

## **2 Treatment and harm minimisation**

### **2.1 Introduction**

Ensuring that problematic drug and alcohol users have access to treatment significantly reduces the likelihood that their substance use will lead to harm to the user and the wider community.

### **2.2 The national picture**

Drug misuse impacts on many areas of people's lives. It has the potential to damage an individual's health and welfare, the emotional and psychological wellbeing of families and the safety of the wider community. It also leads to the continuation of social exclusion and poverty.

It is calculated that in social and economic terms, drug misuse costs the Government between 8 and 10 billion pounds each year. This is mostly through costs to the NHS and the Criminal Justice System (*updated National Drug Strategy 2002*).

There is now strong evidence to show that providing the correct, good quality, treatment to people with drug problems is the most effective way to tackle these harms. The government recognises that treatment works and is cost effective in that it maintains or improves health and stability and breaks the link between drug misuse and crime. It is estimated that for every £1 spent on treatment, £3 is saved in the Criminal Justice System (*National Treatment Outcome Research Study, 1998*).

#### **2.2.1 National Treatment Agency (NTA)**

The NTA is a Special Health Authority, created by the Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse and it is responsible for the treatment aims of the National Drug Strategy.

It has set itself the goals of ensuring that more treatment, better treatment and fairer treatment is available and is delivered to those who need it.

In order to achieve these goals the NTA has been working towards:

- improving the commissioning of drug treatment services
- promoting evidence based and co-ordinated practice
- improving the performance of drug treatment commissioners and practitioners.

### 2.3 What targets are we working to?

**National Drug Strategy outcome:** to reduce the harm that drugs cause to communities, individuals and their families

**Partnership Service Agreement target:** to increase the participation of problem drug users in drug treatment programmes by 55% by 2004 and by 100% by 2008 (against 1998 baseline) and increase year on year the proportion of users successfully sustaining or completing treatment programmes.

National and local Key Performance Indicators:

to increase the participation of problematic drug users in drug treatment programmes by 55% by 2004 and by 100% by 2008 (against a 1998 baseline).

to increase year on year the proportion of users successfully sustaining or completing treatment programmes.

to reduce average waiting times for treatment

to increase the drug treatment workforce, year on year.

In order to meet these targets, the NTA works in partnership with national, regional and local agencies to:

- ensure the efficient use of public funding to support effective, appropriate and accessible local services
- promote evidence-based and co-ordinated practice by distilling and disseminating best practice
- improve performance by developing standards for treatment, incorporating user and carer involvement and expanding and developing the drug treatment workforce.

### **2.3.1 The local picture**

Key organisations in Wirral recognised at a very early stage of this current period of growth in drug use, the importance and value of attracting and retaining drug users in treatment. Between 1990 and 1998 the number in treatment with Wirral Drug Service alone rose from 550 to 1,239 and has continued to rise.

Over the last 14 years a wide range of high quality, responsive and accessible services has been established in Wirral, which have succeeded in bringing into treatment a substantial proportion of the borough's drug using population.

In 2003/04 Wirral had 2,103 drug users in treatment, which represents between approximately 50% and 89% of the problematic drug using population, depending on which estimate of the size of this population is used (see section 2.4).

These services are supported by a strong partnership in which all the key statutory sector organisations are represented and are active. The partnership benefits from major contributions from the voluntary sector and strong service user representation. Its strength and effectiveness is reflected in the continuing drive to increase the numbers of people in treatment and, just as importantly, improve the quality of the services.

Wirral DAAT is tasked with supporting, co-ordinating and developing this partnership so that the targets of the National Drug Strategy are delivered locally.

The aim of this section is to:

- identify the range and types of drug and alcohol use in Wirral
- examine the numbers and features of those in treatment
- map existing treatment services and examine ways in which they meet the identified need
- identify any apparent gaps in service provision.

## **2.4 What is the problem?**

### **2.4.1 The local picture**

A comprehensive study<sup>1</sup> into problematic drug use in Wirral was produced in May 2003 by Liverpool John Moore's University (LJMU). This investigated the prevalence and characteristics of drug use in Wirral. One of its primary objectives was to estimate the total problematic drug using population in Wirral. It did this through the capture, recapture process, a statistically recognised and accepted procedure.

LJMU defines problematic drug use as 'drug use whose consequences include physical, social, psychological and/or legal difficulties'. In 2001/02 an estimated 4,475 problematic drug users aged between 15 and 64 years old were living in Wirral. Approximately three quarters (3,400) of the drug users were male and 1,075 were female. Just over half of the total numbers of drug users were injectors (2,540). Over 86% of injectors were male (2,208).

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<sup>1</sup> *Problematic Drug Use in Wirral: Prevalence, Characteristics and Implications for Service Provision*, Liverpool John Moores University, May 2003

**Figure 1: Estimates of problematic drug users and drug injectors in 2001/02**

	<b>Overall</b>	<b>Male</b>	<b>Female</b>
Population of Wirral (15-retirement age)	195,566	93,764	101,802
Population of Wirral (15-44 years)	117,083	55,574	61,519
Estimated number of problematic drug users (15-64 years)	4,475	3,400	1,075
Estimated number of problematic drug users (15-44 years)	4,263	3,257	1,006
Estimated number of injectors (15-64 years)	2,540	2,208	432

*Source: Liverpool John Moores University. May 2003*

The same study also includes estimates of the prevalence of problematic drug users. Prevalence calculates the concentration of problematic drug users per head of the population. This shows that there was an increase in the prevalence of drug use between 1999 and 2001. There were an estimated 36 problematic drug users per 1,000 of the population in 2001/02 compared to 33 per 1,000 in 1999. This increase applies to both male and female estimates. It has been suggested that this increase has arisen because the overall population of Wirral has decreased while the number of drug users has remained reasonably constant, resulting in an increased prevalence rate.

**Figure 2: Estimated prevalence of problematic drug use in 1999 and 2001/02**

	<b>Per 1000 population (1999)</b>	<b>Per 1000 population (2001/02)</b>
Overall problematic drug users (15-44yrs)	33	36
Overall problematic drug users (15-64yrs)		23
Male problematic drug users (15-44yrs)	51	59
Male problematic drug users (15-64yrs)		38
Female problematic drug users (15-44yrs)	15	16
Female problematic drug users (15-64yrs)		11

*Source: Liverpool John Moores University. May 2003<sup>2</sup>*

<sup>2</sup> Figures for 15-64 yrs are not available for 1999.

## 2.4.2 Drug type

The first National Drug Treatment Monitoring System report<sup>3</sup> for Cheshire and Merseyside includes information regarding the primary and secondary drug of use for those in contact with treatment services. When looking at all drugs used by clients in Wirral, 77.7% (1,374) were using heroin - the lowest proportion across Cheshire and Merseyside. 42.4% (749) were using methadone, the highest proportion, and 20.5% were using benzodiazepines, the second highest proportion after Warrington. However, data from Wirral Drugs Service indicates that extensive work has reduced considerably the levels of illicit benzodiazepine use in Wirral over the last five years.

## 2.4.3 Crack cocaine

Feedback from focus groups with service users and providers in September 2004 suggests that the use of crack cocaine in Wirral is rising, in line with the national trend, as the price reduces and accessibility increases. Crack use, especially in combination with alcohol, can often lead to a rapid decline in social and physical health; users report that this can happen 'in a matter of months'.

Service users and providers also highlighted alcohol, especially in combination with crack, as a serious problem and suggested that its impact on health was more severe than in the case of heroin only users. Figure 3 shows that a higher proportion of individuals are testing positive in the custody suite for crack cocaine or crack and heroin rather than heroin alone. It also supports the view that crack cocaine use is increasing and leading to other problems.

**Figure 3: Numbers of individuals who are testing positive by drug type, January 2004 - June 2004 (in custody suite at time of being charged)**

Drug	Number testing positive
Crack cocaine	87
Heroin	43
Both	111

Source: Police drug testing data, 2004.

<sup>3</sup> *Drug Treatment in Cheshire and Merseyside 2001/2*, Liverpool John Moores University (Benyon et al).

#### 2.4.4 Drug related deaths

Wirral Drug Service has reported that the number of drug related deaths increased from five in 1992 to 15 in 1999<sup>4</sup>. Behind this apparent increase, deaths due to suicide levelled out, deaths due to overdose decreased markedly and the upward trend was mainly in deaths due to chronic illnesses. The average age for drug-related deaths had increased from 28 in 1992 to 35 in 2000.

The report from Wirral Drug Service also states that: *'Alcohol plays a large part in the deterioration of health of many clients. Liver damage from Hepatitis C is exacerbating the problem.'* Some national figures suggest that more than 60% of drug users may be Hepatitis C positive (compared to 48% tested between 1996 and 1999 at St Catherine's Hospital). Wirral Drug Service predicts that deaths from chronic illnesses may continue to rise as the age of their client group rises.

#### 2.4.5 Drug use and homelessness

Wirral YMCA and Wirral Churches Ark project have provided figures collected from their residents, showing the number of residents who have presented with drug problems. During the year 2003/04, 186 residents were accommodated at the YMCA and 201 at ARK.

**Figure 4: Number of YMCA residents presenting with drug issues, 2003/04**

Issues	No. YMCA residents	No. ARK residents
Drug issues	27 (15%)	84 (26%)
Alcohol issues	31 (17%)	56 (17%)
Dual diagnosis	3 (2%)	61 (19%)
Residents on a programme with Wirral Drug Service and The Lodge	23 (12%)	-
Residents who attended detoxification programme through Phoenix House or Birchwood	6 (3%)	-

Source: YMCA activity report and Ark annual report, 2003/04.

<sup>4</sup> Wirral Drug Service: St Catherine's Hospital, Morbidity Report 1992-2000.

## 2.5 What are we doing about it?

Wirral DAAT has substantially increased its investment in local treatment services to ensure that problem drug users have efficient access to treatment. The National Drug Treatment Monitoring System (NDTMS) captures data on all individuals presenting to services for structured treatment. Structured treatment includes prescribing, structured counselling and day care programmes (it does not include contact with syringe exchange schemes). The new system became operational on April 1, 2001 in England and Wales. The first NDTMS report<sup>5</sup> for Cheshire and Merseyside contained details of drug treatment for the year 2001/02 and provides baseline figures for Wirral, Merseyside and Cheshire.

In 2001/02, 1,768 individuals were in contact with treatment services in Wirral. This was the second highest number in Merseyside and Cheshire (after Liverpool). In 2003/04, figures supplied by John Moore's University/NDTMS show that 2,222 individuals were in contact with treatment services. This represents a 26% increase in the number of individuals in contact with treatment services between 2001/02 and 2003/04.

These penetration numbers, although useful, do not represent the concentration of service demand per head of population. This issue is addressed by working out the number of people aged between 15 and 44 in contact with treatment services and presenting this per 1000 population (from 2001 Census). In 2001/02, the highest concentration (per head of population) of people in contact with treatment services in eight DAAT areas in Merseyside and Cheshire was in Wirral (14.41 people per 1000 population), followed by Liverpool and Sefton.

Comparisons between penetration levels in 1999 and 2001/02<sup>6</sup> show a decrease in the proportion of problematic drug users in contact with treatment services in Wirral (user aged 15-44 years). In 1999, 47% of all drug users were in contact with treatment agencies, compared to 41% in 2001/02. However, this number has risen again since then.

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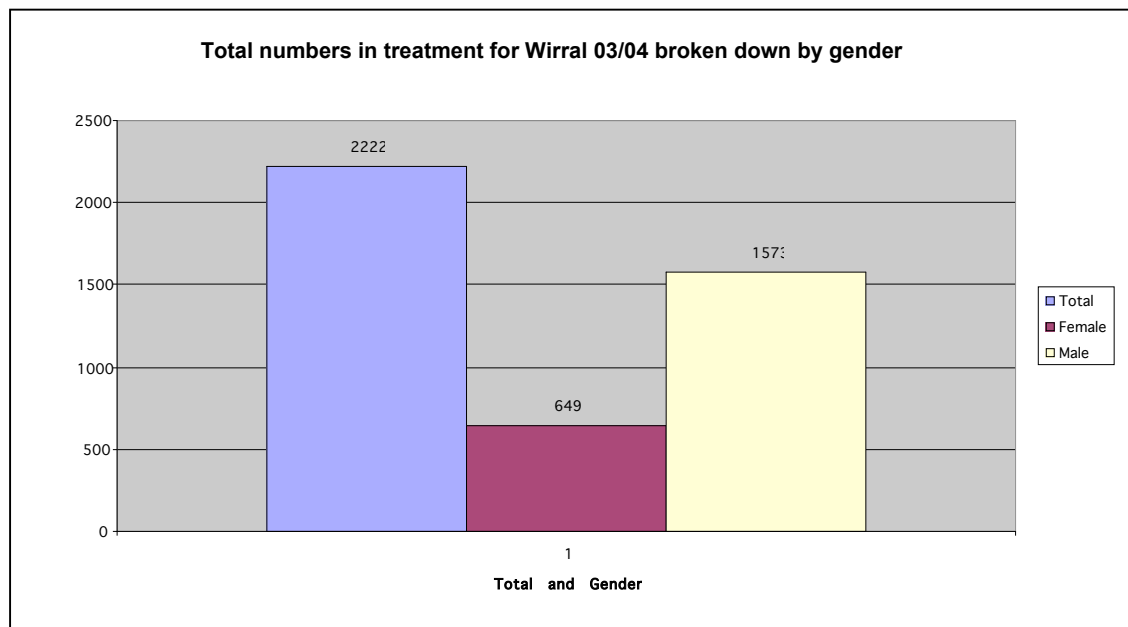
<sup>5</sup> *Drug Treatment in Cheshire and Merseyside 2001/2*, Liverpool John Moores University (Benyon et al).

<sup>6</sup> *Problematic Drug Use in Wirral: Prevalence, Characteristics and Implications for Service Provision*, Liverpool John Moores University, May 2003

### 2.5.1 Diversity

In 2003/04, just under one third (28.9%) of clients in contact with treatment services were female (611) and 71.1% (1,506) were male. These proportions were close to the Merseyside average for 2001/02. The proportion of females in contact with services has dropped slightly since 2001/02, when the level was 29.6%. Figures for 2001/02 indicate that female problematic drug users were more willing to engage in treatment than male drug users (37% and 51% engagement for males and females respectively)<sup>7</sup>.

**Figure 5: Number of individuals receiving treatment in Wirral 2003/04 by gender**



Source: JMU activity data. October 2004.

In terms of clients' age, Wirral, Liverpool, Knowsley and Sefton had a higher concentration of older clients (aged 30 and over) compared to other DAATs in Merseyside and Cheshire. This pattern was also reflected in the average age of new clients. Indeed, both Wirral and Sefton had the highest average age (34) for all clients throughout Merseyside and Cheshire in 2001/02.

<sup>7</sup> *Drug Treatment in Cheshire and Merseyside 2001/2*, Liverpool John Moores University (Benyon et al).

The proportion of clients in each age group had changed by the time of the 2003/04 study. There were increases in the proportion of clients aged under 17 and over 35, but reductions in the proportion of clients aged 18-34. This finding has significance, particularly when assessing services, in order to ensure they attract and meet the age-related needs of clients.

**Figure 6: Age breakdown of all individuals receiving drug treatment in Wirral 2003/04**

Age	Number
Data missing	1
<16	8
16-17	14
18-19	10
20-24	87
25-29	234
30-34	542
35-39	689
40-44	349
45-49	118
50+	65
Total	2117

Source: JMU activity data. October 2004.

Findings from the study of problematic drug use in Wirral<sup>8</sup> indicate that the black and minority ethnic (BME) communities appear to be slightly under-represented in their attendance at drug agencies in Wirral.

<sup>8</sup> *Problematic Drug Use in Wirral: Prevalence, Characteristics and Implications for Service Provision*. Liverpool John Moores University, May 2003

**Figure 7: Ethnicity breakdown of all individuals receiving drug treatment in Wirral 2003/04**

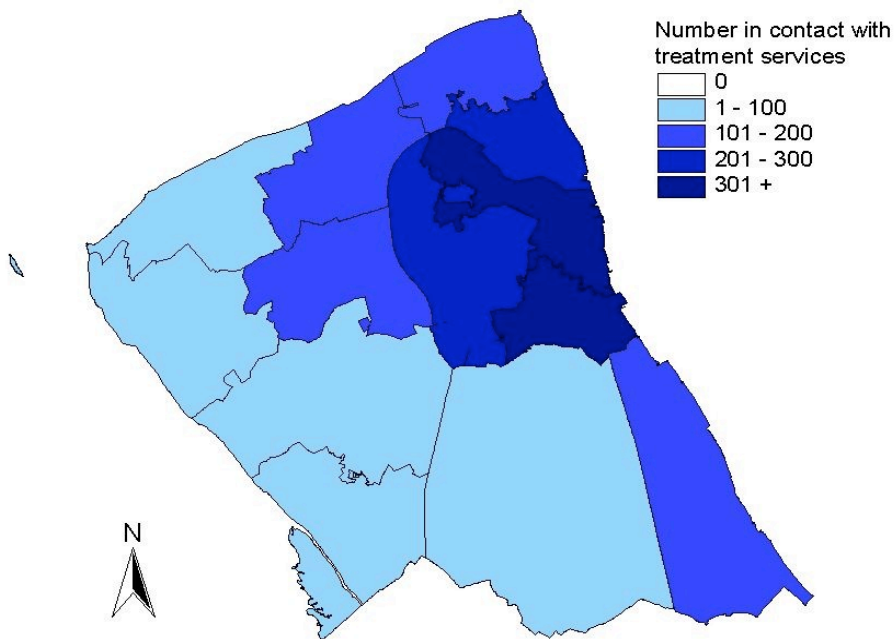
<b>Ethnic origin</b>	<b>Number</b>	<b>%</b>
African	1	0
Any other	0	0
Caribbean	6	0.3
Chinese	1	0
Indian	1	4.8
Other Asian	3	0.1
Other black	1	0
Other mixed	5	0.2
Other white	2	0.1
Pakistani	0	0
White British	2071	98.5
White Irish	6	0.3
White other	0	0
White and Asian	0	0
White and black	6	0.3
Sub-total	2103	100
Data missing	119	0
Total	2222	0

*Source: JMU activity data. October 2004.*

### **2.5.2 Geographical spread**

Figures supplied by Liverpool John Moores University/NDTMS also break down the number of individuals in contact with treatment services for 2003/04 by wards. This identified that most service users were resident in Wirral's centres of population, i.e. Birkenhead, Tranmere, Seacombe, Bidston and Leasowe. Individuals from these five wards represented 54% (1,117) of the total number (2,222) in contact with treatment services in 2003/04. These five wards are also in the top 5% of most deprived wards in England.

**Figure 8: Ward breakdown of the people receiving treatment in Wirral 2003/04**



*Source: JMU activity data. October 2004.*

### **2.5.3 Retention**

Data also shows that a high proportion of clients entering treatment are being retained (choosing to stay) in treatment (figure 9).

**Figure 9: Retention rate of individuals receiving treatment in Wirral 2003/04**

<b>Reason for leaving service</b>	<b>Number</b>	<b>%</b>
Retained in/completed treatment	1612	72.55
Treatment withdrawn/breach of contract	60	2.70
Died	10	0.45
Dropped out of treatment	260	11.70
Moved away	6	0.27
No appropriate treatment available	18	0.81
Not known	20	0.90
Other	64	2.88
Prison	46	2.07
Referred on	126	5.67
Total	2222	100.00

*Source: JMU activity data. October 2004.*

It is important to note that the figures given here produce a retention rate different to the baseline figure of 57% which is given in the Performance Management Framework (PMF). This is because the figure for the PMF is calculated using the number of people who leave services in the year; it does not take into account the people who are retained in treatment throughout the year.

#### **2.5.4 Arrest referral**

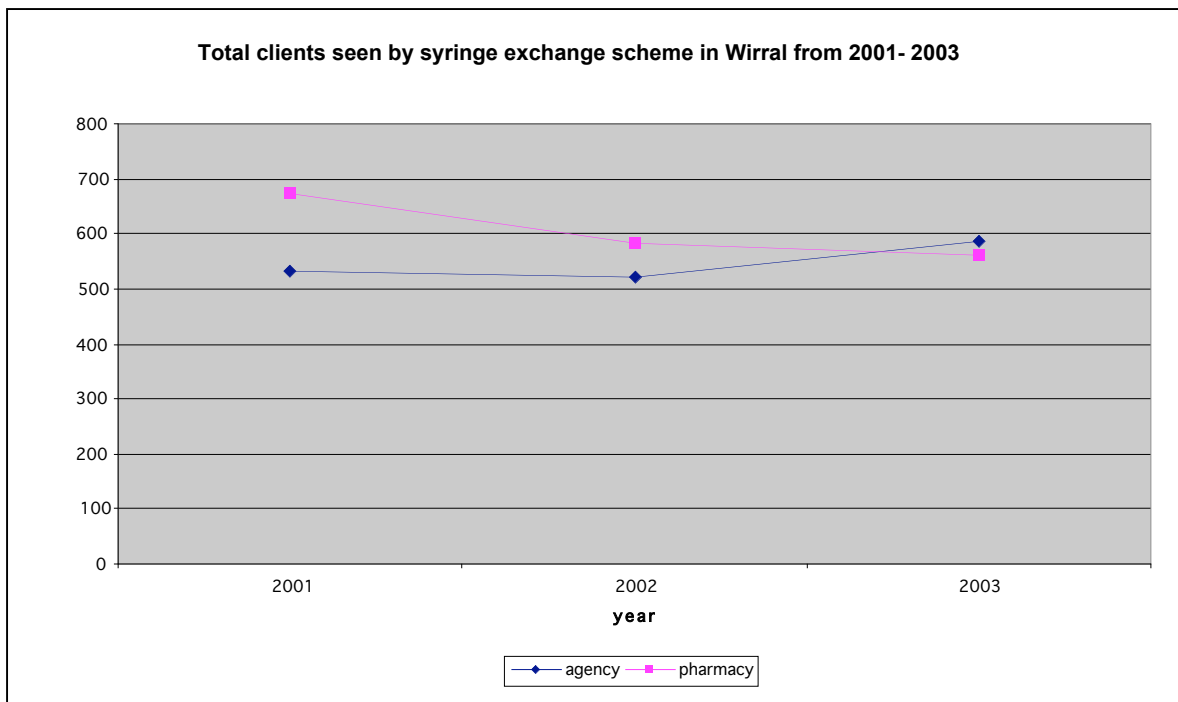
Of 406 people assessed through the Arrest Referral Scheme in Wirral, 192 were referred to treatment between April 2003 and March 2004. 17 individuals (8.9%) attended treatment within 60 days of their arrest referral assessment. Feedback from the service providers has suggested that this number was low because of programme capacity and worker recruitment issues. All posts have now been filled and a significant increase is expected in 2005.

### 2.5.5 Harm reduction syringe exchange

The syringe exchange monitoring system collects information from contacts with injecting drug users at the specialist drug service syringe exchange schemes. In addition, data relating to syringe exchange transactions at pharmacies is collected by the drug monitoring unit. Overall, for 2003/04, there were 1,147 clients using the syringe exchange scheme in Wirral.

Figure 10 shows that use of the agency based scheme has increased over the three year period, while use of the pharmacy based exchange scheme has fallen. The result is a net reduction in use of the syringe exchange scheme. As the number of people in structured drug treatment (prescribing) has grown over this three year period, various interpretations can be put on these figures. For example, more new clients accessing drug treatment services may have reduced or ceased their injecting behaviour.

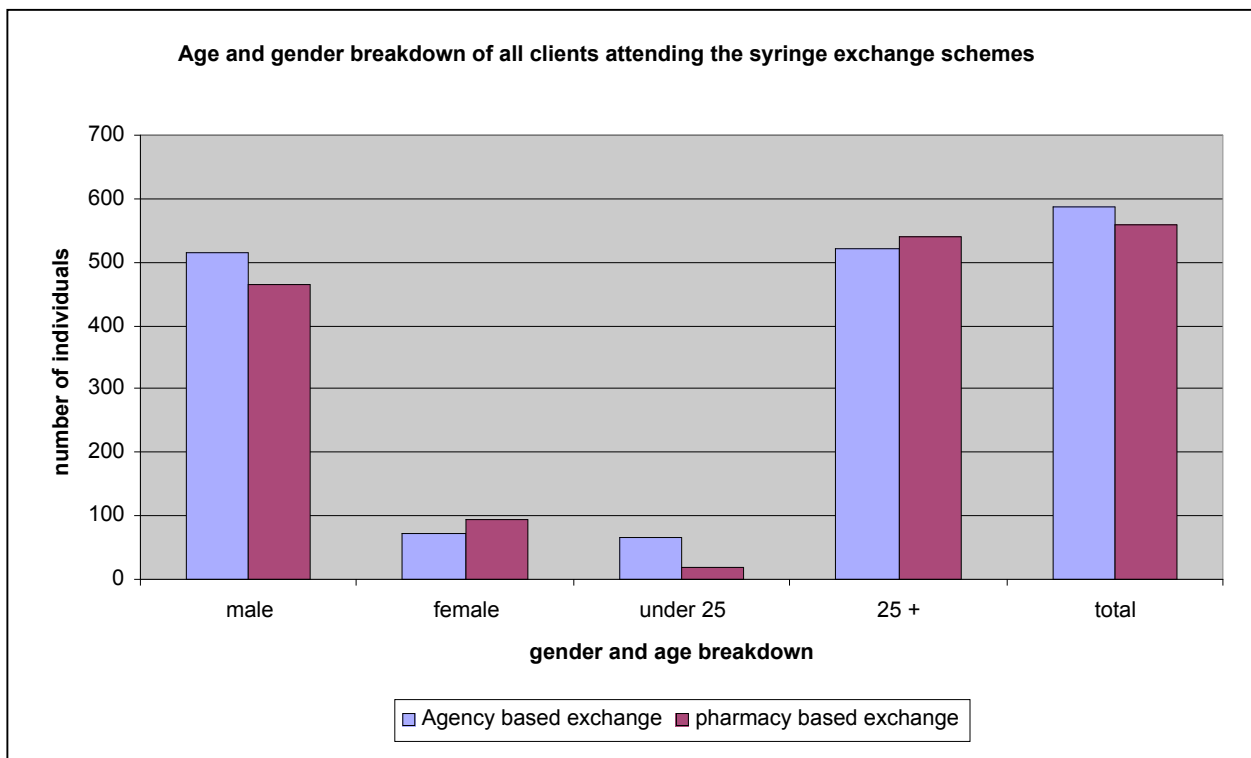
**Figure 10: Total number of clients using the pharmacy and agency based syringe schemes in Wirral from 2001-2003**



Source: JMU activity data. October 2004.

The gender breakdowns in figure 11 show that a large proportion of men use both pharmacy and agency based schemes. The age breakdowns show that a large proportion of clients accessing the schemes are over-25s. This pattern may reflect the fact that many drug users tend to take several years to reach the stage of injecting drugs.

**Figure 11: Age and gender breakdowns of clients accessing the pharmacy and agency based syringe exchange schemes in Wirral 2003/04**



Source: JMU activity data. October 2004.

In total, for the year 2003/04, the pharmacy scheme provided 69,601 syringes to clients. Over the same period the agency syringe exchange provided 129,674 syringes to clients.

The primary drug of choice in clients using the agency based syringe exchange was heroin (43.5% of all clients). This represents a decrease from 2001/02 when 52% of all clients were using heroin. Steroids was the second most prevalent drug used (38.4%). This represents an increase since 2001/02 when only 28% of all clients were using steroids.

Figures<sup>9</sup> relating specifically to new clients in 2003/04 showed that the most prevalent drug used was steroids (57.7% of all new clients) while heroin was the next most common drug (36% of all new clients). This pattern corresponds to the increase in numbers attending services for steroid use from 2001/02 to 2003/04. It may also help to explain the large numbers of males accessing the exchange services available.

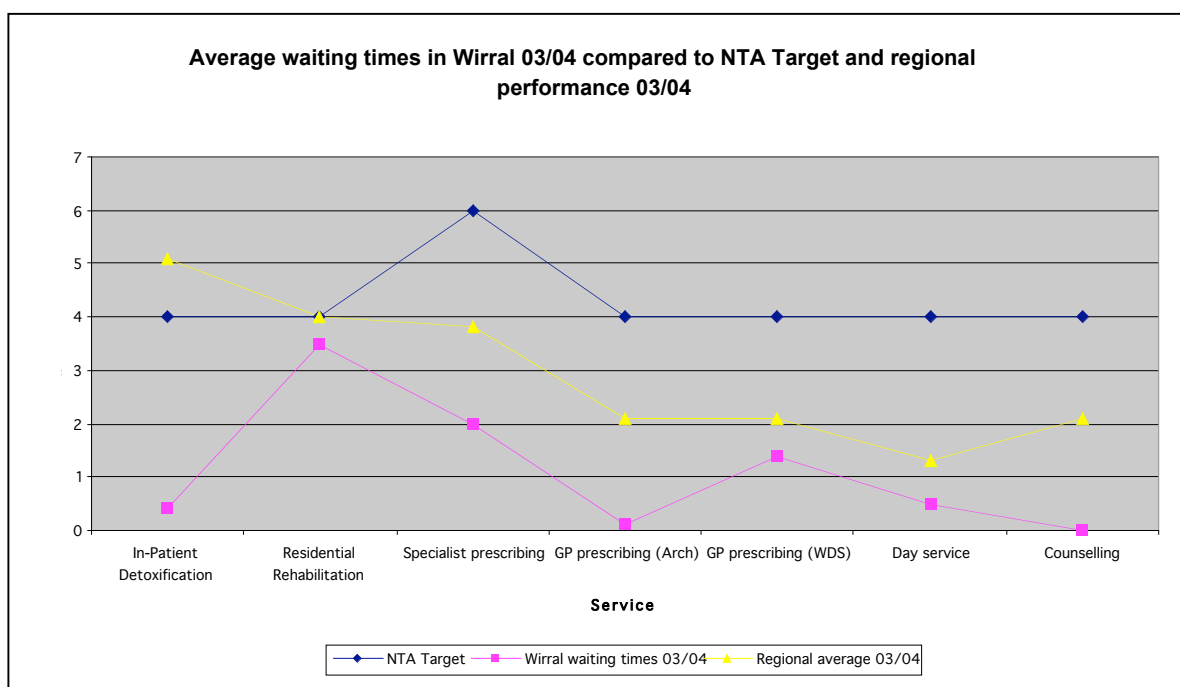
### 2.5.6 GP shared care scheme

Wirral DAAT has been one of the first in the country to pioneer the delivery of drug treatment services through GP practices. In 2003/04, 90% of GP practices in Wirral were involved in the shared care scheme, working with Wirral Drug Service.

### 2.5.7 Waiting times

Wirral services have been recognised as offering among the lowest waiting times in the country for all treatment modalities. Figure 12 shows that Wirral was well below all the waiting times targets set by the National Treatment Agency and significantly lower than the regional average for 2003/04.

**Figure 12: Line graph showing the waiting times in Wirral compared to NTA targets and regional average in 2003/04**



Source: DAAT quarterly reports 2003/04.

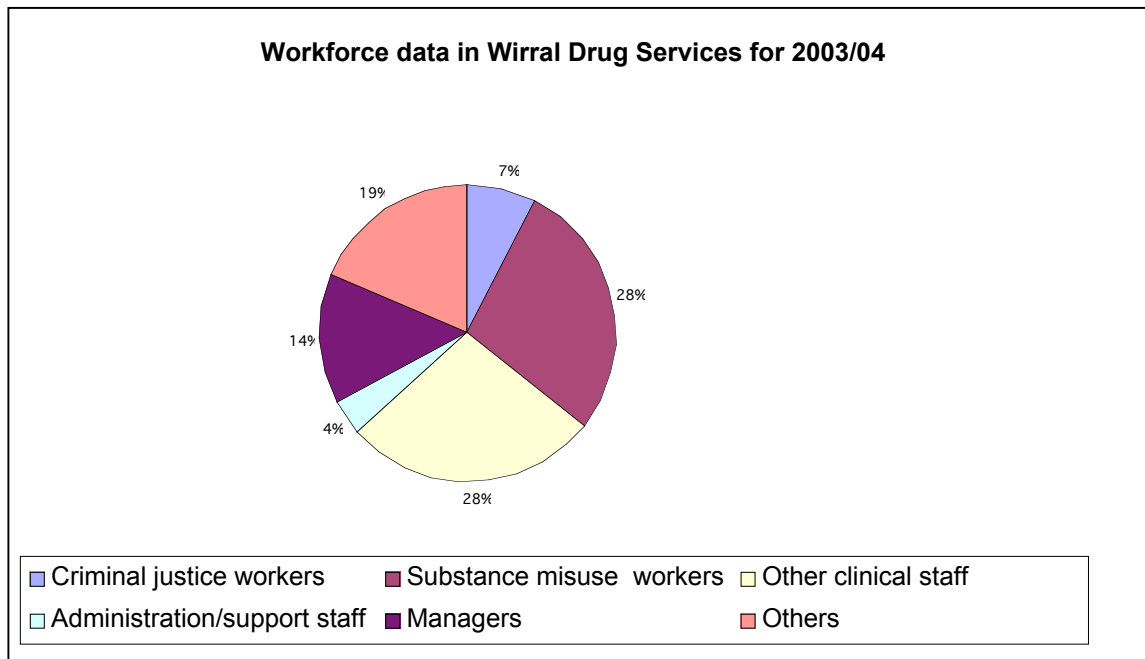
<sup>9</sup> Liverpool John Moores University- Inter agency data report 2003/04.

### 2.5.8 Workforce

In order for these waiting times to be achieved and maintained and then to support the increased numbers in treatment, there is a need to increase the services' workforce. By 2003/04 Wirral had increased its workforce by 38%, surpassing the regional increase of 33% and the national increase of 13%. Figure 13 provides a breakdown of staff employed by Wirral's treatment services.

Of the staff employed in Wirral in 2003/04, 88% were from a white British origin. This included both practitioner and managerial positions. White Irish accounted for 6% (both practitioner and managerial positions), black other 2% and mixed other 2%. Other ethnic minorities accounted for less than 1% of the workforce; these were Asian other, Black or Black British (African) and white other. The figures are higher than the general demographic for Wirral with BME groups accounting for just 2% of the borough's total population. Thus, the figures support an over-representation of BME groups in Wirral's drug treatment workforce. This relatively high representation could be seen to have benefits for people from BME communities accessing drug treatment services.

**Figure 13: Workforce in drug treatment services in Wirral 2003/04**



Source: DAAT quarterly report to Home Office 2003/04.

## 2.6 What are the stakeholders' views?

This section presents views obtained from two consultation exercises carried out with the general public and service users.

A DAAT focus group, held in September 2004, with nine service users and providers highlighted the following issues in relation to treatment services:

- “need to grow capacity to deal with increasing numbers of people with a range of needs entering treatment from the criminal justice system”
- “provision of services for small groups (e.g. detoxification services for women and children) that cannot be provided on a Wirral basis, due to the low numbers involved, should be delivered on a regional basis”
- “more joint working and information sharing between agencies, especially at practitioner level; for example, between the Drug Intervention Programme (DIP) and Wirral Drugs Service (WDS)”
- “widen the range of prescribing options (range of prescribed drugs), in particular to provide prescribed intervention for crack users; currently, users know that there is no substitute drug for crack cocaine so are less likely to access treatment”
- “prevent ‘people dropping off the conveyor belt’ after leaving rehabilitation treatment”
- “prevent people ‘getting lost’ between agencies when they are most vulnerable”
- “need to increase the capacity of alcohol treatment services.”

Feedback from service users during a community survey in 2001 produced the following comments:

- “would like to see the services made more welcoming and more user-friendly.”
- “the number of problematic drug users sometimes increases because users have to wait to get onto the detoxification programme
- “I would like to see visits alternated between Wirral Drug Service and the key worker visiting clients' homes, so the key worker can see my home environment first hand”

- “I am very happy with the harm reduction service at The Lodge and wish all other drug services in the Wirral were as good”
- “support out of hours and at weekends would be really useful”
- “a free phone to The Lodge would be useful.”

## 2.7 What are the gaps in provision?

The gaps in services described in this section were identified principally from consultations with service users, service providers and commissioners. Information contained in the current Wirral Adult Treatment Plan is also included.

A community survey was carried out as part of the study into problematic drug use in Wirral.<sup>10</sup> The main reason identified by interviewees for not attending drug services was that they did not feel a specific service was suitable for their needs. There were variations in the views regarding specific services; for example, 7% of respondents stated that services offered at The Lodge were not suitable for their needs while 33% gave this reason for not attending treatment at Phoenix House. Feedback from the interviewees regarding the services offered in Wirral was generally positive although some negative comments were expressed.

In February 2004, Wirral DAAT consulted with 25 substance misusers who had been in contact with the criminal justice system (through a service user consultation workshop). A recurring theme was the desire for a more personal service from treatment agencies. In addition, a large proportion of those participating<sup>11</sup> emphasised the need for a more integrated approach to sentencing and the provision of drug treatment and educational opportunities both inside and outside of prison.

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<sup>10</sup> *Problematic Drug Use in Wirral: Prevalence, Characteristics and Implications for Service Provision*, Liverpool John Moores University, May 2003

<sup>11</sup> *Service User Consultation Workshop (CJIP)*, Wirral DAAT, February 3, 2004.

The following gaps in services were identified in the Wirral Adult Treatment Plan 2003/04, which was designed to address them:

- lack of communication between tier one<sup>12</sup> services and specialist drug services, resulting in lack of service information
- service users identified a lack of support for people trying to manage their own accommodation; there is a need for additional housing and welfare benefits advice
- need for follow-up for arrest referral clients; greater co-ordination between all criminal justice projects
- lack of knowledge from service providers regarding drug related death protocols
- insufficient resources in place for joint partnerships between drug services, housing, homeless and hostel projects
- more caseworkers required due to increasing levels of stimulant/poly drug use alongside opiate/methadone use
- further development of liaison between the drug services, hospital and psychiatric services and social services in cases of child protection
- the role of the bail support service being undermined by directing offenders straight into Drug Treatment and Testing Orders
- a continued need for greater co-ordination and streamlining of assessment and referral protocols for accessing residential rehabilitation
- limited choice of residential rehabilitation options and programmes
- a continued lack of effective care pathways for service users with co-existing mental health and substance misuse problems
- lack of support from complementary services for women and children
- insufficient resources to enable the service user group to develop its activities
- no resources to support the establishment of a training and personal development strategy for members of the service user group
- no mentoring arrangements for the service user group members
- insufficient access to sports, arts and other creative and constructive activities, particularly for service users going through the recovery phase.

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<sup>12</sup> For definition of service tiers see Appendix 1.2

## 2.8 What new things do we need to do?

Following on from the work undertaken in 2003/04, the DAAT has made further commitments to improve and build on service provision for adults in Wirral. The following is a selection of the service enhancements planned for 2004/05.

- Basic substance misuse awareness training for frontline staff based in non-drug treatment specific services as well as those working with substance misuse clients.
- Promotion of substance misuse treatment through related services (e.g. housing services, social services, employment services).
- Targeting of material toward hard to reach groups (e.g. sex workers, crack cocaine users, homeless) and minority populations (such as black ethnic communities and disabled people).
- Drug Related Death (DRD) protocol to be promoted more widely or effectively audited and monitored.
- Young people's outreach service to work with the young people's tier four worker to support the transition of young people into adult services.
- Further co-ordination and integration with criminal justice interventions; achieving most effective use of resources by developing planning links with the drug intervention programme.
- Develop and increase the availability of Hepatitis C prevention, treatment and care services within the context of regional and local specialist provision.
- Work with the supporting people team to develop the capacity of the floating support service from 30 to 40 units and review referrals from the drug intervention programme.
- Integrate the Parents Against Drug Abuse (PADA) 24-hour carer phone line and other generic family support services with the existing specialist family support services commissioned by the DAAT.
- Identify and develop two GP surgeries where service users experience greater difficulty in accessing specialist harm reduction services.

- Support the expansion of structured day care to accommodate the growth in referrals for the open access day service featured in the remodelled drug intervention programme.
- Undertake a review of the joint working protocols and practice between specialised drug services, acute mental health services and the social services children and families team.
- Ensure service user involvement in the development and implementation of all projects including representation on project steering groups.
- Establish a specific resource with Arch Initiatives to focus on the assessment and referral process for those wishing to access residential rehabilitation.
- Increase funding to purchase 20 additional inpatient detoxification episodes to meet the increased demand from the drug intervention programme.
- Bring together various strands of the outreach team to establish a co-ordinated approach to contacting BME communities, increasing their awareness of and access to services.
- Commission an 'Equality Health Check' by an independent, outside agency and incorporate its recommendations into the three-year strategy.

## 2.9 Key findings

### Key findings

- Heroin remains the main illicit drug used, followed by methadone, then crack cocaine.
- Recorded levels of heroin and crack cocaine use are slightly lower among users of Wirral services than elsewhere in Cheshire and Merseyside but use of methadone is more common.
- Poly drug use involving crack cocaine is increasing.
- A large proportion of people being tested in the custody suite, having committed trigger offences, are testing positive for crack cocaine. Of those testing positive for class A drugs, 18% are for opiates only, 36% for cocaine only and 46% for both. Almost half of the arrest referral contacts report high use of both.

- Evidence from research carried out within the last two years has indicated that BME groups are not under-represented among drug services staff, although feedback from the Wirral Multicultural Organisation suggests that obstacles to access are still perceived by users from these groups. A recent study has shown that a high percentage of clients from BME groups, who have received treatment, report that they would use the service again.
- There are self-reported high levels of unstable accommodation, particularly among male problematic drug users and this remains an issue.
- There is a high level of syringe exchange utilisation with nearly 70% of users being new contacts to these schemes in the last three years 2001-2004.
- The Harm Reduction Service at The Lodge continues to be the service that sees the highest proportion of drug users (possibly up to 75% of the injecting population) although numbers attending for syringe exchange generally have fallen. Heroin remains the drug used most commonly by The Lodge's clients.
- In 2001/02 an estimated 4,475 problematic drug users aged between 15 and 64 years old were living in Wirral. Approximately three quarters (3,400) were male and 1,075 female. Just over half of the total number of drug users were injectors (2,540). More than 86% of injectors were male (2,208).
- The first National Drug Treatment Monitoring System report<sup>13</sup> for Cheshire and Merseyside included information regarding the primary and secondary drug of use for those in contact with treatment services. When looking at all drugs used by clients in Wirral, 77.7% (1,374) were using heroin - the lowest proportion across Cheshire and Merseyside. 42.4% (749) were using methadone, the highest proportion, and 20.5% were using benzodiazepines, the second highest proportion after Warrington. However, data from Wirral Drugs Service indicates that extensive work has reduced considerably the levels of illicit benzodiazepine use in Wirral over the last five years.

<sup>13</sup> *Drug Treatment in Cheshire and Merseyside, 2001/02*, Liverpool John Moores University (Benyon et al).

- Wirral YMCA and Wirral Churches Ark project has provided figures collected from their residents. These figures show that 15% of YMCA residents and 26% of Ark residents presented with drug issues; 17% at YMCA and 17% at Ark presented with alcohol issues and 2% at YMCA and 19% at Ark presented with dual diagnosis (both alcohol and drugs problems).
- In 2001/02, 1,768 individuals were in contact with treatment services in Wirral. This was the second highest number in Merseyside and Cheshire (after Liverpool). In 2003/04 figures supplied by John Moore's University NDTMS showed that 2,222 individuals were in contact with treatment services. This represents a 15.8% increase in the number of individuals in contact with treatment services. In 2003/04, just under one third (28.9%) of clients in contact with treatment services were female (611) and 71.1% (1,506) were male. The proportion of females in contact with services has dropped slightly since 2001/02 (from 29.6%).
- The proportion of clients in each age group had changed by the time of the 2003/04 study. There were increases in the proportion of clients aged under 17 and over 35, but reductions in the proportion of clients aged 18-34. This finding has significance, particularly when assessing services, in order to ensure they attract and meet the age-related needs of clients.
- Findings from the study of problematic drug use in Wirral<sup>14</sup> indicate that the Black and Minority Ethnic (BME) communities appear to be slightly under-represented in their attendance at drug agencies in Wirral.
- Overall, for 2003/04, there were 1,147 clients using the syringe exchange schemes in Wirral. The primary drug of choice in clients using the exchange was heroin (43.5% of all clients). This represents a decrease from 2001/02 when 52% of all clients were using heroin. Steroids was the second most prevalent drug used (38.4%). This represents an increase since 2001/02 when only 28% of all clients were using steroids. For new clients to the exchange scheme in 2003/04, the most prevalent drug used was steroids (57.7% of all new clients) while heroin was the next most common drug (36%).

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<sup>14</sup> Problematic Drug Use in Wirral: Prevalence, Characteristics and Implications for Service Provision. Liverpool John Moores University. May 2003

- Wirral services have been recognised as offering among the lowest waiting times in the country for all treatment modalities. Wirral is below all waiting time targets set by the National Treatment Agency and significantly lower than the regional average for 2003/04.
- By 2003/04 Wirral had increased its drug services workforce by 38%, surpassing the regional increase of 33% and the national increase of 13%. Of the staff employed in drug treatment services in Wirral 88% are from a white British origin (including both practitioner and managerial positions), 6% are white Irish (both practitioner and managerial positions), 2% are black other, 2% are mixed other. Other ethnic minorities accounted for less than 1% of the workforce; these were Asian other, Black or Black British (African) and white other. These figures are higher than the general demographic for Wirral with BME groups accounting for just 2% of the borough's total population.