83.3	92.9	83.0	***57.2***
Mixed/Dual Heritage	1.4	3.8	0.0	2.3	***1.6***
Other	1.8	1.3	3.6	0.0	***1.5***
Not recorded	43.0	0.0	0.0	0.0	***34.2***
Age group (yrs) *[Midpoint 2008/09 - 30th September 2009] :*					
Under 19	1.2	3.8	0.0	0.6	***1.2***
19 to 24	14.7	3.8	0.0	9.1	***13.1***
25 to 34	39.5	39.7	46.4	38.6	***39.5***
35 Years or over	44.6	52.8	53.6	51.7	***46.2***
Mean Age at NSE Access (yrs) *[Midpoint 2008/09 - 30th September 2009] :*					
Females	34.97	34.64	36.10	34.12	***34.83***
Males	34.20	35.83	37.20	35.69	***34.51***
Total	34.31	35.51	36.96	35.37	***34.57***
NSE Location:*					
ADS	0.2	1.3	0.0	0.0	***0.2***
Booth Street	61.3	48.7	71.4	39.8	***58.0***
Boots	21.4	20.5	46.4	31.8	***23.2***
Butler Green	6.9	14.1	21.4	5.7	***7.5***
Co-op	5.5	7.7	7.1	6.3	***5.8***
Gardners	19.8	16.7	17.9	15.3	***19.0***
Moorside	1.5	2.6	0.0	1.7	***1.5***
ODAS	12.5	60.3	39.3	93.8	***26.1***

NB: 2008/09 = 1st April 2008 to 31st March 2009.

** Data for Ethnicity of Individuals Never in Treatment is not Available*

*** Individuals may have accessed more than one NSE Location during 2008/09*

Source: Oldham DAAT

More than eight in ten (83.8%) NSE attendees were male and 16.2% female. Females were disproportionately likely to have treatment experience

In terms of ethnicity proportional distribution is somewhat distorted by the extent of missing data – 34.2% overall. This is a result of ethnicity not being recorded for almost half (43.0%) of those who never been in treatment. It is important to note that individuals hailing from an Asian/Asian British background are over-represented, in relation to census statistics, amongst the in treatment group (14.8%) but under represented in the never in treatment group.

Distributions in relation to age show that 1.2% [n=17] of NSE attendees were under 19 years old of which most are found in the 'never in treatment' group [n=13]. Approximately one in seven (13.1% [n=181]) NSE attendees were aged 19 to 24 years old – again the majority were found amongst those never in treatment [n=161]. Thus more than eight in ten (85.3%) of NSE attendees were aged 25 or over in 2008/09. The average reflects age-band distributions with a mean of 34.57 years with no discernible differences apparent between the sexes or, indeed, in relation to their treatment status.

Table 4.1 also shows venues accessed by NSE users in Oldham. Eight different locations are listed. *Booth Street* was the most frequented (58.0%) followed by *ODAS* (26.1%)[2], *Boots* (23.2%), *Gardners* (19.0%), *Butler Green* (7.5%) and the *Co-op* (5.8%) with *Moorside* (1.2%) and *ADS* (0.2%) being the least frequented. *Booth Street* was found to be the most frequented NSE location amongst those 'never in treatment' (61.3%) and those 'in treatment in the last year' (71.4%). *ODAS* was the most cited service amongst those 'previously in treatment' and those currently 'in treatment' – 60.3% and 93.8% respectively.

Table 4.2 below offers some insight into substance involvement amongst Oldham's NSE attendees. Unfortunately the data is again distorted as over one-third (34.6%) of this population did not have a substance stated – the vast majority of which can be seen amongst those 'never in treatment' (43.5%).

Table 4.2: All Substance Involvement amongst Oldham Residents Accessing Needles and Syringe Services by Treatment Status (2008-09) [N=1,382]

Treatment Status 2008/09	Never in Treatment	Previously in Treatment	In Treatment in the last year	In Treatment	*Total*
n size	**1100**	**78**	**28**	**176**	***1382***
Column percentage	**%**	**%**	**%**	**%**	***%***
Substance(s):*					
Heroin	19.3	92.3	92.9	94.3	***34.4***
Anabolic Steroids	25.9	2.6	3.6	0.0	***20.8***
Crack	1.0	16.7	17.9	22.7	***5.0***
Amphetamines	4.0	6.4	14.3	5.7	***4.6***
Cosmetic/Skin Products	3.1	0.0	0.0	0.0	***2.5***
Cannabis	0.2	10.3	10.7	4.0	***1.4***
Growth Hormones	1.8	0.0	0.0	0.0	***1.4***
Methadone	0.7	1.3	3.6	5.7	***1.4***
Alcohol	0.1	5.1	7.1	3.4	***0.9***
Benzodiazepines	0.0	5.1	0.0	2.3	***0.6***
Cocaine Powder	0.1	1.3	3.6	2.8	***0.6***
Subutex	0.4	1.3	0.0	1.7	***0.6***
Other Opiates	0.1	0.0	0.0	2.3	***0.4***
MDMA	0.0	0.0	0.0	0.6	***0.1***
Tranquillisers	0.0	0.0	0.0	0.6	***0.1***
Not Stated	**43.5**	0.0	0.0	1.1	***34.6***

NB: 2008/09 = 1st April 2008 to 31st March 2009.

** All substance involvement indicated (Primary, Secondary & Tertiary Use) on separate Treatment Episodes during 2008/09*

Source: Oldham DAAT

Although overall Heroin and Crack involvement was 34.4% and 5.0%, respectively, it can be seen that amongst those with experience of treatment indications for Heroin approaching unanimity and approximately one in five stating use of Crack. Even allowing for the impact of missing data, this profile contrasts quite sharply from those with no treatment histories. Approximately one in five (19.3%) amongst this group indicated Heroin and only 1.0% for Crack while those stating Anabolic Steroids providing the largest contingent with 25.9% [n=285].

[2]Following communications with local officials regarding ODAS SES it would appear that proportions for attendees are high. This may be as a result of a significant proportion of Booth Street SES customers being assigned as 'ODAS SES' customers via 111 Union Street. This does not affect overall distributions however analysis of venues is distorted by ODAS's over-representation. Locally, indications have been made regarding a review of data recording with reference to ODAS and Booth Street SES customers.

Table 4.3 below highlights primary substance use amongst NSE attendees with a treatment history. Heroin is by far the most cited primary substance with 92.9% reflecting a group of older PDUs potentially involved in additional use of methadone.

Table 4.3: Primary Substance Use amongst Oldham Residents with Current or Past Treatment Histories Accessing Needles and Syringe Services by Treatment Status (2008-09) [N=282]

Treatment Status 2008/09	Previously in Treatment	In Treatment in the last year	In Treatment	*Total*
n size	**78**	**28**	**176**	***282***
Column percentage	**%**	**%**	**%**	***%***
Primary Substance:*				
Heroin	92.3	92.9	93.2	***92.9***
Amphetamines	3.8	7.1	4.0	***4.3***
Cannabis	3.8	10.7	1.7	***3.2***
Methadone	1.3	0.0	4.5	***3.2***
Crack	2.6	0.0	2.8	***2.5***
Other Opiates	0.0	0.0	2.3	***1.4***
Anabolic Steroids	2.6	3.6	0.0	***1.1***
Subutex	1.3	0.0	1.1	***1.1***
Alcohol	1.3	0.0	0.6	***0.7***
Cocaine Powder	0.0	3.6	0.0	***0.4***
Not Stated	0.0	0.0	0.0	***0.0***

NB: 2008/09 = 1st April 2008 to 31st March 2009.

** Individuals indicated different primary substances on separate Treatment Episodes during 2008/09*

Source: Oldham DAAT

Further examination of Oldham's NSE users with a treatment history showed that females were more than 1½ times more likely to use Heroin than their male counterparts - 48.7% compared to 31.7% respectively. The second most commonly indicated substance amongst females was 'cosmetic/skin products' (8.0%) [n=18] compared to 1.4% [n=16] amongst males. Amongst males one in four (24.9%) indicated Anabolic Steroids representing the second most cited substance followed by Amphetamines (4.8%) and Crack (4.7%).

In relation to ethnicity, indications for Heroin were proportionately higher for Asian/Asian British BMEs with 56.9% [n=37] compared to 51.2% [n=405] for White/White British. Anabolic Steroid use is proportionately higher amongst non-white BMEs – around 40% compared to 30% typically. Crack use amongst Asian/Asian British NSE attendees was also proportionately high at 18.5% [n=12]. White/White British attendees largely accounted for all Amphetamine use and 'cosmetic/skin products' – 7.5% [n=59] and 4.2% [n=33] respectively.

Table 4.4: All Substance Involvement amongst Oldham Residents Accessing Needles and Syringe Services by Age Group (2008-09) [N=1,382]

Age Group (at Mid-point 30/08/2009)	Under 19	19 to 24 years	25 to 34 years	35 and over	*Total*
n size	**17**	**181**	**546**	**638**	***1382***
Column percentage	%	%	%	%	*%*
Substance(s):*					
Heroin	0.0	16.6	32.4	42.2	***34.4***
Anabolic Steroids	58.8	46.4	27.8	6.6	***20.8***
Crack	0.0	3.9	4.4	6.0	***5.0***
Amphetamines	0.0	3.3	3.7	5.8	***4.6***
Cosmetic/Skin Products	0.0	8.3	2.4	0.9	***2.5***
Cannabis	17.6	1.7	0.9	1.4	***1.4***
Growth Hormones	0.0	3.3	1.6	0.8	***1.4***
Methadone	0.0	0.0	1.1	2.2	***1.4***
Alcohol	11.8	0.0	0.5	1.3	***0.9***
Benzodiazepines	0.0	0.6	0.4	0.8	***0.6***
Cocaine Powder	0.0	0.6	0.7	0.5	***0.6***
Subutex	0.0	1.7	0.4	0.5	***0.6***
Other Opiates	0.0	0.0	0.0	0.8	***0.4***
MDMA	5.9	0.0	0.0	0.0	***0.1***
Tranquillisers	0.0	0.0	0.0	0.2	***0.1***
Not Stated	29.4	19.9	30.8	42.2	***34.6***

NB: 2008/09 = 1st April 2008 to 31st March 2009.

** All substance involvement indicated (Primary, Secondary & Tertiary Use) on separate Treatment Episodes during 2008/09*

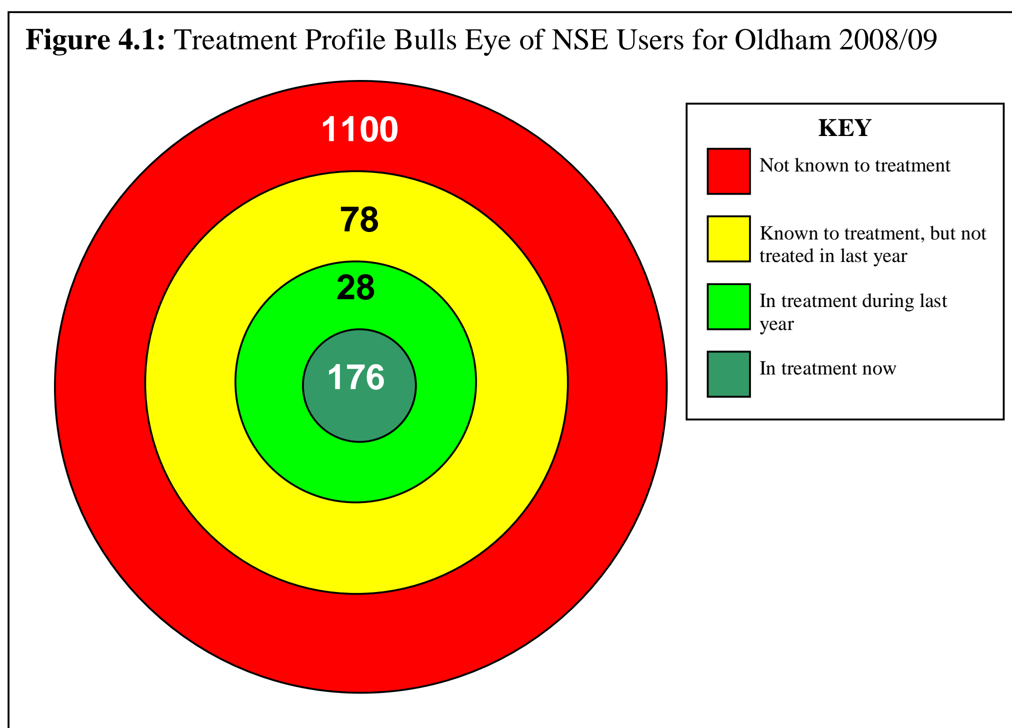
Source: Oldham DAAT

Table 4.4 above shows substance involvement amongst NSE attendees by age group and identifies a small group of under 19s involved in Anabolic Steroid use (58.8% [n=10]) as well as a proportionately high representation amongst 19 to 24 year olds (46.4% [n=84]) – indeed the most frequently indicated substance amongst both under 25 age groups. The second most commonly identified substance amongst the 19 to 24 year olds was Heroin (16.6% [n=30]) indicating a moderately high uptake during late adolescence. NSE attendees amongst 19 to 24 year olds largely account for 'cosmetic/skin products' (8.3% [n=15]). Amongst age groups 25 or over Heroin was found to be the most indicated substance – 32.4% (25 to 34 years old) and 42.2% (35 or over) again highlighting Oldham's ageing PDU profile.

4.1.2 NSE Bulls Eye Analysis for Oldham 2008/09

Figure 4.1 below presents a more graphical depiction of Oldham's NSE users. Of the 1,100 'not known to treatment' 223 are identified as PDUs (See Table 4.2) with a further 5.5% (n=61) indicating other substance use. The remaining NSE clients were a substance has been indicated amongst those not known to treatment are predominantly anabolic steroid users [n=285]. This group would be very unlikely to present to services in Oldham in any significant numbers.

Figure 4.1: Treatment Profile Bulls Eye of NSE Users for Oldham 2008/09



Within the 476 NSE clients for whom no substance has been identified amongst those not known to treatment it is possible to estimate the number of PDUs. The 223 PDUs referred to above represent 35.7% of the 624 NSE clients with a substance identified. Thus an estimate of 170 PDUs[3] with unknown substance and not known to treatment could be added to the 223 already identified. This would bring our estimate of PDUs amongst those not known to treatment to 393 individuals.

4.1.3 NSE Dispensary Data

NDTMS provide statistics in relation to dispensing equipment for intravenous substance users. Oldham performs well when compared to the region and the nation regarding the number of providers supplying data to NDTMS – 90% compared to 49% and 55% respectively. However the rate of needle returns presents Oldham in less favourable light in that only 18% are returned compared to around 30% for the North West region[4].

The majority of needles dispensed in Oldham were 'fixed head – 1ml' (55% from 205,000 (actual)) which is in line with regional and national proportions. Orange, blue and green heads dispense rates were 22%, 11% and 12% respectively and were again broadly in line the region and the nation. The most commonly dispensed barrel (syringe) in Oldham was the 2ml in almost 80% of instances – approximately 10% above regional and national averages.

In the data supplied by NDTMS an estimate is made in relation to the number of needle exchange clients in a local area. The Oldham estimate in this regard is between 843 (lower estimate) and 1,639 (upper estimate). Given that 1,382 have already been identified this estimated range appears relatively robust as actual numbers in Oldham occupy an upper mid-range value in this respect.

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[3] i.e. 35.7% of 476.

[4] Please note no national figure is provided by NDTMS.

4.2 Oldham's Mandatory Drug Testing

4.2.1 Profiles of Oldham's Arrestees Tested

The following analysis turns focus towards Oldham's Mandatory Drug Testing programme covering all tests undertaken from April 2007 to March 2009. Overall 3,897 MDTs have taken place in Oldham during this period of which 3,182 (81.7%) have been carried out on arrestees residing in Oldham. The majority of the remainder were from neighbouring DAATs.

Of the 3,182 MDTs on arrestees residing in Oldham 1.2% [n=37] were aborted or refused leaving a total of 3,145 MDTs completed. During the period 2007/09 more than two-thirds of MDTs (67.1% [n=2,110]) resulted in a negative outcome. The proportion of negative test outcomes increased from 65.4% in 2007/08 to 68.5% in 2008/09.

Table 4.5 below shows that during the two-year census period one in twelve (12.8% [n=404]) MDT episodes resulted in a 'cocaine only' detection, 240 [7.6%] were 'opiates only' positives and 12.4% [n=391] were found positive for 'both' substances.

More than one in eight MDTs (83.7%) were conducted on male arrestees compared to 16.3% on females. Detection of cocaine only amongst males outnumbered those found amongst females by 7:1 whilst for opiates the gap was less so at a ratio of 3:1.

Table 4.5: Demographics for Arrestees Resident in Oldham by Completed MDT Result (2007-09) [N=3,145 (MDT Results)]

Substance(s) Detected	**Negative**	**Cocaine only**	**Opiates only**	**Both**	***Total***
n = MDT Episodes	**2110**	**404**	**240**	**391**	***3145***
Column percentage	**%**	**%**	**%**	**%**	***%***
Gender:					
Female	15.1	12.6	25.4	21.2	***16.3***
Male	84.9	87.4	74.6	78.8	***83.7***
Ethnicity:					
Black/Black British	2.6	1.5	2.1	0.8	***2.2***
Asian/Asian British	14.3	11.6	8.8	11.5	***13.2***
White/White British	79.3	83.7	86.7	86.7	***81.3***
Mixed/Dual Heritage	2.2	2.7	0.4	1.0	***2.0***
Other	0.9	0.2	0.8	0.0	***0.7***
Not recorded	0.7	0.2	1.3	0.0	***0.6***
Age group (yrs):					
Under 19	11.8	8.2	2.5	1.0	***9.3***
19 to 24	38.6	39.1	11.7	7.2	***32.7***
25 to 34	28.3	36.4	41.7	39.6	***31.8***
35 and over	21.3	16.3	44.2	52.2	***26.3***
Mean Age at Test Date (yrs):					
Females	31.23	28.35	34.96	34.06	***31.84***
Males	27.37	27.02	33.52	35.55	***28.70***
Total	27.95	27.19	33.89	35.23	***29.21***

Source: Oldham DTR

Further analysis revealed that males were more likely to be cocaine only with 15.1% - almost double that found amongst females (7.8%). Females however were proportionately more likely to produce positive more associated with problematic drug use.

Table 4.5 also shows the distribution of MDT episodes by ethnicity. Slightly more than eight in ten (81.3%) were accounted for by arrestees from White/White British ethnic backgrounds. The next largest contingent was Asian/Asian British with 13.2% followed by Black/Black British (2.2%), Mixed/Dual Heritage (2.0%) and 'other' (0.7%). A small group of arrestees (0.6% [n=19 MDT episodes]) had no ethnicity recorded. Arrestees from White/White British backgrounds were the only ethnic group to be over-represented in all three positive MDT categories particularly for 'opiates only' and 'both' each with 86.7%. For those with Asian/Asian British ethnicities although they accounted for one in seven (14.3%) of negative test outcomes they were responsible for one in nine tests were cocaine only (11.6% [n=47 MDTs]) and 'both' (11.5% [n=46]) were detected.

Approximately one in eleven tests (9.3% [n=292]) were conducted on arrestees aged under 19 years old. The largest concentration in terms of age was found for those aged 19 to 24 years old who accounted for almost one-third (32.7%) of MDTs. A slightly lower proportion (31.8%) were aged 25 to 34 with those '35 and over' accounting for over one-quarter (26.3%) of MDTs amongst arrestees from Oldham. The two youngest age groups were found to have larger representation amongst arrestees whose test resulted in the detection of cocaine only. The older age groups accounted for the vast majority of detections of opiates only and 'both' – 85.9% and 91.8% respectively for those 25 and over.

The age distributions described above are also reflected in mean ages at test date. Overall average age was 29.21 years with female arrestees being on average 3 years 51 days older than males – 31.84 years compared to 28.70 years respectively. Amongst negative MDT episodes males (27.37 years) were on average almost 4 years younger than females (31.23 years). The sharpest contrast in mean age was found between the three substance categories where those with cocaine only detections aged 27.19 on average more than 6½ years younger than opiates only MDTs (33.89 years) and over 8 years younger than those where 'both' substances (35.23 years) were detected.

Amongst younger adults aged 18 to 21 years some interesting findings have emerged. This age range accounts for approximately one in six MDTs [n=674]. The vast majority of MDTs amongst young adults (84.9% [n=572]) resulted in a negative outcome. The detection rate was greater for 'cocaine only' (12.0% [n=81 MDTs]) follow by 'opiates only' (1.6% [n=11]) and 'both' (1.5% [n=10]). Overall they were found to be 90% male arrestees. There was a higher representation from Asian BMEs amongst this sub-population than that found for all age groups – 18.2% compared to 13.2% respectively. The largest concentration in terms of age was found to be for 18 year olds (34.0%) followed by 19 year olds (27.9%), 20 year olds (22.6%) and 21 year olds with 15.9%.

Within this sub-population there is evidence of small group of users whose MDT detections (i.e. opiates only or 'both') are compatible with a PDU profile. This sub-sample was 80% male arrestees mainly from White (70%) and Asian (25%) ethnic backgrounds. MDT detections involving these substance categories were found more likely amongst 18 and 19 year olds.

4.2.2 Trigger Offences for Oldham Arrestees

Table 4.6 below summarises the distribution of trigger offences amongst Oldham arrestees by substance(s) detected 2007-09. Overall 43.0% of MDT episodes [n=1,352] were as consequence of being arrested for theft. The second most commonly recorded trigger offence was burglary (20.0% [n=629]) followed by robbery (6.5% [n=204]), 'possession of specified Class A' (6.0% [n=189]) and 'possession with intent to supply Class A' (3.4% [n=107]) completing the 'Top 5'.

Amongst the substance categories arrestees who had 'opiates only' or 'both' detected were more likely to have been apprehended for theft – 52.9% and 49.6% respectively. Cocaine only detections were more likely to have been prompted by arrests for 'possession of specified Class A' (18.3%), 'possession with intent to supply Class A' (8.7%) and TWOC (4.0%).

Overall approximately one in fourteen (7.1%) MDTs were as a result of being arrested for a 'non-trigger offence' with 'cocaine only' and 'both' being more likely to have been tested by this route – around 12% in each case. Almost three in ten (28.3% [n=63]) of these arrests were for 'violence against the person', 20.6% [n=46] were for 'summary offences' and 12.1% [n=27] each for 'public order' and 'non-trigger drug offences'.

Table 4.6: Trigger Offences (ranked) by MDT Result amongst Arrestees Resident in Oldham (2007-09) [N=3,145 (MDT Results)]

Substance(s) Detected		**Negative**	**Cocaine**	**Opiates**	**Both** (Cocaine & Opiates)	***Total***
n = MDT Episodes		**2110**	**404**	**240**	**391**	***3145***
Column percentage	***Rank***	**%**	**%**	**%**	**%**	***%***
Theft	***1***	44.3	24.3	52.9	49.6	***43.0***
Burglary	***2***	21.0	16.6	17.9	18.9	***20.0***
Robbery	***3***	7.5	5.7	4.2	3.1	***6.5***
Possession of specified Class A	***4***	3.7	18.3	6.3	5.1	***6.0***
Possession w/i to supply Class A	***5***	2.5	8.7	1.3	3.8	***3.4***
Fraud	***6***	3.9	2.0	0.8	0.3	***3.0***
TWOC	***7***	2.8	4.0	0.0	0.8	***2.5***
Going Equipped	***8***	1.9	0.5	4.2	1.3	***1.8***
Attempted theft	***=9***	1.6	0.7	0.0	0.8	***1.2***
Handling stolen goods	***=9***	1.5	0.3	1.6	0.3	***1.2***
Aggravated vehicle taking	***11***	1.2	1.5	1.3	0.3	***1.1***
Attempted burglary	***12***	0.9	1.7	0.0	1.0	***1.0***
Supply of specified Class A	***13***	0.6	1.0	0.4	1.0	***0.7***
Deception	***14***	0.8	0.2	0.0	0.3	***0.6***
Aggravated burglary	***15***	0.5	1.0	0.0	0.0	***0.4***
Attempted robbery	***=16***	0.2	0.7	0.0	0.0	***0.3***
Production of specified Class A	***=16***	0.1	0.7	0.4	1.3	***0.3***
NTO (n=223 MDT Episodes)	***n/a***	4.9	12.1	9.2	12.0	***7.1***

NB: The 'Years' 2007/08 covers 1st April 2007 to 31st March 2008 & 2008/09 covers 1st April 2008 to 31st March 2009.

Source: Oldham DTR

Analysis of individual arrestees revealed that of the 3,145 completed MDTs were conducted on 2,134 individual arrestees in 2007 to 2009. Demographic distributions regarding gender, ethnicity and age broadly mirror those previous described above. Substance categories are defined differently as follows:

- Negatives Only [n=1,489] – This group has produced at least one test only ever involving a negative outcome.

- Cocaine Only [n=294] – Representing the largest concentration where a substance has been detected and have produced at least one positive test outcome only ever involving cocaine. Although mandatory drug testing cannot distinguish between cocaine powder and crack-cocaine ingestion such arrestees are overwhelmingly more likely to be users of cocaine powder.

- Opiates Only [n=112] – Individuals who have produced at least one positive test outcome only ever involving opiates. Drug test results here do act as an effective quasi indicator for heroin misuse although actual drug use repertoires are more complex.

- Both Only [n=148] – Individuals who have produced at least one positive test outcome only ever involving 'both' opiates and cocaine. Again drug test results appropriately pick up the heroin-crack user status although the PDUs identified may also be using cannabis, cocaine powder, other opiates and benzodiazepines.

- Mixed Positives [n=91] – Those who have multiple positive test statuses over time are as expected classic heavy end problem drug users of heroin and crack as part of a complex repertoire of substance misuse.

In Table 4.7 below concentration is focused upon individuals from Oldham who produced at least one positive MDT during the period covering 2007 to 2009. Overall 645 Oldham residents were tested positive averaging 2.03 tests per arrestee accounting for 1,309 MDTs or 41.6% of all completed tests during this census period. This sub-population is also responsible for 1,035 positive test outcomes. Arrestees belonging to the cocaine only category have the lowest mean of positive tests with 1.18 (347 tests) accounting for one-third (33.5%) of all positive tests. Opiate only arrestees had a mean of 1.19 positive tests (133 tests) - 12.9% of all positive tests. Those with 'both only' profiles had an average of 1.46 positive tests (216 tests) – 20.9% of all positive tests.

The final group are 'mixed positives' who are the most prolific with an average of 3.74 positive tests per arrestee (340 tests) – 32.9% of all positive tests. Thus the 91 'mixed positives' who represent only 14.1% off all those who produced a positive test were responsible for almost one in three MDTs with a positive outcome. Furthermore with an average of 4.27 tests (389 MDTs) representing 12.4% of all tests during 2007-09 – a figure that is brought into greater perspective by the fact that 'mixed positives' only represent 4.3% of all those tested.

Table 4.7: Mean and Total Number of MDTs amongst Arrestees Resident in Oldham with at least one positive test result by Substance(s) Detected (2007-09) [N=645]

Substance(s) Detected	**Cocaine only**	**Opiates only**	**Both only** (Cocaine & Opiates)	**Mixed Positives**	***Total***
n size	**294**	**112**	**148**	**91**	***645***
Mean Number of Tests by Outcome (2007-09):					
Negative	0.54	0.38	0.15	0.54	***0.42***
Positive	1.18	1.19	1.46	3.74	***1.60***
Total	1.72	1.57	1.61	4.27	***2.03***
Number of Tests (2007-09):					
n size	**294**	**112**	**148**	**91**	***645***
Column percentage	**%**	**%**	**%**	**%**	***%***
Once only	65.3	65.2	71.6	~	***57.5***
Twice	18.4	21.4	13.5	29.7	***19.4***
Three	7.1	6.3	8.1	9.9	***7.6***
Four	3.1	6.3	3.4	26.4	***7.0***
Five	3.1	0.0	1.4	6.6	***2.6***
Six to Ten	3.1	0.9	2.1	24.2	***5.5***
More than Ten	0.0	0.0	0.0	3.3	***0.5***

Source: Oldham DTR

Table 4.8 below shows substance detection by ethnicity for 2007-09. Black/Black British arrestees were more likely to be negative only with 85.2%. Arrestees from Mixed/Dual Heritage and White/White British ethnic backgrounds were found to have large proportional concentrations in relation to cocaine detection – 22.2% and 14.7% respectively. White ethnicities also had the highest rates for detection of 'both only' (7.5% [n=126]) and 'mixed positives' (4.8% [n=81]). Whilst arrestees from Asian/Asian British ethnic backgrounds did not register the highest of any substance detected they represent the second largest contingent in numerical terms in relation to PDU profiling. Of the three substance categories that fall into this bracket (i.e. opiates only, both only and mixed positives) 13.3% [n=43] of arrestees with Asian ethnicities have had such detections.

Table 4.8: Substance(s) Detected amongst Arrestees Resident in Oldham by Ethnicity (2007/09) [N=2,134]

Ethnicity 2007/09	**Black/Black British**	**Asian/Asian British**	**White/White British**	**Mixed/Dual Heritage**	**Other**	**Not Stated**	***Total 2007/09***
n size	**54**	**325**	**1679**	**45**	**16**	**15**	***2134***
Column percentage	**%**	**%**	**%**	**%**	**%**		
Negative only	85.2	77.2	67.7	71.1	81.3	73.3	***69.8***
Cocaine only	7.4	9.5	14.7	22.2	6.3	6.7	***13.8***
Opiates only	1.9	4.3	5.5	0.0	12.5	20.0	***5.2***
Both only (Cocaine & Opiates)	3.7	6.2	7.4	4.4	0.0	0.0	***6.9***
Mixed Positives	1.9	2.8	4.8	2.2	0.0	0.0	***4.3***

NB: The period 2007/09 covers 1st April 2007 to 31st March 2009.

Source: Oldham DTR

Further analysis on Asian/Asian British PDUs has revealed that they are 90.7% male and 9.3% female. Almost six in ten of this sub-population are of Pakistani descent with Bangladeshis (30.2%) making up the second largest contingent followed by arrestees from an Indian background (7.0%).

Analysis of substance detection (excluding cocaine onlys) amongst Oldham's Asian/Asian British residents revealed that the substance category 'Both' (opiates & cocaine) was found to have been detected in half of this sub-population (46.5%) followed by 'opiates only' (32.6%) and 'mixed positives' (20.9%).

Table 4.9 below shows substance detection by age group for 2007-09. This table highlights a clear age divide between a younger mainly cocaine only sub-population and older opiate/heroin involved arrestees. Amongst arrestees under 19s and those aged 19 to 24 years 13.0% [n=25] and 17.2% [n=125], respectively, were cocaine only with a sizeable 15.2% [n=99] amongst 25 to 34 year olds also belonging to this category.

Table 4.9: Substance(s) Detected amongst Arrestees Resident in Oldham by Age-group (2007/09) [N=2,134]

Age-group 2007/09	**Under 19**	**19 to 24**	**25 to 34**	**35 or over**	***Total 2007/09***
n size	**193**	**725**	**653**	**563**	***2134***
Column percentage	**%**	**%**	**%**	**%**	
Negative only	82.9	77.0	64.0	62.7	***69.8***
Cocaine only	13.0	17.2	15.2	8.0	***13.8***
Opiates only	2.1	2.5	6.4	8.5	***5.2***
Both only (Cocaine & Opiates)	1.6	1.9	7.7	14.4	***6.9***
Mixed Positives	0.5	1.4	6.7	6.4	***4.3***

NB: The period 2007/09 covers 1st April 2007 to 31st March 2009.

Source: Oldham DTR

Within the 25 to 34 year old age group almost one-fifth (19.8% [n=129]) were found to be opiate/heroin involved. Amongst arrestees 35 and over we can see the highest rates for opiates only (8.5%) and 'both only' (14.4%) and the second highest rate for 'mixed positives' (6.4%). These rates culminate in the largest concentration PDU-compatible substance detection – 29.3% [n=165].

4.2.3 Oldham Arrestees Tested and in Treatment 2008/09

Overall 209 individuals with at least one treatment episode in 2008/09 were also tested during the same period – representing 16.96% of all (i.e. n=1,232) those tested (complete only).

Of the 209 individuals with both treatment and test histories 147 (70.3%) produced at least one positive test result in 2008/09 (See Table 4.10). This represents 40.3% of all 365 individuals with at least one positive result in Oldham during 2008/09.

Table 4.10: Number of Individual Oldham Arrestees with at least one positive MDT in 2008/09 and at least one Treatment Episode in 2008/09

Substance Detection Status	Not in treatment 2008/09	In Treatment 2008/09	Total
Cocaine only	130	20	***150***
Opiates only	39	45	***84***
Both only	35	54	***89***
Mixed Positives	14	28	***42***
Total	**218**	**147**	**365**

Table 4.10 also shows a sharp contrast between the substance categories in relation to treatment penetration in relation to PDU status. Of the 42 'mixed positive' tested in 2008/09 28 (66.7%) had at least one treatment episode in the same period with 54 of 89 (60.6%) 'both only' and 45 of 84 (53.6%)'opiates only' also with treatment histories – thus culminating in a penetration rate of 59.1% [n=127] amongst PDUs. This contrasts dramatically the rate for cocaine only arrestees amongst whom only 20 from 150 (13.3%) had a treatment history.

Further analysis revealed that there was no discernible difference between the two status groups in relation to gender. In terms of ethnicity arrestees known to treatment were more likely to hail from White/White British backgrounds – 88.0% compared 76.4% amongst those not known to treatment – and less likely to be Asian/Asian British with 10.0% compared to 17.8% respectively.

The age distribution for those known to treatment were less likely to be under 25 – 17.1% compared to 47.1% amongst the 'not knowns'. Arrestees known to treatment were far more likely to be aged 35 and over – 46.9% compared to 22.0% respectively. Those known to treatment were also 5½ years older on average – 33.88 compared to 28.41 years.

Extending our analysis reveals that a further 94 individuals tested during 2007/09 had previously been in treatment prior to 2008/09. Therefore the total that underwent an MDT with a treatment history was 303, of which 240 (79.2%) were PDUs.

Overall of the 645 individual arrestees producing a positive MDT 351 produced a definitive result with a PDU-compatible outcome. By subtracting the 240 PDUs with treatment histories from 351 arrestees who are 'non-cocaine only' we are left with 111 PDUs who are treatment naïve. Performing a similar calculation for non-PDUs reveals that 231 are treatment resistant brings the total of treatment naïve regardless of PDU status to 342 individuals without a treatment history.

4.3 Oldham DIP and Offenders-Clients Not Entering Treatment

4.3.1 ODIP Workforce: Description and Roles

The DIP process in Oldham is structured with links to other CJS agencies, treatment services and organisations engaged in social/welfare support. DIP is delivered by a CJIT Team with representatives from ADS, Probation, Police, associated Treatment Services and third party organisations. The CJIT team is structured into specific specialisms that allow each part of the DIP process to be delivered.

The Test on Arrest Team are based in Oldham and Chadderton Custody Suites for the Initial Assessment and Conditional Cautioning Procedure. This team works directly with the Case Management Team and Court Liaison Officer. CJIT has one dedicated Court Liaison Officer based at Oldham Magistrates Court who works with Magistrates, Probation Service and solicitors in relation to the Restriction on Bail Procedures and the enforcement of failed Required Assessments.

The Case Management Team is based at Chaucer Street Premises and is split into specialist role. The 5 CJIT Case Managers work with the Probation Offender Management Unit based within Chaucer Street. There are two dedicated Prison Link Case Managers who provide all of the Through Care and After Care support for Oldham clients in Prison.

There are two Specialist Case Managers who work directly with the Probation Offender Management Unit in relation to the coordination and delivery of clients subject to Drug Rehabilitation Requirements and those monitored through the Prolific and Priority Offender process. The remaining Case Manager has responsibility for the supervision of clients subject to Restriction on Bail provision and those clients who enter the DIP process on a voluntary basis. All of the Team provide cover for the Office Duty system and Required Assessment Process. (*Review of DIP in Oldham*, Oldham DAAT (2009))

4.3.2 ODIP, Tier 3 Treatment Entry and Attrition

Overall in 2008/09 ODIP has had 783 referrals involving Oldham residents of which 53.6% [n=420] were derived from Arrested Referral (i.e. Mandatory Drug Testing). Over one-fifth (21.6% [n=169]) referrals were from Prison, followed by 138 (17.6%) were voluntary with the remainder being accounted for by RoB, DRR and third parties. (*Review of DIP in Oldham*, Oldham DAAT (2009))

From these referrals 711 were taken onto the ODIP caseload of which 263 (37.0%) were referred to Tier 3 treatment services in Oldham of which 183 accepted specialist and/or structured interventions.

In order to arrive at an estimate for those who are treatment resistant in a DIP context we must deduct the 183 who fully engaged in Tier 3 modalities from the 711 referrals in 2008/09. Thus 528 individuals did not fully engage with Tier 3. Of this group 80 individuals were initially referred but did not engage and we know that a further 293 are cocaine users who did not enter the treatment system (Source: NDTMS). Therefore this leaves a minimum of 155 PDUs who are treatment resistant/naïve.

4.3.3 Referrals from CARAT to Oldham CJIT

Table 4.11 below summarises Oldham's performance in respect of referrals from CARAT to Oldham CJIT and referrals picked up by CJIT during 2008/09. Overall 296 referrals where sent by CARAT to Oldham CJIT of which 59 (19.9%) were picked up by Oldham CJIT. Over this period we can see that performance improved from 18%-19% for the first nine months of this period to slightly less than one-third (31.8%) by the last quarter. However it must be stated that this 'improved performance' takes place against a backdrop of a drastically reduced number of CARAT referrals – 22 compared to an average of 68.5 for the previous four quarters.

Table 4.11: Number of Referrals from CARAT to Oldham CJIT and Clients picked up by Oldham CJIT with Regional and National Comparators (2008/09)

Quarter	Number of Referrals to Oldahm CJIT from CARAT	Number of Referrals picked up by Oldham CJIT	Percentage of CARAT Referrals picked up by CJIT(s)		
			Oldham	North West	National
Mar to May 2008	26	5	*19.2%*	*21.1%*	*21.6%*
Jun to Aug 2008	89	16	*18.0%*	*23.4%*	*23.6%*
Sep to Nov 2008	95	17	*17.9%*	*25.8%*	*28.4%*
Dec 2008 to Feb 2009	64	14	*21.9%*	*25.7%*	*30.2%*
Mar to May 2009	22	7	*31.8%*	*26.5%*	*31.9%*
Total	***296***	***59***	***19.9%***	*24.5%*	*27.0%*

Source: NDTMS

Table 4.11 also shows Oldham's CARAT referral pick up rate in comparison to regional and national figures. Cells highlighted in red denote a worse performance than both region and national rates; amber is better than region but less than national rates, and; green would have represented a rate better than both comparators. Oldham's performance worsens in the first three quarters when set against improving rates being recorded both regionally and nationally. Although Oldham's performance improves for the final two quarters the overall pick up rate of 19.9% falls far short of even relatively poor regional and national figures.

4.4 Conclusions and Estimate of the Treatment Resistant/Naïve Population

In reaching an estimated total for the number of individuals who are treatment resistant/naïve estimates have been made which take account of the Needle Exchange group of n=395 PDU clients not known to treatment [n=393] and PDU MDTers not entering treatment [n=111]. A further cross-referencing exercise has revealed that 50 individuals were matched between these two groups. Therefore if we add 393 to 111 and subtract 50, the number of estimated PDUs is 454 – a shortfall of 33 when compared to the 487 'Smooth Estimate' from Glasgow University. The 155 PDUs identified above as treatment resistant/naïve in the context of DIP are likely to be a part of the estimated 454.

If we include those with a non-PDU cocaine only profile in our estimate for treatment resistant/naïve individuals then an additional 293 (i.e. not entering Tier 3 following a DIP referral) would need to be factored in. This brings the total to 747 individuals who are treatment resistant/naïve regardless of their PDU status.

Importantly it appears that Oldham has or has had contact with nearly all its PDUs. This could never be achieved in a city environment where PDUs are more scattered and mobile.

4.5 Key Points from Section Four

1. Oldham has a robust needle exchange service, which is a mix of fixed site tier 2 services and Pharmacy Exchanges.

2. 1,382 identifiable customers attended local needle exchanges in 2008/09. 1,100 have never been in treatment. 176 were in treatment and 116 had previously been in treatment. There is a wide age range but mainly consisting of 25 to 34 year olds (40%) and over 35-year-olds (45%).

3. Older customers are heroin/crack users, but with a range of other substances disclosed. Most of the younger customers are anabolic steroid users. In general younger customers are not known to treatment and older customers are in treatment or have previous treatment experience but a large group of PDUs – estimated to be in the region of 393 – attending the exchanges appear treatment resistant.

4. The custody suite, via the DIP, provides another capture point. Arrestees with a range of trigger offences are subjected to Mandatory Drug Tests. Between 2007 and 2009 Oldham conducted 3,145 Mandatory Drug Tests involving 2,134 individuals. Most tested negative but 404 test episodes were positive for ’cocaine only’ (usually cocaine powder use), 240 for ‘opiates only’ (usually heroin users) and 391 for ’both’ (usually heroin and crack users).

5. Younger positives were mainly non-opiate users, probably with an ACCE profile testing positive for cocaine only. However a ’tail’ of young adult heroin users are identifiable involving a disproportionate number of South Asian males. Older positives are mainly PDUs caught up in the criminal justice system including a small ‘revolving door’ cohort with multiple tests and criminal justice journeys.

6. In 2008-09 only 20 of the 150 (13.3%) ’ cocaine positives’ were in treatment – some may need brief interventions or access to treatment but most will not accept this. 127 of the 215 (59.1%) heroin - crack - both positives were in treatment. This suggests a degree of treatment resistance amongst PDUs captured via the DIP programme.

7. Overall 111 arrestees with a PDU profile between 2007/09 were not known to treatment of which 50 were cross-matched with NSE clients not known to treatment.

8. In the context of ODIP treatment resistance/naivety was also evident. Of 711 individuals taken onto to the caseload 263 were referred to Tier 3 treatment services of which 183 actually commenced a Tier 3 modality.

9. In total 448 individuals with DIR contacts were not referred to Tier 3 services of which 293 were cocaine powder users with the remaining 155 likely to be involved in PDU-compatible substance use.

10. When taking in to account cross-matching of the ‘not known to treatment’ individuals amongst NSE clients MDT arrestees with positive results an estimation of the number of treatment resistant/naïves with PDU profiles is 454 – within 7% of the Glasgow ‘smoothed estimate’ of 487.

SECTION 5

Oldham's Current Responses to Families Affected by Parental Substance Misuse

5.1 A Review of Oldham's Responses to the 'Hidden Harm' Priority

This section addresses the recommendation to review substance misuse interventions around families, children and carers *(NTA Supplementary advice in relation to families and carers July 2009)*.

The 'Hidden Harm' agenda recently has been highlighted in the 2008 Drugs Strategy, the updated alcohol strategy for England (2007), the Public Service Agreements (e.g. PSA25) the DCSF Children's Plan and the follow up (Advisory Council on the Misuse of Drugs (ACMD) (2006) report *Hidden Harm – Three Years On*. There is also clear guidance from the NTA and NICE to inform DAATs of their responsibility to ensure robust strategic direction and local provision to respond to the adverse impacts of parental alcohol and drug use on children and young people both developmentally and in respect of 'safeguarding'.

A review of the current state of play in Oldham was commissioned by the DAAT in Spring 2009. The findings are summarised in this section and also form part of this year's 'gap analysis'.

5.2 An Estimate of Children Adversely Affected by Parental Substance Misuse in Oldham

Estimators

The ACMD Hidden Harm reports estimate that between 2 – 3% of children under 16 years old (i.e. 200,000 – 300,000 in England) have one or both parents with serious drug problems. It is estimated that there is roughly one child adversely affected for every 'PDU' (heroin-crack user) resident in a local area.

The Alcohol Harm Reduction Strategy for England estimates that between 788,000 and 1.3 million Under 16s in the UK are affected by parental alcohol use – 5 times the rate of illegal drugs. This represents 10% of children under the age of 16 in England and Wales.

Parental Drug Misuse Impact in Oldham

Oldham is estimated to have between 1255-1703 Problem Drug Users with the mid point at 1,475. This implies the borough has 1,475 under 16s living with and potentially adversely affected by parental drug use. The 2-3% formula produces a range of 978-1467.

Parental Alcohol Misuse Impact

There are 48,900 Under 16s living in Oldham (Oldham Council). If 10% of Under 16s suffer adverse impact from parental alcohol use the local figure is around 4,890. Given Oldham has a whole range of alcohol harm indicators putting it in the 'top twenty' of local authorities in respect of problem drinking, alcohol related ill health, etc., this is possibly a conservative estimate.

Overall Estimate for Oldham

There is considerable evidence from monitoring undertaken by Oldham drugs services that many clients are poly substance users for instance heroin using heavy drinkers, younger cocaine and alcohol using parents. Joint Alcohol *and* Drug use are identified as risk factors in several monitoring systems (e.g. MARAC/ Domestic Violence). There is thus an overlap between alcohol and drug 'harm'. Moreover the 'drug' estimates only refer to PDUs who misuse heroin and crack cocaine. Similarly 17-18 year old young people are excluded from the estimates using national formulae.

In conclusion the estimates that Oldham may host 1,400+ children and young people adversely affected by parental drug misuse and 4,890 affected by parental drinking are conservative.

5.3 The Role of Oldham DAAT in respect of families and substance misuse

5.3.1 Formal Requirements and Responsibilities

Based on NTA multiple guidance and NTA/DCSF joint protocols the DAAT is formally required to ensure:

1. Under 18s Specialist Substance Misuse Services' role is embedded in Children's Services and local children's plans and estimates of families adversely affected by parental alcohol and drug use are included in the local Children's Plan

2. Child Protection policies and agreements with Oldham Safeguarding Board are in place. Services fully recognise their 'duty of care' (Children's Act 2004) and all staff are trained in safeguarding.

3. All Substance Misuse Services identify, assess and prioritise drug and alcohol misusers with responsibility for dependent children. A named lead worker should oversee safeguarding practice. Policy and practice is in line with *Guidance for Adult Drug Services: Safeguarding the children of substance misusing parents (2008)*

4. All NDTMS monitoring requirements are completed thus logging the profile of clients of children and whether they care for them at least part of the time. Needs of family members and carers are assessed at Triage-Comprehensive Assessment.

5. All Substance Misuse Services are competent to undertake CAF and participate in conferencing safeguarding/protection plans and where appropriate be the 'lead professional'.

6. The DAAT and commissioning partnerships ensure there are links at a strategic level with children and families' statutory services to protect the children of drug dependent children including the local Safeguarding Board and Parenting Strategy Commissioner.

7 Suitable written material is available to give to families and carers about self- help, support groups and specialist services as part of a brief intervention/single support session.

5.3.2 Current Shortcomings, DAAT Progress and Performance Against Requirements

1. Substance Misuse is currently not well embedded in the local Children's Plan or Every Child Matters outcomes framework. OASIS is currently unable to take a proactive lead around a family focussed approach to substance misuse. It employs only one parenting worker (training, group work).

2. OASIS and ODAS have appropriate staff awareness, protocols and child protection trained workers to satisfy safeguarding requirements. Not all ADS staff have the required child protection training and further training needs have been acknowledged. ADAS/Acorn staff have not had formal safeguarding training. The RAMP monitors clients with parental responsibility. All services are fully aware of their safeguarding responsibilities.

3. Whilst each commissioned service would claim to be able to identify, assess and prioritise drug and alcohol misusing clients with children there is anecdotal evidence that they do not 'prioritise' except where a formal safeguarding contact is required. This said Children's Social Care feel that all the key services (OASIS, ADAS, ADS, and ODAS) respond well when asked for help around child care cases requiring a drug/alcohol interventions. Each service is involved in conferenced cases through time and take their responsibilities very seriously.

4. The poor monitoring performance around NDTMS parental status, described below, means that the DAAT has not been able to meet its formal requirement. Current assessment tools (e.g. BROST) do not fully highlight the needs of families and carers at assessment.

5. Given CAF has not yet been fully implemented it is important to ensure that as CAF finally rolls out in Oldham all the substance misuse services receive appropriate training and protocols and are clear about the 'lead professional' role and have a named safeguarding lead. Similarly CAF co-ordinators need further training around Family Substance Misuse work.

6. There is no written material or guide for families and carers for Drug and Alcohol services to distribute and no single-session interventions are routinely delivered. There is no specific directory of support groups and services

7 Oldham DAAT has traditionally had weak links with the local authority services found under the Children's Trust umbrella. This historical position has tended to reinforce the marginalisation of alcohol and drug use treatment and interventions in general and the absence of a coordinated response to parental substance misuse in particular.

Improvement Agenda

There is clearly significant 'catch up' required from the DAAT. On requirements 2 – 6 improvements can be made directly by the DAAT via and young people's services' radar and encourage the identification of families adversely affected by substance misuse are in train

.
Requirement 7 can only be fully realised if Oldham embraces the Hidden Harm agenda across the board. The DAAT can only be a catalyst but must in any case develop a close working relationship with Oldham Safeguarding Board and Children's Services.

5.4 Monitoring Parental Substance Misuse and Affected Children

5.4.1 Introduction

There is no formal monitoring system in Children's Services or via the Safeguarding Board which systematically records whether each 'known' child has a parent who misuses alcohol and/or drugs and the impact. This lack of monitoring is unusual. There is a willingness to rectify this.

However the lead nurse in Safeguarding is keeping a basic monitoring system which includes whether parental substance misuse is a significant risk-factor where health interventions are involved.

Tier 3 and 4 alcohol and drug services in Oldham are formally required to assess and monitor whether their clients are parents and whether they care for children Under 16 yrs.

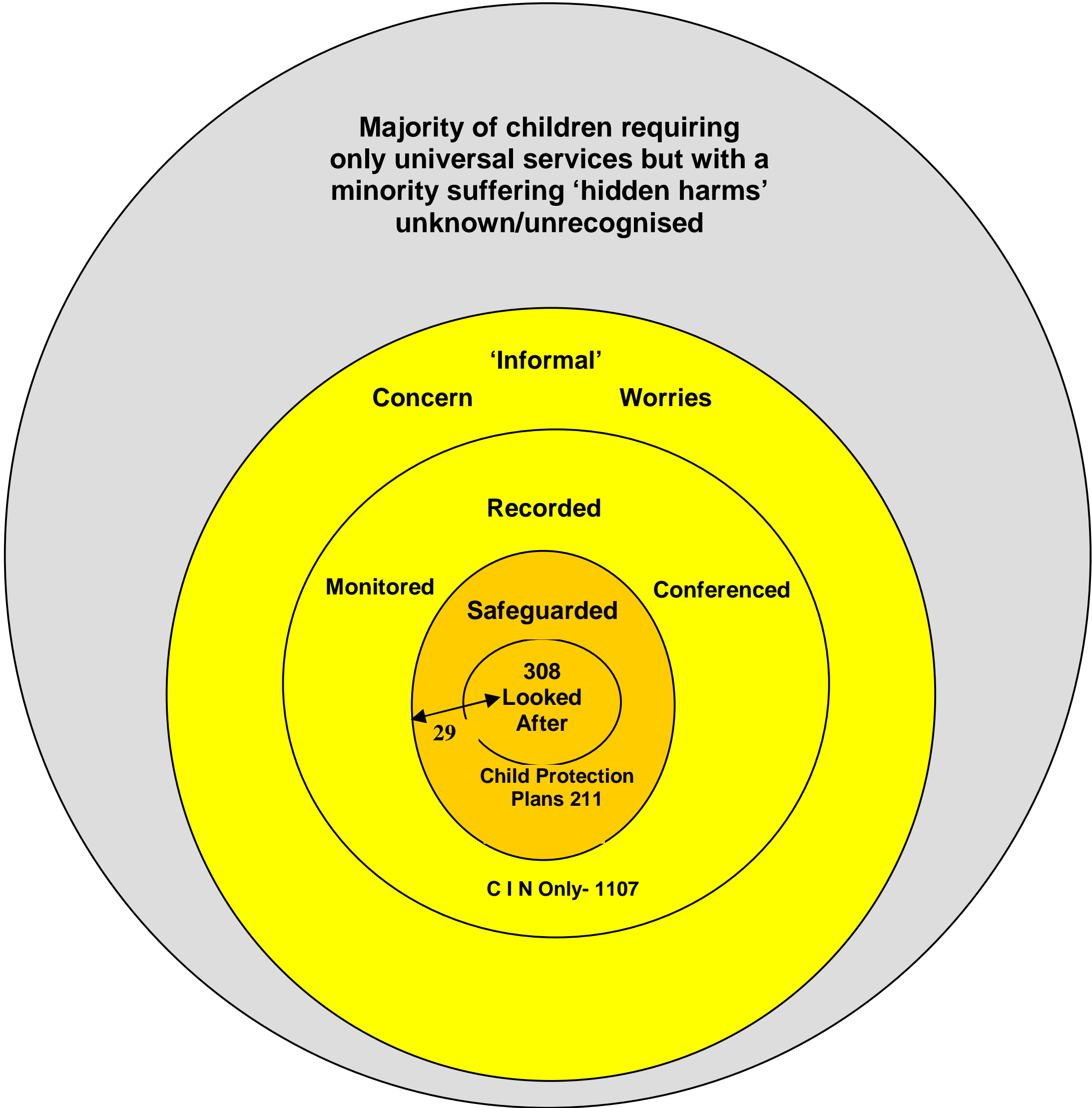
5.4.2 Known – Hidden Harm Modelling 'Children in Need' in Oldham

Diagram 5.1 provides an overview model of how a local authority might respond to Children in Need levels 1-4 and safeguarding. So if this bullseye represents the 52,000 Under 18s in Oldham in the centre ring we have looked after children (n=308). In the second ring are 211 cases children with formal safeguarding – child protection action plans which will be related to one or more children. In the third ring are another 1167 children in need cases being actively monitored as referred cases usually also Children in Need level 3 – 4. There is a small overlap between looked after children whereby 29 cases also have an active child protection plan.

As we move outwards the final two rings contain the vast majority of children in the borough who will nearly all be at level 1 need with a minority at level 2. There will be a population of children who someone is worried about or have concerns about their welfare. These concerned others may be relatives, neighbours, friends or universal and targeted workers such as school teachers, health visitors, nursery nurses. One-third of referrals to Children's Social Care come as previously 'unknown'. Those working with children have a duty of care and this is where 'safeguarding' in terms of early interventions and a CAF pre-checklist/Universal Assessment becomes relevant. In the outer ring there will inevitably be a small number of children at risk amongst the majority of normally functioning families but these will be 'hidden' usually until critical events unfold.

Potentially the Hidden Harm agenda can be superimposed on this model whereby the estimated 1,400 Under 16s adversely affected by parental drug misuse and the nearly 5,000 children under 16 yrs affected by parental alcohol misuse can be allocated to each of the five rings. However this is only possible if there are appropriate risk assessment and monitoring systems in place. It can be hypothesised that amongst the 1655 known children in need cases between 30-40% will have parental alcohol or drug use as a risk factor but currently the evidence base is very limited.

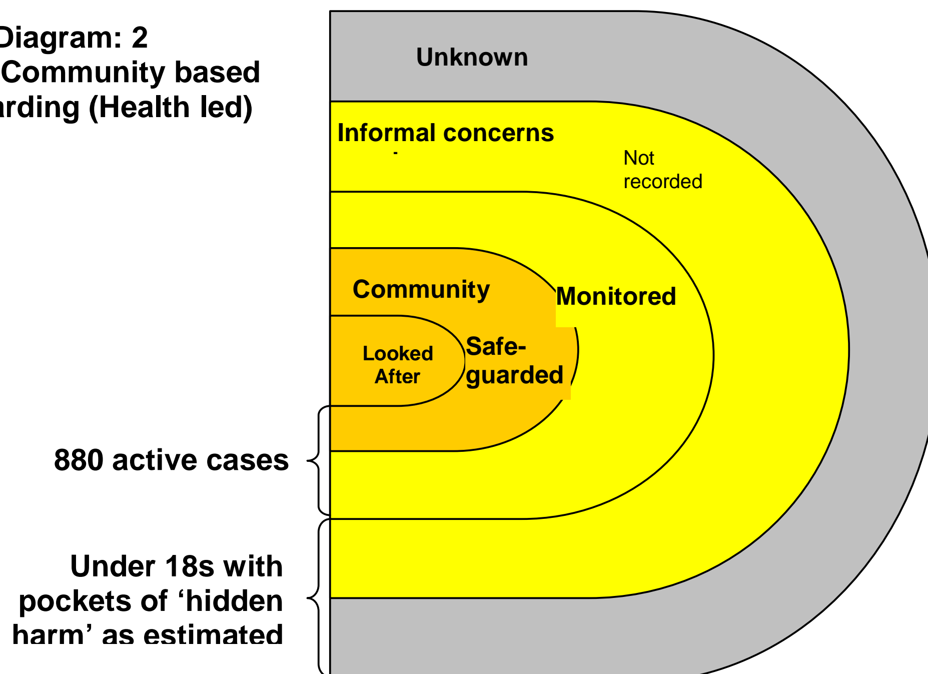
Diagram 5.1: Children in Need in Oldham
(as of August 2009 Snapshot)



5.5 Known Impact of Parental Substance Misuse

Given the lack of monitoring data we cannot fully populate the children in need bullseye for parental substance misuse but Diagram 5.2 offers a starting point.

Diagram: 2
Oldham Community based Safeguarding (Health led)



There is a basic monitoring regime run by the lead Nurse Safeguarding which identifies where substance misuse is a known 'parental difficulty'. Currently there are 880 Under 18s being monitored with health inputs. Around 880 cases are being monitored (See Diagram 2).

This system allocates 'difficulties' or significant risk factors to 5 categories:

	n	%
Domestic Abuse	283	33
Parental Alcohol and Drug Misuse	159	18
Parental Mental Health Problems	118	13
Parents with Learning Difficulties	35	4
Other	285	32
	880	100

Substance misuse difficulties affect 159 or 18% of cases for children being 'monitored' (Children in Need level 3 – 4). Alcohol misuse is more common than drug misuse.

Whilst this rate is very low compared with the usual 30 – 40% of safeguarding cases with parental substance misuse risk factors it nevertheless begins to identify the adverse impact of parental substance abuse in Oldham

It should also be noted that where these level 3 – 4 cases are referred to Child Action North-west Family Group Meetings as part of a commissioned care pathway 65% of families referred disclose substance misuse as an important adverse factor on family dynamics and parenting.

Finally Children's Social Care Managers estimate that between 40-70% of the cases they are responsible for receiving-assessing-allocating have a parental substance misuse risk factor.

5.6 Known Clients of Alcohol –Drug Services who are Parents

5.6.1 Monitoring Requirements

Tier 3 and 4 alcohol and drug services are required during triage/comprehensive assessment to identify clients' parental status. For those who disclose being a parent, a battery of questions around the number of Under 16s children and who is looking after them, should then be completed.

This monitoring is a formal requirement and all data is forwarded to the National Drug Treatment Monitoring System.

5.6.2 Primary Alcohol Treatment 2008 - 09

2008-09 represents the first year in which parental status has been fully monitored by the National Drug Treatment Monitoring System. Children Under 16 years are captured.

The reporting services for Oldham with cases which should be reported on shown in Table 5.1.

Table 5.1: Adults in Treatment Tier 3 2008-09

Oldham Tier 3/4 Services	Frequency
ADS	254
ODAS	210
OASIS	102
ADAS	18
Wentworth House Tier 4	12
ACCE	6
All Others <5 (e.g. Turning Point)	
Clients (590) may have more than one treatment episode	Total 602

Unfortunately missing data for these 590 individuals with a treatment episode – at 233 cases with incomplete data records – means parental status is ***missing in 39.5% of individual clients.*** This is an exceptionably high rate of missing monitoring data.

Based on 357 clients with parental status records, Table 5.2 below summarises the known picture.

Table 5.2: Parental Status: Oldham Clients in Structural Treatment (Alcohol) 2008/09

	n
Children living with client	46
Children living with partner	31
Children with other family member	16
Children in care	7
Other	22
No children	235
	357

The parental status of 233 clients is unknown. Of the 357 clients with available data 235 have no children. Of those with children Under 16 years old 93 parents have children residing in the community of which 46 have children living with them (See Table 1).

The profile of the 590 individuals who were in structured alcohol treatment is diverse. Two thirds were males, ethnicity stands at 92% white and 3% non-white. With OASIS reporting over 100 cases 18% were under 19 years of age. There after a very wide age range is evident but with 40-49 year olds making up over 30% of the client base.

Alcohol consumption rates are undermined by 42% missing data but the available picture is of 16 drinking days a month mean. Importantly the mean amount of alcohol consumed on drinking days was 23.5 Units. Further analysis is required to isolate clients caring for their children.

5.6.3 Primary Drug Treatment

2007-08

The published results of parental status for clients in structured treatment in North West England show Oldham - at 38.4% 'missing data'- has the highest rate of non-compliance in the North-west of England. Set against the regional average of 19% missing data and with areas such as Bolton (2.4%) and Warrington (3.5%) producing almost complete monitoring compliance this is a highly unsatisfactory performance.

Around 219 clients during 2007-08 had a missing parental status. Of the 352 treatment episodes where parental status was recorded Table 5.3 shows the child-care status.

Table 5.3: Parental Status (Drugs) where recorded by Oldham Services 2007-08

	n
Children living with client	41
Children living with partner	35
Children with other family member	11
Children in care	8
Client pregnant	2
Other	9
No Children	246
	352

2008 – 09

This analysis is based on data held at DAAT level which is then transmitted to NDTMS. It will be replaced with official NDTMS 'downloads' when available. It is presented as 'indicative' information only for instance dealing only with *new* treatment episodes and not the total number of clients in each service during 2008-09. Finally the 'primary alcohol' cases included will need extracting in due course.

Table 5.4: Number of Individual Clients in Treatment (Tier ¾) by Parental Status Amongst Oldham Residents (2008/09) (n=1,212*)

Clients in Treatment/Accessing Treatment (Tier 3/4)		
n size/percentage	**n=1,212***	**%**
With children	391	32.3
No children	474	39.1
Not recorded	347	28.6
Totals	1212	100.0

**Includes all Alcohol Primary (n=287) and individuals whose treatment episode lasted less than 84 days (n=101) of which 34 are recorded as Primary Alcohol (users). Total of non-alcohol Primary Substance use in 'effective treatment' for 2008/09 was 858 individual clients. Only an individual's recent treatment episode 'within' Oldham LDP has been included in this table*

Table 5.4 describes the parental status of 1,212 adults who had one or more treatment episodes during 2008-09. The scale of missing data at 29% of all clients is once again highlighted.

The parental status of 347 clients is simply 'unknown'. For the 865 with parental status 474 had no children and 391 were parents. It should be noted that the majority of all clients in adult treatment are male.

Table 5.5 outlines the profile for each main treatment agency. However these profiles are undermined by ODAS's non-compliance. We cannot estimate the number of parents in treatment with them given 47% missing data. All the other agencies have reasonable monitoring returns. ADS (drug *and* alcohol treatment entry point) probably have around 180 parents in treatment each year given missing data. This service will probably treat the most clients who are parents. ACCE (alcohol and drug treatment) deals with 19 – 30 year olds (mostly under 26 yrs) and saw nine clients who were young parents. OASIS primarily deals with Under 18s but saw 46 slightly over 18s in 2008-09 of whom 7 were young parents. DIP recorded 15 clients with children from its 27 logged treatment episodes. ADAS with 58 presentations/ongoing treatment episodes recorded 39 individuals as having children.

Table 5.5: Parental Status amongst Clients Resident in Oldham by Agency (2008/09) [N=1,318* Treatment

Agency	ADAS		ADS		ODAS	
n	**n=58**	***%***	**n=393**	***%***	**n=766**	***%***
With	39	*67.3*	167	*42.5*	175	*22.9*
No Children	17	*29.3*	192	*48.8*	230	*30.0*
Not	2	*3.4*	34	*8.7*	361	*47.1*
Totals	58	*100.0*	393	*100.0*	766	*100.0*

Agency	ACCE		OASIS (18+)		DIP (ndtms)		Total	
n	**n=28**	***%***	**n=46**	***%***	**n=27**	***%***	**n=1,318***	***%***
With	9	*32.1*	7	*15.2*	15	*55.5*	412	*31.3*
No Children	18	*64.3*	37	*80.5*	11	*40.7*	505	*38.3*
Not	1	*3.6*	2	*4.3*	1	*3.8*	401	*30.4*
Totals	28	*100.0*	46	*100.0*	27	*100.0*	1318	*100.0*

* IncludesTreatment Episodes involving 106 Individuals (8.7%) who have either received treatment by more than one agency in Oldham.

There are some technical difficulties calculating the *number of children* being looked after by clients via the various options. Of the 391 parents 195 have the number of children recorded. Overall 364 children (under 16 yrs) are recorded. Chart 5.1 below shows distribution of Oldham Parents in Tier 3 / 4 Treatment by PDU/Substance status – almost 6 in 10 parents have PDU-compatible substance involvement (i.e. Heroin and/or Crack Cocaine or Other Opiates)

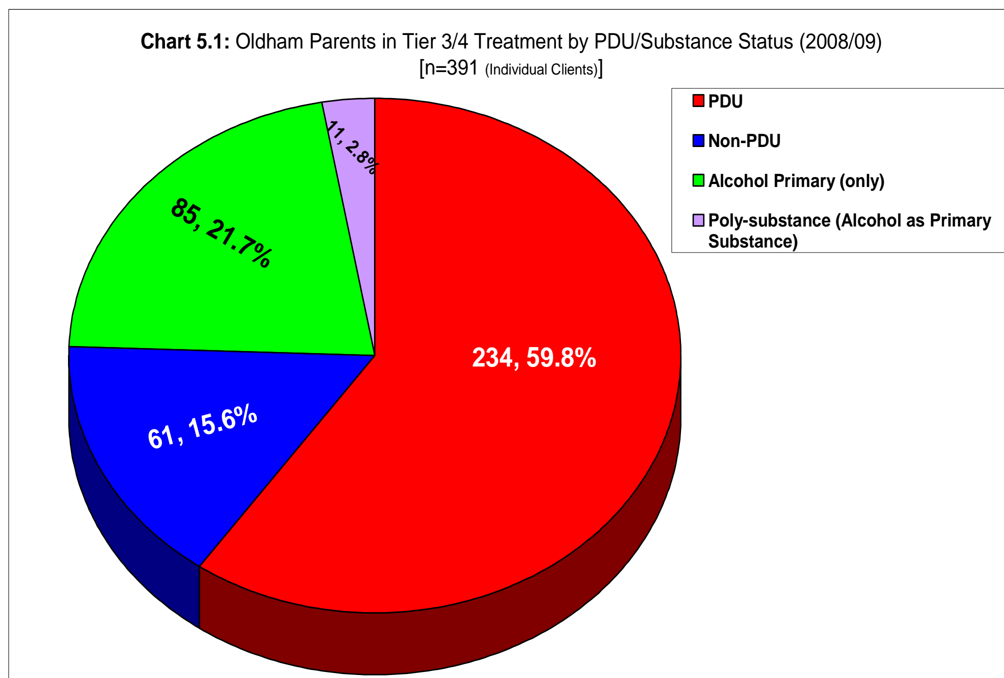


Table 5.6 presents the different child-care arrangements based on 412 treatment episodes during 2008/09. The number of actual clients will be slightly smaller.

Table 5.6: Oldham Tier 3/4 Clients who have/are living with Children by Agency (2008/09)

Agency	ADAS		ADS		ODAS	
n size/percentage	n=39	%	n=167	%	n=175	%
Children Living with Client	7	*17.9*	71	*42.5*	138	*78.9*
Children Living with Partner	21	*53.9*	60	*35.9*	9	*5.1*
Children Living with Other Family Member	9	*23.1*	15	*9.0*	5	*2.9*
Children in Care	2	*5.1*	10	*6.0*	2	*1.1*
Client Pregnant	0	*0.0*	1	*0.6*	1	*0.6*
Other	0	*0.0*	10	*6.0*	20	*11.4*
Totals	39	*100.0*	167	*100.0*	175	*100.0*

Agency	ACCE		OASIS (18+)		DIP (ndtms)		Total	
n size/percentage	n=9	%	n=7	%	n=15	%	n=412*	%
Children Living with Client	1	*11.1*	5	*71.4*	5	*33.3*	227	*55.1*
Children Living with Partner	8	*88.9*	1	*14.3*	7	*46.7*	106	*25.7*
Children Living with Other Family Member	0	*0.0*	0	*0.0*	1	*6.7*	30	*7.3*
Children in Care	0	*0.0*	0	*0.0*	0	*0.0*	14	*3.4*
Client Pregnant	0	*0.0*	0	*0.0*	0	*0.0*	2	*0.5*
Other	0	*0.0*	1	*14.3*	2	*13.3*	33	*8.0*
Totals	9	*100.0*	7	100.0	15	*100.0*	412	*100.0*

* Includes New Treatment Episodes involving 21 Individual clients (5.4%) who have either received treatment by more than one agency in Oldham OR presented to the same agency on more than one occasion (i.e. more than 21 days following previous modality exit)

With only 14 parents having children in care and only two disclosing a pregnancy nearly all these treatment episode clients who have children are likely to have contact with them. 227 clients have their children living with them (at least part of the time). A further 106 have children living with a partner and 30 have children living with other family members.

The main misused drugs were heroin and crack followed by cocaine and a range of ‘other’ drugs.

5.6.4 Conclusions

Clearly Oldham alcohol and drug services are in contact with a large number of clients who are parents. Remembering the alcohol and drug treatment data is only covering a one year census period and accepting missing information for nearly 30% of treatment episodes we find around 400 parents with children with nearly all their offspring living in the community either with them, a partner or other kin. Overall 364 children are involved via drug treatment records, the number of children from the formal primary alcohol treatment data sets cannot yet be retrieved. If a complete analysis was undertaken and all case records were properly reported we might be identifying 700-1000 children.

5.7 Embedding an Oldham Wide Response to Parental Substance Misuse

5.7.1 Current Situation

Oldham is 'behind the game' in respect of ensuring a focus on parental substance misuse. Alcohol and drug misuse, in general, are not embedded in the local Children's Plan *Children and Young Peoples Plan*: *One future 2008-11.* Substance misuse is restricted to one paragraph and totally absent, via OASIS, in setting targets against the *Every Child Matters* outcomes framework.

Parental substance misuse is mentioned in the *Oldham Parenting Support Strategy 2008*-11 and is clearly on the agenda. Alcohol and drug misuse is barely mentioned in the *Oldham Joint Strategic Needs Assessment of Health and Well-being 2008*.

Currently there is a lack of strategic focus at agency/departmental/management level but also an awareness and concern that parental substance misuse interventions need uplifting. The delay in the full implementation of CAF has allowed the impact of substance misuse on family life to remain marginalised. Children's Services do not record parental substance misuse in child care/protection cases. There appears to be only one substance misuse 'risk' monitoring for 'children in need' operating (Named nurse for Safeguarding via Health) and this is an informal limited database as described earlier.

5.7.2 Potential Strategic Approach

Oldham DAAT is currently actively raising the Hidden Harm agenda across the borough with key stakeholders such as Children's Social Care, Oldham Safeguarding Board and Positive Steps. Formally Oldham Safeguarding Board and the Director of Children's Services hold the final responsibility for ensuring parental substance misuse, where it adversely effects children and young people is factored into all 'child care' and safeguarding work.

Developing a coherent strategic approach and operational plan will be challenging in the current economic environment. However there is already a range of potential providers scattered around the borough and obviously multiple identifying and referral agencies.

5.7.3 Potential Specialist Providers

1. Children's Social Care and related safeguarding and family work teams already work with families adversely affected by parental alcohol and drug use and specialist practitioners could be seconded to these teams.

2. Child Action North-West is commissioned to provide Family Group Meetings for cases referred by Children's Social Care. Currently referred cases are usually complex high need 3 – 4s involving formal safeguarding. Two thirds of these cases (65%) involve substance misuse problems. This service is also piloting earlier interventions via DAAT/Extended Schools funding. It is this type of service which is in short supply in Oldham. However there is no specialist substance misuse practitioner employed.

3. ADS has previously run a 'concerned others' support group but currently has little to offer. A recent service user forum (21 clients) felt ADS offered no family support. ADS staff feel they provide family support on request which is often in the form of crisis work around welfare rights and tenancies at risk. Their alcohol team is under enormous pressure with referrals and waiting lists. All cases where children are involved are screened by the manager, although prioritising is not easy.

4. ODAS employs an Alcohol Social Worker who co works within this large service. ODAS do work closely with the Health Improvement Team (PCT). The Service User Forum felt there was some support for families from ODAS. This service feel an in-house family worker would be invaluable. This service is Oldham's largest seeing over 200 primary alcohol clients and over 700 problem drug users a year.

5. There is a cluster of Domestic Abuse teams in Oldham who are working with victims of domestic abuse. These women are often parents with alcohol/drug problems but also mothers. These services (e.g. Barnardos, Oldham Family Crisis) are working with substance misuse cases but would benefit from additional specialist support around alcohol and drugs interventions and treatment options.

5.7.4 **Potential Early Interventions and Onward Referral Agencies**

There are multiple agencies who, with suitable screening tools, training and co-ordinated support, can better identify and intervene with cases where parental substance misuse is identified as part of assessment and care planning.

1 <u>Parenting Workers</u> Children's Services/Extended Schools are appointing a Parenting Programme Co-ordinator and manager of ten new Parenting Support Advisors to cover Oldham Primary Schools. These workers could act as critical identifiers of parental substance misuse and offer basic early interventions. Secondary schools do not have this forthcoming support.

2 <u>Oldham Health: Parenting Support Team</u> links into family interventions identified by universal health workers (e.g. GPs, health visitors, nurses) and work with families where substance misuse is identified (but not monitored and recorded). It is acknowledged that a specialist substance misuse 'input' is missing.

3 Five <u>CAF co-ordinators</u> to work at locality level are being appointed. An opportunity to embed awareness and interventions around parental substance misuse thus arises. Substance misuse will be assessed for. A Menu card which highlights parental substance misuse and advice and referral points can be produced as part of the intended series attached to CAF.

4 <u>The Youth Offending Service</u> is recruiting to consolidate a team of five workers as part of the roll out of Oldham YOS's Family Interventions Project. A family focused approach to substance misuse becomes feasible for young offenders

and their families. Positive Steps are hoping to recruit a worker with substance misuse expertise. This team will be targeting a small group of about 30 young people for long term support. They will usually be 11-14 yr. olds with a parent (usually male) who is a prolific offender, identified by PPO Team/Police. A substantial proportion of these adult offenders will be problem substance users. The need for drug and alcohol interventions is self evident.

5 The Young Carers project has moved into Positive Steps. It is well known that many young carers are adversely affected by parental substance misuse. Here is a critical contact and response point given many of these young people will have one or more parents with substance problems often leading to inappropriate caring responsibilities. Some of these parents will have to be encouraged into alcohol or drug treatment

6 A Family Intervention Project developed via the RESPECT agenda undertakes intensive work with families at risk of losing their tenancy. Substance misuse will feature here.

7 Other: Other services might include Connexions, Children's Centres and extended schools provision, Home Start, Probation and Reflections-CAMHS, PEIP Early Intervention Project.

8. Kompass a voluntary support group for carers and grandparents was set up (via ACCE) with training and consultation, bank account etc. This group had a substance misuse focus but has not become operational.

5.8 Conclusions

DAAT having reviewed the current strategic and operational position in Oldham has identified that the current response to parental and family substance misuse is not fully fit for purpose. This section has described the on-going shortcomings and potential remedies.

The DAAT aside from ensuring OASIS and its adult alcohol-drug services are fully compliant with requirements and become part of a wider strategy can only act as a catalyst for improvement. It is meeting with key partners and presenting the findings of its review (as described in this section) to Children's Services, Oldham Safeguarding Board and Positive Steps. Alcohol harm related to families and children has been included in Oldham's forthcoming alcohol strategy.

In respect of the 'gap analysis' for this needs assessment the current situation in respect of alcohol-drugs and family work is clearly a priority to be forwarded to future strategic and treatment planning.

SECTION 6

Gap Analysis and Strategic Treatment Planning

6.1 Overview: Alcohol, ACCE and PDUs

As described in Section 2 Oldham DAAT, with partners, has to manage provision for three cross cutting substance misuse populations. The 'new' DAAT's over-arching strategic goal is to ensure suitable interventions and treatment is available to meet three substance misuse profiles within a fairly integrated 'whole' system.

6.1.1 Alcohol

Alcohol interventions and treatment are already merged in Oldham's drug treatment services of OASIS, ACCE, ODAS, ADS and ADAS/Acorn and the profiles of those in treatment show alcohol and drugs are often co-existent allowing a complete care plan at each service. A major review of Oldham's Alcohol Strategy is under-way and an uplift of alcohol provision is already taking place in respect of Tiers 1 and 2. Tier 3 provision, at ADS and ODAS, treats about 500 clients a year but Tier 3 capacity needs to double to 1,000 a year given the 6,500 dependent drinkers in Oldham. Tier 4 in-patient detoxification is limited and Tier 4 residential rehabilitation despite previous positive outcomes is under-powered and not being fully utilised. The rate of unplanned discharges, waiting lists and DNAs indicate Tier 3 provision needs improving both in terms of capacity and quality. ADS, in particular, is not providing a robust abstinence pathway as commissioned. There is a lack of after-care and recovery support (e.g. SMART). ADAS despite drop out is ensuring a small number of alcohol free clients emerge from their treatment programme and are further supported as part of their 'recovering communities' network.

The stakeholder consultation highlighted the under-resourcing of alcohol treatment provision in general and the need for a more robust, waiting list free care pathway for criminal justice referrals. Their wish list included a generic arrest referral scheme with treatment pathway an Alcohol Treatment Requirement pathway, the introduction of COUAID as a specified activity for aggressive drinkers and access to Tier 4 provision directly from courts and prison.

The lack of community based supervised detoxification and strict rationing of in-patient alcohol detoxification via the PCT is a concern to all the local services and easier access is a 'wish list' priority for OASIS, ODAS, ADS and ADAS.

6.1.2 ACCE

Thirty per cent of Oldham's drug treatment population in 2007-08 had a non-opiate ACCE profile the proportion has risen again slightly this year. Cannabis presentations are rising year on year to adult services and alcohol is routinely identified as a secondary substance in drugs treatment. The MDT analysis (Section 4) shows a high rate of 'cocaine only' positives amongst 18-24 year olds indicating extensive cocaine use. Currently however primary cocaine presentations are limited and not increasing as regionally and nationally. There is indicative evidence of extensive anabolic steroid use via the Needle Exchanges (and now at OASIS) and these steroid users tend to have an ACCE profile. This emergence of 'post-heroin' consumption patterns is consistent with the fall in primary opiate presentations in Oldham and the 'ageing' of the PDU population. The commissioning of a new ACCE service for 19-25 year olds in 2010 is critical.

6.1.3 Heroin-Crack Users

This said the heroin-crack PDU's are still the largest population in treatment. The bullseye analyses also show that some 500 heroin-crack users have never been in treatment with over 150 more with no recent treatment experience. Consequently improving treatment presentations and the quality and effectiveness of the main services (ODAS, ADS) remains a priority. The main challenge however is not with current provision which is generally satisfactory especially at ODAS but developing a new pathway to re-integration and recovery for those PDUs willing or wanting to move 'beyond methadone' and into recovery.

6.2 Drug Treatment Performance Improvements for PDUs

6.2.1 Treatment Numbers

There has been a small increase in new treatment presenters in 2008-09 which is a positive achievement. In terms of unmet need however there are still 500 PDUs who have never been in treatment and a population around 150 with no recent treatment experience. This assessment has identified that many of these PDUs attend the borough's needle exchanges and pass through the custody suite as MDT positives for 'opiates' and 'both'. Similarly ODIP identifies and assesses a substantial number of treatment resistant PDUs. This suggests there is potential to further utilise both the Needle Exchanges and ODIP as central points to sign-post and encourage treatment entry. This is a challenging project given there may be 'treatment resistance' in the target group. A calculated risk is that if more PDUs are brought into treatment from these capture points will this have a tendency for early drop out and undermine the funding driver performance indicator of 12-week retention?

6.2.2 Improving Retention

Oldham's rate of unplanned discharges, at 42%, is far higher than the region (27%) and nationally (25%). This links to Oldham not yet reaching the 85% 12-week retention in effective treatment target with ADS the worst performer. Other areas are exceeding their improvement targets which in turn generate increased funding via the adult drug treatment budget but to Oldham's cost. The need to improve retention is recognised by local services but it is recommended that a 'practical guide' is produced which identifies how this might be achieved. It is likely that multiple minor adjustments to assessment, an induction programme, prescribing practices, key worker allocations, supervised consumption, drop in, appointment reminders and assertive client follow up would lead to improved retention. A joint exercise between services with input from an area/service with high retention rates seems timely. There was strong support from the stakeholder event for this approach. Many practitioners believed that the assessment process for Tier 3 was 'daunting'.

6.2.3 Blood-bourne Viruses

Screening for Hep B and vaccinations and Hep C screening remains static and at a low level. The level of missing data on NDTMS makes an accurate analysis difficult. Nevertheless this is a secondary intervention which requires uplift. ODAS is concerned that its dry blood spot testing programme does not have secure funding.

6.3 ACCE-Non Opiate Treatment Development

Throughout the assessment numerous indicators have emerged which confirm the need for uplifting treatment provision for ACCErs. Alcohol and Cannabis presenters already dominate OASIS. The current small ACCE service is providing a well thought of service for ACCE clients referred from the criminal justice system. Cannabis presentations are rising in the adult drug services despite ODAS and ADS being seen as for heroin-crack users. High rates of 'cocaine only' positives are being produced by Mandatory Drug Testing amongst young adults but few enter treatment.

A major project for 2010-11 is the re-commissioning of a far more robust ACCE service due on line in Spring 2010. Any future service will need to be set up with great care and attention to detail to ensure it is a good fit with other services and multiple referral pathways. To avoid the difficulties and dysfunctions of the pilot ACCE service a robust action plan is required. A best fit service will have:

1. **Dedicated Premises** which must be accessible 'neutral' and with sufficient capacity to allow counselling rooms, a training room and space for group work, complementary therapies and wraparound provision.

2. **Core Team** There should be an Operational Manager and Senior Practitioner Deputy and sufficient staff (full-time, part-time and sessional) to ensure the continuity of service which has plagued the current Chaucer Street service. This service will be delivering brief interventions and cut down – quit psycho-social therapies and needs to become a centre of excellence for talk-activity therapies to provide support for the rest of the services given stakeholders not the need for workforce training around psycho-social therapies. A criminal justice liaison worker is required to manage the implementation of DRRs and ATRs/COVAID for ODIP, probation, court, custody suite referrals. A volunteer programme is recommended to support care plans involving wraparound activities such as John Muir Awards, boxing, sport and leisure centre passes, women's groups, ETE, etc.

3. **Eligibility and Care Pathways**

   ACCE will initially accept 19-25 year old alcohol and non-opiate drug referrals. Consultation and new protocols are required to ensure clarity with OASIS (currently seeing 18-19 year olds) ADS and ODAS both (currently treating 19-25 year olds e.g. cannabis). A protocol is required with ADS's alcohol service in respect of young adult dependent drinkers and access to community detoxification for ACCE clients. ACCE needs to be sign-posted from the Needle Exchanges and should develop skills in working with ACCE anabolic steroid users. ACCE should be a key service for any future alcohol and drug arrest referral scheme. ACCE needs to be closely linked to the front end of ODIP in respect of identifying cocaine only positives for need treatment interventions..

   It is suggested that ACCE keeps all clients who present at 25 years of age until their treatment episode is completed. As the service develops eligibility can be reviewed in terms of over 25 year olds. A close working relationship between ACCE and ODAS is required to ensure clients care pathways are robust given some heroin-crack users may present to ACCE.

4. **Open Access and Criminal Justice Clients**

   The current ACCE service, based in a criminal justice setting, has not attracted self-referrals and is dominated by criminal justice clients. Bringing in third party and self-referrals to the new service is critical. Cocaine and ACCE poly-substance users must perceive the new service as 'for them'. This will be a critical measure of the new ACCE service. For this reason both the premises and the self-referred client experience must instil a sense of safety and empathy. There is then a case for a degree of separation between criminal justice clients and non-offenders to ensure for instance young women and less street-wise clients such as students feel safe.

6.4 Tier 4 Provision and Abstinence Pathways

6.4.1 Main Provision

Oldham potentially has the essential elements in place to respond to the new priority of producing pathways to re-integration and recovery. Currently however this development is being slowed by a lack of collective ownership, strategic direction and co-ordination. An example of this is that the Residential Rehabilitation Tier 4 budget managed by Adult Social Care is not being fully spent despite services identifying Tier 4 development as a priority. Only 8 individuals entered residential rehabilitation through this route in 2008-09 and every application (n=9) was accepted for funding.

This suggests the need for better publicity and co-ordination to access Tier 4 provision given services consulted and those key stakeholders present at the consultation event had *more* residential rehabilitation places on their wish list especially for criminal justice clients and as a direct transfer for prison leavers.

A priority for treatment and care pathway planning during 2010-11 is to produce a more coherent approach to create well travelled care pathways to abstinence. This will require a more coherent approach to ensuring shortfalls in community alcohol detoxification in-patient alcohol and drug detoxification and uptake of residential rehabilitation is improved. A study by the PCT showed that 50% of Oldham's funded residential rehabilitation clients in the period 2004-07 achieved positive substance free outcomes. The role of ADAS/Acorn needs clarifying and integrating into treatment pathway options. There needs to be an expansion of after-care support both via SMART recovery and self help groups such as AA and NA.

A local in-patient detoxification facility is on the wish list of Oldham's service managers to provide a stepped option between community detoxification and the more specialist residential facilities run by Greater Manchester West (e.g. Kenyon House). The re-configuring of Tier 4 provision at regional level will complicate more robust arrangements.

6.4.2 RAMP as a Preparation for Abstinence

RAMP a 2-hour x 12 session motivational programme delivered by ADAS/ACORN potentially provides an important preparation for alcohol and drug misusers considering abstinence. Currently RAMP is operating a criminal justice group (St Patrick's) a general group (Salt Cellar) and introducing a course via ODAS.

The programmes in operation do suffer from DNA and drop out but are producing successful completers. Some will be funded to enter ACORN's full abstinence

programme which in turn provides genuine abstinence and on-going support via a recovery communities network for a minority. However there is no structured support for RAMP completers who achieve abstinence or reduced substance use but are unable or do not with to go down ACORN's demanding treatment pathway. This links to the lack of co-ordinated aftercare discussed shortly.

The DAAT is commissioning Intuitive Recovery to provide courses in Oldham and this will become an additional resource in a developing recovery pathway.

ADS, as an organisation, has an abstinence programme template but currently this is not functioning in any formal way in Oldham.

6.5 Support and After-Care and Accommodation

Importantly a key concern of the consulted stakeholders was the lack of co-ordination of support and after-care for clients leaving treatment including those achieving abstinence. It was felt that economies of scale and value for money were being lost by 'silo' work and services not working together in terms of sharing after-care opportunities. It was felt that far more after-care support could be harvested from a co-ordinated approach (e.g. awareness training, mapping resources, a directory with referral points).

In particular it was noted that ETE provision was poorly understood and utilised despite the availability of H20, Work Solution, Job Centre Plus, ADS/ETE, etc.

It was also noted by stakeholders that self-help and service user groups were under-supported as well as replicated (e.g. ADS, ACORN, and ODAS). The consensus was that the DAAT needs to review the current situation through consultation with AA, NA, Acorn and groups such as UFO and Women's Groups and Angels to produce a more co-ordinated robust accessible support system.

Some stakeholders noted that 'after-care' was marginalised with those leaving treatment being given little direction and guidance as to 'how to fill their time'. A 'menu of activities' across Oldham was suggested which can help treatment leavers access ETA, leisure, gym passes, diversionary activities, self-help groups and help with form filling, welfare rights, etc. Again Oldham's uncoordinated approach was highlighted.

In respect of accommodation needs few clients were identified as having serious needs whilst in treatment according to NDTMS data aside from new treatment naïves just beginning treatment journeys of whom 9% had housing problems. However the stakeholder event highlighted the difficulties for criminal justice clients and PPOs in obtaining suitable accommodation and short-term accommodation for dependent drinkers. The DAAT commissions Turning Point (Primrose Bank) to provide 5 flats + support for women with drug/alcohol problems.

6.6 A Whole Systems Approach to Capacity Building

6.6.1 Inter-Agency Working

Oldham's alcohol and drug services are far less likely to cross-refer cases at 6% compared with the regional norm of 16% as shown by the treatment mapping. This is clear evidence of the recognised blockages in collaborative work present in Oldham. Other observational evidence includes ADAS and ADS having separate workers at Magistrates Court trying to create referrals, ADAS unilaterally visiting GPs trying to encourage direct referrals, ADS and ODAS both committed to

running Women's Groups, ODAS not cross referring ADS's day-care programme and so on.

There are signs that the DAAT's message about a collaborative whole systems approach is being heard and great opportunities for collaboration offered by the increased floor space -capacity of ODAS's new premises.

The key point is that to ensure value for money, improve client experiences and outcomes and build capacity in a new era of flat budgets Oldham's family of alcohol and drug commissioners and providers need to work to a corporate plan and in a collaborative way. Supporting the success of the new ACCE service, whoever the provider, should provide an opportunity to practice new ways of joint working. Similarly the creation of a robust care pathway to abstinence and recovery for a minority requires extensive collaboration and compromise.

The stakeholder event highlighted the lack of co-ordination and inter-agency awareness of overall provision and suggested the DAAT held a number of events to facilitate more effective joint working and resource sharing.

6.6.2 The Needle Exchange and Pharmacy Network

Oldham has an impressive range of Tier 2 and pharmacy exchange provision. There is clearly potential to capacity build within this framework. The Booth Street service, although it may move, has the potential to expand its role in terms of stronger onward referrals and joint work with OASIS and the new ACCE service given the, profile of its younger customers as anabolic steroid injectors or 'PIEDS'.

The Needle Exchanges are also seeing a significant proportion of the 'hidden' PDUs and again there is potential for assertive outreach here to provide a pathway into treatment.

Managing and uplifting the range of provision of Pharmacy services is notoriously difficult but via the PCT and Pharmacy Steering Group there is potential to extend the number of pharmacies involved in safer injecting services. As part of the same capacity building exercise engaging more pharmacies in supervised consumption thereby taking some pressure of ODAS is suggested. The SES ideally requires a specific data base programme for recording activity and several are available on the market for purchase. Finally the return rate of used equipment in 2008-09 is fairly poor and needs rectifying.

6.6.3 Shared Care

ODAS has an effective shared care programme with GPs and is the one service which doesn't have difficulties engaging GPs in various joint work on behalf of clients (e.g. community detox prescribing). Alas as elsewhere once the enthusiastic GPs are on board extending the range of GPs for shared care becomes challenging. However given the need to capacity build at ODAS to release staff to focus on identifying clients ready for attempts at abstinence and recovery and if agreed meet the challenge of the treatment naïve 500 PDUs there is a case for the DAAT and PCT to help ODAS expand its shared care programme as a discrete development project. This suggestion emanates from the stakeholder event.

6.6.4 ODIP Review

An internal review of ODIP is underway. The needs assessment has highlighted ODIP performs well against KPIs except for bringing assessed offenders with drug

problems into treatment. From the macro point of view of the needs assessment ODIP is a potential critical capture point for both the Bullseye 500 PDUs and the 'missing' cocaine users in Oldham's treatment profile. This suggests closer links with ODAS and ACCE need developing as part of a coherent set of accessible care pathways.

Performance in relation to 'picking up' CARAT referrals is also an area that requires uplifting. Nationally performance is relatively low at around 27.0% on average per quarter however Oldham's rate is less than 20%.

6.7 Workforce Development

The DAAT has been distracted from its workforce development strategy and monitoring although it rolls out an extensive programme of training for generic services.

There is an urgent need to ensure appropriate safeguarding training at ADS and ADAS is in line with Oldham's Safeguarding Board guidance.

A particular challenge is the repeated message from non specialist services identified in the Hidden Harm Audit, the Young Person's Needs Assessment and the Stakeholder event that a whole raft and range of partner agencies want their staff to receive substance misuse training around awareness, risk assessment, onward referral, advice points for professionals and 'what to do' about parental substance misuse when children are involved.

The DAAT cannot meet this request without support from the local authority and PCT but it is a strong message from the field and must be identified in any gap analysis.

6.8 Unmet Need and BME Communities

The high proportion of South Asian communities in Oldham linked with the strong indicative evidence of substance misuse amongst Bangladeshi and Pakistani young adult males plus alcohol use amongst South Asian girls and their related sexual exploitation (e.g. cases known to Messenger in Oldham) suggests the need for reaching out to their communities. We are warned by iCo Co (2009) about the segregation of BME groups in Oldham especially in schools and the need to engage them. There are 7 wards (and related schools) with high concentrations of South Asian residents. A recent report based on 65 BME needs assessments around substance misuse (ULKAN/NTA 2009) concludes that nationally, despite diversity 'talk', little has improved in recent years. It concludes that drug use amongst younger south Asians is increasing.

The ULKAN study also concludes that South Asian communities have very little knowledge about alcohol and drug problems information. Two local studies in Oldham confirm this. The 2007 study (Young Muslim Organisation) in Coldhurst and Westwood suggested drug use patterns amongst south Asians were similar to those for the whole borough (i.e. cannabis, cocaine and heroin). The lack of awareness of local advice and treatment services in the family/community were highlighted. Outreach work was commended but being set in the context of partnership work with faith organisations and neighbourhood groups. Family work was also highlighted.

An earlier study in Werneth and surrounds (2005) reached similar conclusions finding most respondents (70%) felt illegal drug use was an issue in their area with a high negative impact (61%). Cannabis, heroin and cocaine were the most

identified drugs. Two thirds also thought alcohol 'abuse' was of concern. Family problems and breakdown because of substance misuse was highlighted. Respondents felt that the police, schools, drug agencies, parents and religious institutions had the key responsibility to tackle drug issues. In relation to drugs services the **majority** had no knowledge of their existence. Over 70% of respondents had no idea how to contact them.

The level of unmet need amongst Oldham's BME communities was highlighted by the stakeholder consultation. Whilst there is a recognisable population of South Asian PDUs in treatment with ODAS this is an older group. Younger heroin-crack users remain 'under the radar'. This observation is borne out by the analysis of Mandatory Drug Testing in Section 4, which identified a 'tail' of younger Pakistani and Bangladeshi PDUs in the making. Stakeholders also highlighted the vulnerability of young South Asian women caught up in exploitative relationships involving alcohol and drugs.

The need to better engage BME communities is a recommendation repeated in annual needs assessments across the borough including consecutive DAAT reports. However, as reported by ULCAN/NTA for the national picture little actually changes within Oldham's family of alcohol and drug services.

Rather than repeat the annual mantra about improvement and uplift perhaps a conclusion is more appropriate, that because of the complexity and scale of any co-ordinated programme to engage BME substance misusers there is little prospect of progress without this becoming a well resourced high priority.

6.9 Data Monitoring and NDTMS

Throughout this needs assessment process, which has involved secondary analyses of NDTMS 'missing data' has emerged across the board for example accommodation status of clients, injecting and Hepatitis status. More significantly the limited completion of *TOPs* has meant Oldham is still not receiving a TOPs return to measure treatment effectiveness. As significantly the '*parental status'* of clients has not been recorded in nearly a third of cases. In 2007-08 Oldham had the largest rate of missing 'parental status' data in the whole region at 38% compared with the Region (19%). This has meant that the DAAT has been unable to estimate the number of parents in alcohol and drugs treatment and the number of children they are looking after. Non-compliance during 2008-09 remains stubbornly high.

It is accepted that NDTMS data monitoring produces a daunting workload and often produces tensions with clients. However there are several critical elements of the data set which if unrecorded affect Oldham's funding levels performance measurement by the NTA and indeed compliance with shared safeguarding responsibilities. It is essential that these critical data monitoring arenas are identified and prioritised.

One 'pre NDTMS' monitoring item which should be part of future priorities is the Did Not Attend or *DNA* rate. Those who have agreed to a treatment appointment or self-referred but do not attend for assessment are an important group. They have come close to treatment entry and thus become part of the 'unmet need' populations. By profiling the DNA population we are able to identify whether there are particular substance patterns or potential clients (e.g. stimulant users, ACCErs) who find the actual step into service too difficult. Following up this group can generate improvements in service accessibility.

6.10 Hidden Harm: Families and Children

Section 5 audited the current responses to parental alcohol and drug use and safeguarding children and young people. There is clearly a major development project required to bring Oldham's responses into line with best practice. Over the next year the DAAT intends to:

1. Use its rapid assessment – audit of the current situation in negotiations with Children's Services, Oldham Safeguarding Board and partners to inform key stakeholders what is required to ensure there is a clear strategy and co-ordinated provision in respect of early interventions and specialist treatment.

2. Ensure Oldham's Drug and Alcohol Service's staff all receive formally approved safeguarding training (e.g. ADS, ADAS).

3. Ensure all commissioned services are fully engaged with the full roll out of CAF and have a lead named worker.

4. Ensure all 'parental status' data monitoring is completed by each service.

5. Share in the training of other services around parental substance misuse and family interventions.

6. Consult with all commissioned services about providing sign-posting for clients requiring support with child-care plus a single session brief intervention where appropriate.

7. The stakeholder event confirmed the veracity of the DAAT's audit with co-ordination, extensive training and a specialist family team as its main recommendations.