

Executive Summary for Needs Assessment 2012-13

The total number of drug users in Nottingham that are known to treatment services has remained stable compared to last year.

- The majority of Aftercare clients are aged between 35 and 64. This suggests that there is an ageing population which needs to be catered for.
- Just over one third of new presentations were treatment naïve which is slightly lower than the national average. This indicates that there are a number of clients that emulate the revolving door analogy rather than achieving sustained recovery.
- Numbers in treatment have decreased since 11/12, although there remains a significant level of need in the population.

Drug-fuelled offenders peak at 25-34 years old.

- It is the 25-34 year old age group and those aged 35-64 which dominates both structured and unstructured treatment.
- There were fewer females than males in treatment services and the Drugs Intervention Programme (DIP).
- Asian and Asian British people were underrepresented in structured treatment but overrepresented in lower threshold services (particularly young people's services). This might suggest that the needs of this cohort are met at lower level of intervention.
- Lesbian, gay, bisexual and transgender (LGBT) citizens were 7 times more likely to use any drug in the last month. LGBT are also more likely to become dependent on substances. The most commonly used drugs in this community are cannabis, poppers, cocaine powder, ecstasy, ketamine and amphetamine¹.
- Although there is no local data to indicate the number of LGBT citizens in Nottingham, it is recommended that this community is monitored due to the emerging trends of injecting club drugs in London².

The majority of clients self-refer into treatment.

- Treatment naïve clients are more likely to enter through community services or the criminal justice system. In contrast, Shared Care has a low level of treatment naïve clients.
- The majority of clients self-refer into treatment which shows that there is a high level of provider awareness in the population. However, it might also suggest that the profession referral into treatment pathway requires focus.
- The level of referrals from General Practitioners and DIP are lower than the national average and the level of referrals from Probation and other criminal justice services is higher than the national average³.

There continues to be a low rate of HIV in the UK.

- Reports suggest that there are changing behaviours in regards to the injecting of newer club drugs among men who have sex with men (MSM) including steroids and tanning agents⁴.
- Nottingham has seen a reduction in 'snowballing' (injecting heroin and crack in the same syringe) which is a positive shift for the city.
- A large majority of needle exchange clients said that they had never had a Hep C test. This has been raised as an issue and commissioners are working closely with treatment providers to encourage testing and to ensure that data is recorded accurately⁵.
- Two thirds of MSM that were newly diagnosed with HIV had not had appointments at the sexual health clinic for the three years prior to diagnosis. This suggests that there is room for improvement in sexual health testing⁶.

The majority of opiate and crack users (OCUs) in the city are known to treatment services.

- The majority of opiate and crack users (OCUs) in the city are either currently accessing treatment or they have accessed treatment in the past.
- The majority of clients in treatment are opiate and crack users and the level has increased since 2010/11 suggesting that those that remain in treatment are complex cases. In DIP, the majority of clients are cannabis and cocaine users.
- There are very few cannabis clients in structured treatment suggesting that lower-threshold services are able to work with these clients effectively without having to refer them to structured treatment.
- Prescription drug use is an emerging trend which brings with it a series of new implications and challenges to treatment both providers and commissioners.
- Heroin purity is increasing, suggesting there may be an increased risk of overdose and potentially drug-related death⁷.

The number of overall drug seizures in the city has decreased.

- The most common seizures involved cocaine and heroin. Ketamine, anabolic steroids and amphetamine showed the highest increase in seizures compared to last year, which suggests a change in the drug-using population⁸.
- Numbers of individuals being tested on arrest through Nottingham Bridewell custody suite that tested positive for cocaine only has decreased, although this could be as a result of target testing, low levels of cocaine purity and the use of Novel Psychoactive Substances (NPS) which are falsely believed to be cocaine.
- There was an increase in the number of home invasions for cannabis grows although it is difficult to establish whether this reflects an increase in cannabis grows in general and/ or improved confidence in the police.

References

- 1 – <http://www.nottslgs.org.uk>
- 2 – HIV and Injecting Drug Use July 2013
- 3 – Club Drugs: Emerging Trends and Risks 2012
- 4 – HIV and Injecting Drug Use July 2013
- 5 – The Health Shop Survey
- 6 – Sexual Health STIs and HIV JSNA chapter - Nottingham
- 7 – Source: drug mapping in Nottinghamshire, Samantha Hughes, Nottinghamshire Police
- 8 – Home Office statistical Bulletin, seizures of drugs in England and Wales, 2012/13 (Kathryn Coleman, October 2013)