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1. Introduction

1.1 This is the second annual report of the Welsh National Database for Substance Misuse which was established on 1 April 2005 following extensive consultative working with external stakeholders across Wales. The national Management Information Board has oversight responsibility for the Database, including advising on operational issues linked to data collection, enhancements to the system, linkages to and use of other relevant data sets and patterns and trends. Details of the membership are at Annex 1.

1.2 The establishment of the national database represented the first stage in the Performance Management Framework Project designed to inform effective national and local planning with service planning and delivery based upon evidence of need and quality and effectiveness of interventions.

1.3 Comprehensive guidance “The Welsh National Database for Substance Misuse - Guidance for Community Safety Partnerships and Service Provider Agencies”, which includes the agreed national common dataset and data definitions was first issued on 1 March 2006 and revised on 15 March 2007. The agreed Common Dataset is at Annex 2.

1.4 The second stage of the Performance Management Framework Project was achieved in August 2006 when the suite of national Key Performance Indicators (KPIs) was launched for immediate implementation. The document “Tackling Substance Misuse in Wales - Performance Management Framework - Key Performance Indicators” can be accessed on <http://new.wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/pmf/kpi?/eng=en>

1.5 The third stage of the project has also been accomplished with the development of a research plan. The underlying principle of the research plan is to support development of the evidence base through responding to clearly identified research needs and undertaking robust evaluation. During 2007-08, there are two key pieces of research:

- The introduction of an annual prevalence estimate of problematic drug use by the National Public Health Service (NPHS); and,
- Three Community Engagement Projects using Action Research methodology to identify the barriers to accessing services in Cardiff, Swansea and North Wales. The outcomes of this research will be disseminated across Wales to inform service planning.

1.6 Further details on the individual projects contained in our substance misuse research plan are at Annex 3.

1.7 Hard copies of this report, the database guidance and the KPI document can be obtained from the Welsh Assembly Government’s Substance Misuse Strategy Implementation and Finance team by e-mailing Mrs. Angela Gutierrez at angela.gutierrez@wales.gsi.gov.uk.

2. Executive Summary

2.1 This 2nd Annual Report for 2006/07 presents data relating to cases referred to substance misuse service providers in Wales during the twelve month period 1st April 2006 - 31st March 2007, supplied to Health Solutions Wales by July 11th 2007 when the data file was frozen for analysis. The system, however, is dynamic and this means that the figures quoted in this report will change as more data becomes available. It is not intended to produce an updated Annual Report but Service Providers and Community Safety Partnerships will be able to access more updated figures for planning purposes. Guidance on statistical terminology is at Annex 4.

2.2 Notwithstanding some data quality issues which are mentioned at section 3 of this report, all Service Providers in Wales are reporting routinely into the database on referrals received.

Key Facts

2.3 Information was received on 27,724 referrals and just under 70% of referrals were male. Table 4 and Figure 2 at pages 14 and 15 provide a breakdown of referrals by main problem drug and gender.

2.4 Many individuals will report misusing a variety of drugs in combination with alcohol. The database aims to capture data on those substances reported by an individual as a problem requiring help. This means that the figures quoted in Table 4 are likely to underestimate the actual numbers of those using a particular drug. In particular the figures for crack cocaine appear low in the light of concerns relating to the growth in its use with only 161 referrals (ie 0.6% of all referrals) in which the substance was reported as the main problem. When all mentions of the substance are included, however, the figure increases to 729, ie 2.6% of all referrals (Table 5g at page 22 refers).

- Alcohol was specified as the main problem in 54% of cases; other drugs were specified in 38% of cases; in 8% of cases the main problem was not specified.
- Heroin accounted for almost half of all referrals for drugs other than alcohol, and cannabis was specified in one sixth of these cases.
- For Wales as a whole, there were 145 referrals for alcohol problems for every 100 with other drug problems. Table 10 (page 28) shows variations across Wales and it is interesting that Powys shows 3.05 referrals for alcohol to every individual referral where drugs are the main problem.
- Table 11 at page 29 shows that Heroin is the most frequently encountered problem drug across most of Wales. The exception to this trend is Ceredigion, Pembrokeshire, Carmarthenshire and Torfaen with Cannabis being numerically the most common problem reported.

Previous History of Treatment

- Table 6 at page 23 shows that, of the 27,724 referrals during 2006/7, 12,016 (43.6%) were new to the database.

- If this figure for new cases in Table 6 is expressed as a percentage of individuals rather than as a percentage of all referrals, it is seen that 71% of all individuals referred in 2006/7 were new to the database.

Age Profile

2.5 There is a highly significant difference between the age structures of those referred with an alcohol problem and those referred with a drug problem:

- The median age for those with an alcohol problem is 37 compared with 29 for those with a drug problem.
- 31% of those referred with an alcohol problem were aged under 30; the comparable figure for other drug related problems was 56%.
- Less than 3% of referrals with a drug problem are aged over 50 compared with almost 18% for those with an alcohol problem.

Achievement of Key Performance Indicators

2.6 The national KPIs established in August 2006 contain measures to reduce the unplanned ending of contact (Did Not Attend) with services (KPI 2) and the reduction in waiting times for assessment and the beginning of the planned treatment plan (KPIs 3 & 4). Tables 8, 9 & 12a -12d (pages 26 and 30 - 35 refer) provide detailed breakdowns of performance in these areas.

Unplanned Closure of Cases

2.7 The level of unplanned case closures can be used as an important measure of the appropriateness and relevance of the service to the client and a measure of the client's preparedness for the planned treatment intervention.

- 46% of all closed cases in 2006-07, were closed because the client failed to attend. This excludes failure to attend due to imprisonment, death, movement out of the area or treatment withdrawn because of a breach of contract.

2.8 These figures suggest that further in-depth work is required to investigate the reasons for dropping out of treatment. This should include the consideration of the assessment process, referral pathways and waiting times.

Waiting Times

2.9 There are still some significant data quality issues that need to be addressed which are described at Section 3. One of the areas of concern is the lack of data on key dates for referral, assessment and planned intervention commencing. This information is essential for local and national monitoring of waiting times. The following key facts are for those referrals where the information was supplied.

- Almost 75% of cases were assessed within 4 weeks of referral and less than 6% waited more than 12 weeks for assessment. (Tables 12a and 12b at pages 30 - 32 provide a detailed breakdown.)
- Almost 95% of cases were treated within 4 weeks of assessment and only 2% waited more than 12 weeks for treatment. (Tables 12c and 12d at pages 34 and 35 provide a detailed breakdown.)

Future Developments

Comparisons between Annual Reports

2.10 At this early stage in the establishment of the database, it is difficult to draw conclusions through a comparison of only two years of data; particularly in light of the continuing data quality issues. However, one of the underlying reasons for establishing the database was to enable a comparison of the data from different years to identify any emerging national and/or regional trends. It is the intention of the Management Information Board to ensure that the 3rd Annual Report will contain a comparative analysis of data for the three years, 2005-06 - 2007-08.

Enhancements to the Database

2.11 The Management Information Board has agreed to a proposal by Health Solutions Wales to provide web based access to the database from April 2008. This will allow comprehensive and flexible access to the database via the Internet. Key features of the system will include:

- Quarterly web-based reports. Improved access to data at a local level on an ad-hoc basis.
- Analysis of data in a graphical form comparing local current performance against national targets.
- Analysis of data in a map format. This will allow data to be analysed at a variety of national, regional and local levels.
- The data held published on the Internet will be updated each quarter once the latest submissions are processed. Web based access will allow potential users to analyse the national database directly.

2.12 Further information on this development will be available shortly from the Welsh Assembly Government's Substance Misuse Regional Advisory Teams.

Needle Exchange Forum

2.13 The National Public Health Service has now established the All-Wales Needle Exchange Forum to collect essential information on this service. The Management Information Board will oversee this important development and it is envisaged needle exchange data will contribute to future Annual Reports and the wider body of evidence.

Use of Other Routinely Collected Data

2.14 We are aiming to provide as wide a body of evidence as possible about the nature and scope of substance misuse problems in Wales. To help achieve this, we plan to draw evidence from a range of data sources

including research undertaken by the National Public Health Service for Wales during 2004 - 2006 that focused on ex and current injecting drug users within Wales, the annual prevalence estimate problematic drug use, information from the Patient Episode Database Wales (PEDW), Office of National Statistics (ONS), national data from the Drug Intervention Programme and Police data from within Wales.

2.15 National data from the Drug Intervention Programme (DIP) is due to be published in October 2007 and was not available at the time this report was being prepared. Arrangements have been put in place to include an analysis of DIP data for future Annual Reports from the Welsh National Database.

3. Data Quality Issues

3.1 All Service Providers in receipt of Welsh Assembly Government funding, either directly or via the Community Safety Partnerships, to deliver substance misuse services are required to comply fully with the reporting requirements of the Database. This is a mandatory requirement which should be reflected in Service Level Agreements and contracts between Community Safety Partnerships and Service Providers.

3.2 In the 1st Annual Report for 2005/06 published in September 2006, it was pointed out that new databases invariably experience teething problems. These problems have been addressed vigorously but there remain areas of concern about the quality of data from some treatment providers, in particular a failure to close cases and a lack of detail concerning key aspects such as the dates of referral, assessment or planned intervention commencing and a lack of information on the specific substance misuse problem and ethnicity. For example, Table 7 analyses referrals by ethnic origin, and shows that over 58% of referrals do not specify the ethnic origin of the client. These data quality issues, if not resolved, will impact on the ability to draw conclusions on any emerging patterns; for example in relation to trends in unplanned discharge, i.e., not attending and not in contact with service.

3.3 The Substance Misuse Advisory Regional Teams will continue to work with service providers in complying with the reporting requirements and will be discussing what further support might be required.

4. Results

4.1 Referrals by main problem

Table 1 gives details of referrals categorised as follows:

- i Alcohol recorded as the main problem with no other substance mentioned.
- ii Alcohol recorded as the main problem but with misuse of other drugs also being mentioned.
- iii Other drugs recorded as the main problem with no mention of alcohol.
- iv Other drugs recorded as the main problem but with alcohol also being mentioned.
- v Those with an unspecified main problem (an indication of the improving quality of the data is the fall in this category to 8% of all referrals compared with 15% in last year's report).

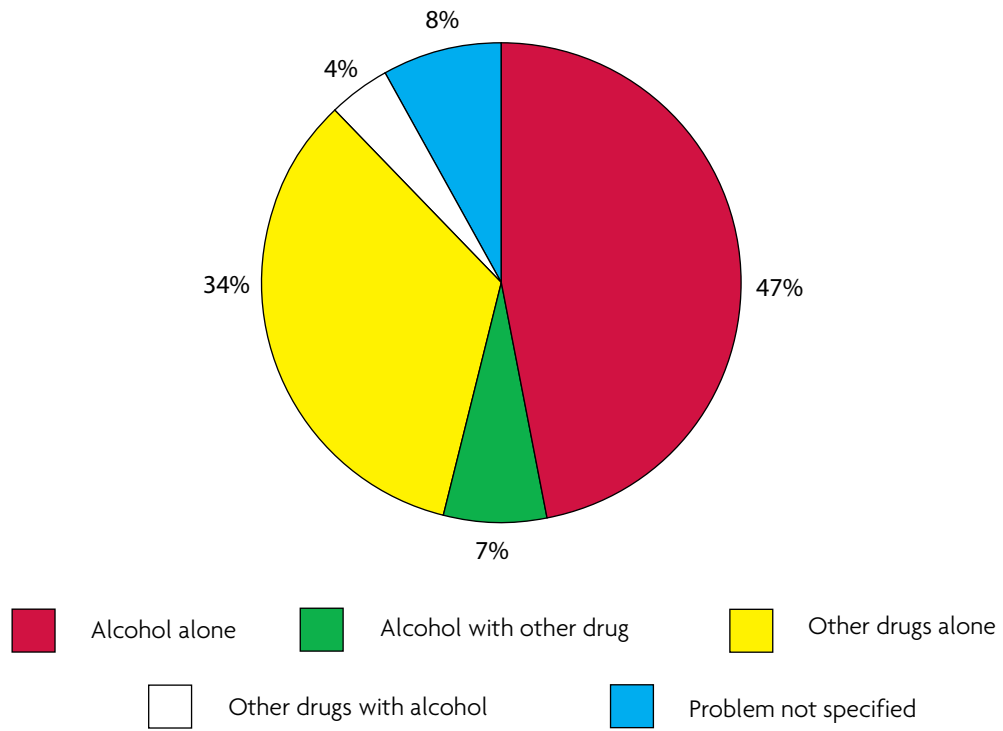
Table 1 - Referrals by Main Problem

Main Problem	Male		Female		Total ⁽ⁱⁱ⁾	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	%
Alcohol alone	8762	(66.8)	4371	(33.2)	13136	(47.3)
Alcohol with other drug	1388	(72.0)	541	(28.0)	1929	(7.0)
Other drugs alone	6663	(71.4)	2659	(28.6)	9323	(33.6)
Other drugs with alcohol	821	(74.9)	275	(25.1)	1096	(4.0)
Problem not specified	1588	(71.0)	650	(29.0)	2240	(8.1)
All problems	19222	(69.3)	8496	(30.7)	27724	(100.0)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Including 6 referrals for which the gender is not specified.

Figure 1 - Referrals by Main Problem



4.2 Referrals by age

Table 2a - Main problem alcohol: distribution of referrals by age

Age on referral	Male		Female		Total ⁽ⁱⁱ⁾	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	%
Under 15	161	(60.5)	105	(39.5)	266	(1.8)
15-19	831	(64.5)	458	(35.5)	1289	(8.6)
20-29	2366	(74.9)	794	(25.1)	3160	(21.0)
30-39	2791	(69.8)	1208	(30.2)	4001	(26.6)
40-49	2336	(63.6)	1336	(36.4)	3672	(24.4)
50-59	1299	(62.9)	724	(37.1)	1954	(13.0)
60+	436	(60.3)	287	(39.7)	723	(4.8)
All Ages	10150	(67.4)	4912	(32.6)	15065	(100.0)
Median ⁽ⁱⁱⁱ⁾	36	-	39	-	37	-
% under 30	33.1	-	27.6	-	31.3	-
% over 50	16.4	-	20.6	-	17.8	-

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Including 3 referrals for which the gender is not specified.

(iii) The age which splits the population into two groups: 50% older and 50% younger.

Table 2b - Main problem other drugs: distribution of referrals by age

Age on referral	Male		Female		Total ⁽ⁱⁱ⁾	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	%
Under 15	147	(71.7)	58	(28.3)	205	(2.0)
15-19	823	(68.1)	385	(31.9)	1209	(11.6)
20-29	3088	(70.3)	1302	(29.7)	4390	(42.1)
30-39	2546	(76.5)	780	(23.5)	3326	(31.9)
40-49	711	(71.1)	289	(28.9)	1000	(9.6)
50-59	132	(65.3)	70	(34.7)	202	(1.9)
60+	37	(42.5)	50	(57.5)	87	(0.8)
All Ages	7484	(71.8)	2934	(28.2)	10419	(100)
Median ⁽ⁱⁱⁱ⁾	29	-	27	-	28	-
% under 30	54.2	-	59.4	-	55.7	-
% over 50	2.3	-	4.1	-	2.8	-

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Including 1 referral for which the gender is not specified.

(iii) The age which splits the population into two groups: 50% older and 50% younger.

4.3 Referrals by Source of Referral

Tables 3a and 3b analyse referrals by source, for alcohol and drug referrals separately.

Table 3a - Main problem alcohol: distribution by source of referral

Source of Referral ⁽ⁱ⁾	Male		Female		Total ⁽ⁱⁱⁱ⁾	
	(number)	% ⁽ⁱⁱ⁾	(number)	% ⁽ⁱⁱ⁾	(number)	% ^(iv)
Self	3310	(66.6)	1662	(33.4)	4973	(33.0)
Family/Friends	286	(66.7)	143	(33.3)	429	(2.8)
Non-Statutory Service Provider	603	(65.9)	312	(34.1)	915	(6.1)
Statutory Service Provider	423	(67.5)	204	(32.5)	627	(4.2)
GP	1568	(66.2)	799	(33.8)	2369	(15.7)
CPN/Community Mental Health	264	(59.9)	177	(40.1)	441	(2.9)
Psychiatry	149	(61.1)	95	(38.9)	244	(1.6)
Midwife	0	(0.0)	11	(100.0)	11	(0.1)
NHS A&E	45	(51.7)	42	(48.3)	87	(0.6)
NHS Other	256	(63.8)	145	(36.2)	401	(2.7)
Court	164	(62.6)	98	(37.4)	262	(1.7)
Drug Intervention Programme (DIP)	114	(82.0)	25	(18.0)	139	(0.9)
Drug Rehabilitation Requirement (DRR)	17	(81.0)	4	(19.0)	21	(0.1)
Police	232	(82.6)	49	(17.4)	281	(1.9)
Prison	585	(81.8)	130	(18.2)	715	(4.7)
Probation Service	765	(84.3)	143	(15.7)	908	(6.0)
Youth Offending Team	384	(74.7)	130	(25.3)	514	(3.4)

Source of Referral ⁽ⁱ⁾	Male		Female		Total ⁽ⁱⁱⁱ⁾	
	(number)	% ⁽ⁱⁱ⁾	(number)	% ⁽ⁱⁱ⁾	(number)	% ^(iv)
Solicitor	6	(66.7)	3	(33.3)	9	(0.1)
Social Services	222	(45.0)	271	(55.0)	493	(3.3)
Educational Establishment	16	(27.6)	42	(72.4)	58	(0.4)
Job Centre	38	(79.2)	10	(20.8)	48	(0.3)
Community Care Assessment	2	(50.0)	2	(50.0)	4	(0.0)
Support Agencies (v)	334	(62.5)	200	(37.5)	534	(3.5)
Other	366	(63.1)	214	(36.9)	580	(3.8)
Not specified	1	(50.0)	1	(50.0)	2	(0.0)
All Sources	10150	(67.4)	4912	(32.6)	15065	(100.0)

(i) As specified in the guidance for Community Safety Partnerships and Service Provider Agencies - March 2007.

(ii) Male and female referrals as a percentage of all referrals for which the gender is specified.

(iii) Includes 3 referrals for which the gender is not specified.

(iv) Percentage of all referral sources.

(v) Including Women's Refuge; Hostel; Night Shelter; etc.

Table 3b - Main problem other drugs: distribution by source of referral

Source of Referral ⁽ⁱ⁾	Male		Female		Total ⁽ⁱⁱⁱ⁾	
	(number)	% ⁽ⁱⁱ⁾	(number)	% ⁽ⁱⁱ⁾	(number)	% ^(iv)
Self	1824	(70.6)	761	(29.4)	2585	(24.8)
Family/Friend	186	(69.4)	82	(30.6)	268	(2.6)
Non-Statutory Service Provider	608	(70.8)	251	(29.2)	859	(8.2)
Statutory Service Provider	383	(67.3)	186	(32.7)	569	(5.5)
GP	950	(69.5)	417	(30.5)	1367	(13.1)
CPN/Community Mental Health	127	(65.1)	68	(34.9)	195	(1.9)
Psychiatry	49	(55.1)	40	(44.9)	89	(0.9)
Midwife	0	(0.0)	35	(97.2)	36	(0.3)
NHS A&E	18	(69.2)	8	(30.8)	26	(0.2)
NHS Other	85	(63.4)	49	(36.6)	134	(1.3)
Needle exchange	147	(95.5)	7	(4.5)	154	(1.5)
Court	181	(68.3)	84	(31.7)	265	(2.5)
Drug Intervention Programme (DIP)	509	(80.0)	127	(20.0)	636	(6.1)
Drug Rehabilitation Requirement (DRR)	181	(74.8)	61	(25.2)	242	(2.3)
Police	248	(82.1)	54	(17.9)	302	(2.9)
Prison	384	(82.6)	81	(17.4)	465	(4.5)
Probation Service	642	(83.2)	130	(16.8)	772	(7.4)
Youth Offending Team	233	(80.1)	58	(19.9)	291	(2.8)

Source of Referral ⁽ⁱ⁾	Male		Female		Total ⁽ⁱⁱⁱ⁾	
	(number)	% ⁽ⁱⁱ⁾	(number)	% ⁽ⁱⁱ⁾	(number)	% ^(iv)
Solicitor	6	(75.0)	2	(25.0)	8	(0.1)
Social Services	113	(48.5)	120	(51.5)	233	(2.2)
Support Agencies	203	(62.8)	120	(37.2)	323	(3.1)
Educational Establishment	61	(71.8)	23	(27.4)	85	(0.8)
Job Centre	42	(85.7)	7	(14.3)	49	(0.5)
Community Care Assistant	4	(80.0)	1	(20.0)	5	(0.0)
Other	300	(65.2)	162	(35.2)	460	(4.4)
All Sources	7484	(71.8)	2934	(28.2)	10419	(100.0)

(i) As specified in the guidance for Community Safety Partnerships and Service Provider Agencies - March 2007.

(ii) Male and females referrals as a percentage of all referrals for which the gender is specified.

(iii) Includes 1 referral for which the gender is not specified.

(iv) Percentage of all referral sources.

(v) Including Women's Refuge; Hostel; Night Shelter; etc.

Almost a third of all referrals for alcohol problems are self referrals and about a quarter of all referrals for other drug problems are self-referrals. There is an interesting gender difference in referrals from the criminal justice system; 25% of all male referrals came from these sources whereas the figure for females is only 14%.

4.4 Referrals by individual main problem drug

Table 4 and Figure 2 show the distribution of referrals by individual problem drug. Alcohol was the main problem in 15,065 cases - this accounted for 59% of those cases for which the main problem was specified. Heroin was the main problem in 5,142 cases (20.2%), Cannabis in 1,694 cases (6.6%) and Amphetamines in 1,021 cases (4.0%).

Table 4 - Referrals by individual main problem drug

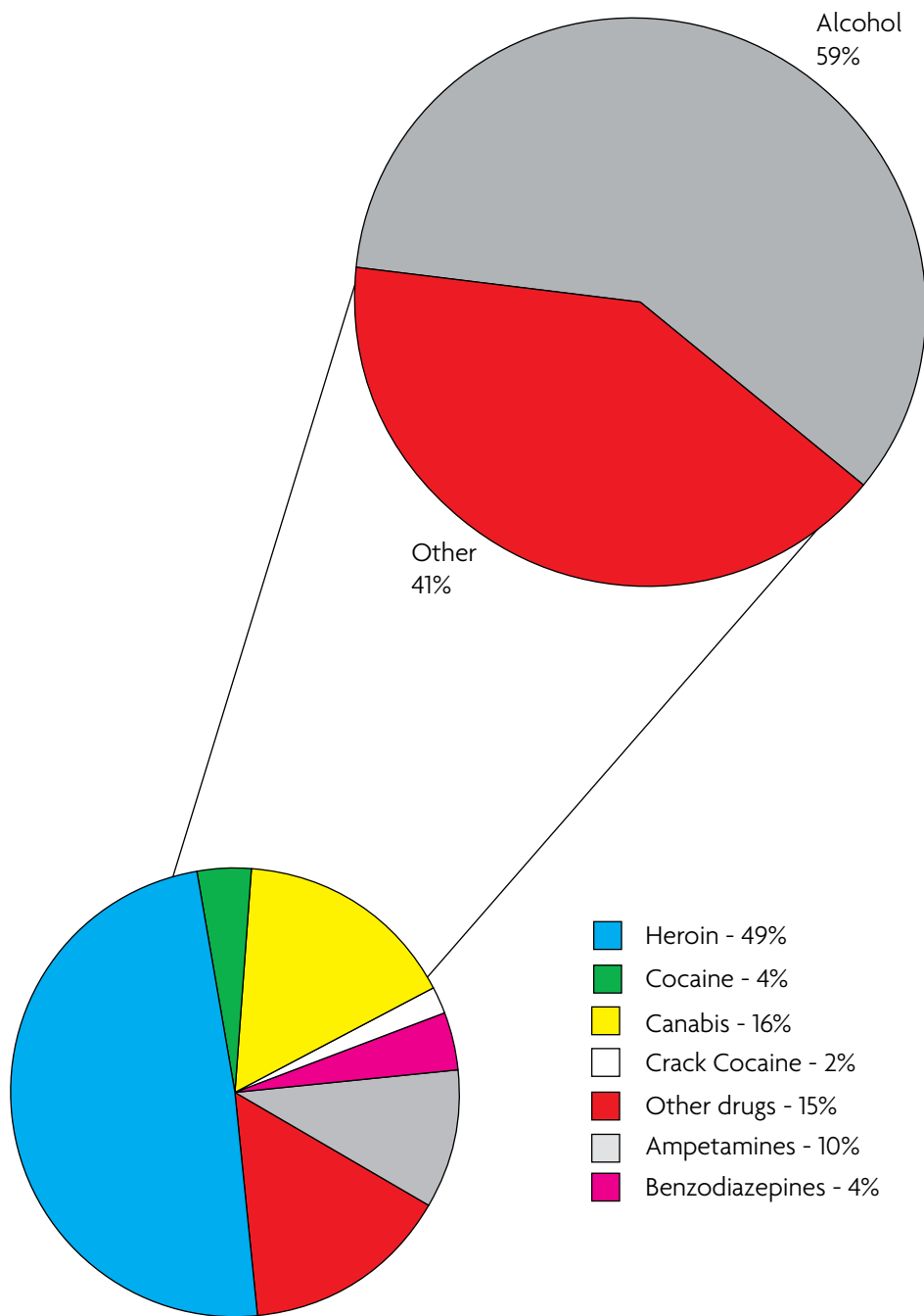
Main problem drug	Male		Female		Total ⁽ⁱⁱ⁾	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱⁱ⁾	(number)	% ⁽ⁱⁱⁱ⁾
Alcohol	10150	(67.4)	4912	(32.6)	15065	(59.1)
Amphetamines	661	(64.7)	359	(35.2)	1021	(4.0)
Anti-depressants	14	(50.0)	14	(50.0)	28	(0.1)
Barbiturates	0	(0.0)	1	(100.0)	1	(0.0)
Benzodiazepines	236	(61.1)	150	(38.9)	386	(1.5)
Cannabis	1310	(77.3)	384	(22.7)	1694	(6.6)
Cocaine	365	(84.1)	69	(15.9)	434	(1.7)
Crack Cocaine	122	(75.8)	39	(24.2)	161	(0.6)
Ecstasy	55	(74.3)	19	(25.7)	74	(0.3)
Hallucinogens	9	(69.2)	4	(30.8)	13	(0.1)
Heroin	3731	(72.6)	1411	(27.4)	5142	(20.2)
Methadone	335	(61.6)	209	(38.4)	544	(2.1)
Other Drugs	66	(62.9)	39	(37.1)	105	(0.4)
Other opiates	379	(66.5)	191	(33.5)	570	(2.2)
Poly use; no details	69	(67.6)	33	(32.4)	102	(0.4)
Solvents	34	(75.6)	11	(24.4)	45	(0.2)
Steroids	98	(99.0)	1	(1.0)	99	(0.4)
Not specified	1588	(70.9)	650	(29.0)	2240	-
All problems	19222	(69.3)	8496	(30.7)	27724	(100.0)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Includes 6 referrals for which the gender is not specified.

(iii) Percentage of all referrals for which the main problem is specified.

Figure 2 - Referrals by individual problem drug



4.5 Profiles for main problem drugs

Tables 5a - 5f give separate age and source profiles for referrals with main problems alcohol, heroin, cannabis, amphetamines, cocaine and crack cocaine. Table 5g gives a separate profile for referrals with any mention of crack cocaine.

Table 5a - Profile of referrals with alcohol specified as the main problem

By Age	Male		Female		Total ⁽ⁱⁱ⁾	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱⁱⁱ⁾
Under 15	161	(60.5)	105	(39.5)	266	(1.8)
15-19	831	(64.5)	458	(35.5)	1289	(8.6)
20-29	2366	(74.9)	794	(25.1)	3160	(21.0)
30-39	2791	(69.8)	1208	(30.2)	4001	(26.6)
40-49	2336	(63.6)	1336	(36.4)	3672	(24.4)
50-59	1229	(62.9)	724	(37.1)	1954	(13.0)
60+	436	(60.3)	287	(39.7)	723	(4.8)
All Ages	10150	(67.4)	4912	(32.6)	15065	(100.0)
Median Age ^(iv)	36	-	39	-	37	-
% under 30	33.1	-	27.6	-	31.3	-
% over 50	16.4	-	20.6	-	17.8	-
By source of referral						
Self	3310	(66.6)	1662	(33.4)	4973	(33.0)
GP	1568	(66.2)	799	(33.8)	2369	(15.7)
Criminal Justice System ^(v)	2261	(79.6)	579	(20.4)	2840	(18.9)
Other	3011	(61.7)	1872	(38.3)	4883	(32.4)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Includes 3 referrals where the gender is not specified.

(iii) Percentage of all referrals.

(iv) The age which splits the population into two groups; 50% older and 50% younger.

(v) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

Table 5b - Profile of referrals with heroin specified as the main problem

By Age	Male		Female		Total	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱⁱ⁾
Under 15	15	(93.8)	1	(6.3)	16	(0.3)
15-19	159	(52.8)	142	(47.2)	301	(5.9)
20-29	1678	(68.9)	758	(31.1)	2436	(47.4)
30-39	1468	(79.3)	383	(20.7)	1851	(36.0)
40-49	354	(76.8)	107	(23.2)	461	(9.0)
50-59	53	(79.1)	14	(20.9)	67	(1.3)
60+	4	(40.0)	6	(60.0)	10	(0.2)
All Ages	3731	(72.6)	1411	(27.4)	5142	(100.0)
Median Age ⁽ⁱⁱⁱ⁾	30	-	27	-	29	-
% under 30	49.6	-	63.9	-	53.5	-
% over 50	1.5	-	1.4	-	1.5	-
By source of referral						
Self	1008	(71.4)	403	(28.6)	1411	(27.4)
GP	420	(70.9)	172	(29.1)	592	(11.5)
Criminal Justice System ^(iv)	1274	(78.9)	341	(21.1)	1615	(31.4)
Other	1029	(67.5)	495	(32.5)	1524	(29.6)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Percentage of all referrals with heroin as the main problem.

(iii) The age which splits the population into two groups; 50% older and 50% younger.

(iv) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

Table 5c - Profile of referrals with cannabis specified as the main problem

By Age	Male		Female		Total	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱⁱ⁾
Under 15	103	(71.5)	41	(28.5)	144	(8.5)
15-19	445	(78.5)	122	(21.5)	567	(33.5)
20-29	423	(78.3)	117	(21.7)	540	(31.9)
30-39	232	(80.8)	55	(19.2)	287	(16.9)
40-49	78	(69.0)	35	(31.0)	113	(6.7)
50-59	24	(64.9)	13	(35.1)	37	(2.2)
60+	5	(83.3)	1	(16.7)	6	(0.4)
All Ages	1310	(77.3)	384	(22.7)	1694	(100.0)
Median Age ⁽ⁱⁱⁱ⁾	21	-	21	-	21	-
% under 30	74.1	-	72.9	-	73.8	-
% over 50	2.2	-	3.6	-	2.5	-
By source of referral						
Self	241	(74.2)	84	(25.8)	325	(19.2)
GP	134	(82.7)	28	(17.3)	162	(9.6)
Criminal Justice System ^(iv)	495	(83.6)	97	(16.4)	592	(34.9)
Other	440	(71.5)	175	(28.5)	615	(36.3)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Percentage of all referrals with cannabis as the main problem.

(iii) The age which splits the population into two groups; 50% older and 50% younger.

(iv) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

Table 5d - Profile of referrals with amphetamines specified as the main problem

By Age	Male		Female		Total (ii)	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱⁱⁱ⁾
Under 15	2	(40.0)	3	(60.0)	5	(0.5)
15-19	71	(62.8)	41	(36.6)	113	(11.1)
20-29	223	(61.9)	137	(38.1)	360	(35.3)
30-39	265	(66.8)	132	(33.2)	397	(38.9)
40-49	91	(69.5)	40	(30.5)	131	(12.8)
50-59	9	(60.0)	6	(40.0)	15	(1.5)
60+	0	(0.0)	0	(0.0)	0	(0.0)
All Ages	661	(64.7)	359	(35.2)	1021	(100.0)
Median Age ^(iv)	30	-	29	-	30	-
% under 30	34.7	-	50.4	-	46.8	-
% over 50	1.4	-	1.7	-	1.5	-
By source of referral						
Self	164	(60.5)	107	(39.5)	271	(26.5)
GP	90	(66.2)	46	(33.8)	136	(13.3)
Criminal Justice System ^(v)	210	(77.5)	61	(22.5)	271	(26.5)
Other	197	(57.4)	145	(42.4)	343	(33.6)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Including 1 referral for which the gender is not specified.

(iii) Percentage of all referrals with amphetamines as the main problem.

(iv) The age which splits the population into two groups; 50% older and 50% younger.

(v) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

Table 5e - Profile of referrals with cocaine as the main problem

By Age	Male		Female		Total	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱⁱ⁾
Under 15	1	(100.0)	0	(0.0)	1	(0.2)
15-19	38	(62.3)	23	(37.7)	61	(14.1)
20-29	180	(84.1)	34	(15.9)	214	(49.3)
30-39	107	(91.5)	10	(8.5)	117	(27.0)
40-49	31	(93.9)	2	(6.1)	33	(7.6)
50-59	7	(100.0)	0	(0.0)	7	(1.6)
60+	1	(100.0)	0	(0.0)	1	(0.2)
All Ages	365	(84.1)	69	(15.9)	434	(100.0)
Median Age ⁽ⁱⁱⁱ⁾	28	-	23	-	27	-
% under 30	60	-	82.6	-	63.6	-
% over 50	2.2	-	0	-	1.8	-
By source of referral						
Self	110	(84.6)	20	(15.4)	130	(30.0)
GP	72	(87.8)	10	(12.2)	82	(18.9)
Criminal Justice System ^(iv)	75	(86.2)	12	(13.8)	87	(20.0)
Other	108	(80.0)	27	(20.0)	135	(31.1)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Percentage of all referrals with cocaine as the main problem.

(iii) The age which splits the population into two groups; 50% older and 50% younger.

(iv) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

Table 5f - Profile of referrals with crack cocaine specified as the main problem

By Age	Male		Female		Total	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱⁱ⁾
Under 15	0		0		0	
15-19	11	(91.7)	1	(8.3)	12	(7.5)
20-29	62	(72.1)	24	(27.9)	86	(53.4)
30-39	37	(74.0)	13	(26.0)	50	(31.1)
40-49	10	(100.0)	0	(0.0)	10	(6.2)
50-59	1	(50.0)	1	(50.0)	2	(1.2)
60+	1	(100.0)	0	(0.0)	1	(0.6)
All Ages	122	(75.8)	39	(24.2)	161	(100.0)
Median Age ⁽ⁱⁱⁱ⁾	28	-	28	-	28	-
% under 30	59.8	-	64.1	-	60.9	-
% over 50	1.6	-	2.6	-	1.9	-
By source of referral						
Self	42	(72.4)	16	(27.6)	58	(36.0)
GP	11	(84.6)	2	(15.4)	13	(8.1)
Criminal Justice System ^(iv)	47	(90.4)	5	(9.6)	52	(32.3)
Other	22	(57.9)	16	(42.1)	38	(23.6)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Percentage of all referrals with crack cocaine as the main problem.

(iii) The age which splits the population into two groups; 50% older and 50% younger.

(iv) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

Table 5g - Profile of referrals where crack cocaine is reported to be used in conjunction with other drugs

By Age	Male		Female		Total	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱⁱ⁾
Under 15	3	(100.0)	0	(0.0)	3	(0.4)
15-19	33	(55.9)	26	(44.1)	59	(8.1)
20-29	259	(72.8)	97	(27.2)	356	(48.8)
30-39	200	(79.1)	53	(20.9)	253	(34.7)
40-49	45	(88.2)	6	(11.8)	51	(7.0)
50-59	2	(40.0)	3	(60.0)	5	(0.7)
60+	2	(100.0)	0	(0.0)	2	(0.3)
All Ages	544	(74.6)	185	(25.4)	729	(100.0)
Median Age ⁽ⁱⁱⁱ⁾	29	-	26	-	28	-
% under 30	54.2	-	66.5	-	57.3	-
% over 50	0.7	-	1.6	-	1.0	-
By source of referral						
Self	145	(70.7)	60	(29.3)	205	(28.1)
GP	35	(79.5)	9	(20.5)	44	(6.0)
Criminal Justice System ^(iv)	259	(82.5)	55	(17.5)	314	(43.1)
Other	105	(63.3)	61	(36.7)	166	(22.8)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Percentage of all referrals with crack cocaine as the main problem.

(iii) The age which splits the population into two groups; 50% older and 50% younger.

(iv) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

4.6 Analysis of multiple attenders

In most of the tables in this report the currency is the referral. To calculate incidence figures it is necessary to allow for the effect of individuals who are referred more than once during the period. Analysis of such multiple attenders is given in Table 6.

Table 6 - Multiple attenders by main problem, age, and source of referral

Main Problem	All Referrals	Previous history since the database was established on 1 April 2005			Individuals attending in 2006/7	% new cases
		None	With any earlier referral	With an earlier referral during 2006/7		
Alcohol	15065	7120 (47.3%)	7945 (52.7%)	5482 (36.4%)	9583	74.3
Other Drugs	10419	3969 (38.1%)	6450 (61.9%)	4510 (43.3%)	5909	67.2
Unspecified	2240	927 (41.4%)	1313 (58.6%)	983 (43.9%)	1257	73.7
All Problems	27724	12016 (43.3%)	15708 (56.7%)	10975 (39.6%)	16749	71.7
Age						
Under 20	3323	1935 (58.2%)	1388 (41.8%)	985 (29.6%)	2338	82.8
20-29	8282	3321 (40.1%)	4961 (59.9%)	3525 (42.6%)	4757	69.8
30-39	7942	3026 (38.1%)	4916 (61.9%)	3435 (43.3%)	4507	67.1
40-49	5035	2157 (42.8%)	2878 (57.2%)	1957 (38.9%)	3078	70.1
50+	3142	1577 (50.2%)	1565 (49.8%)	1073 (34.2%)	2069	76.2
All Ages	27724	12016 (43.3%)	15708 (56.7%)	10975 (39.6%)	16749	71.7
% under 30	41.8	43.7	40.4	40.9	42.3	-
% over 50	11.3	13.1	9.9	9.7	12.3	-
By source of referral						
Self	7821	3699 (47.3%)	4122 (52.7%)	2730 (34.9%)	5091	72.7
GP	4238	2115 (49.9%)	2123 (50.1%)	1385 (32.7%)	2853	74.1
Criminal Justice System (i)	6571	2474 (37.7%)	4097 (62.3%)	2866 (43.6%)	3705	66.8
Other	9094	3728 (41.0%)	5366 (59.0%)	3994 (43.9%)	5100	73.1
All Sources	27724	12016 (43.3%)	15708 (56.7%)	10975 (39.6%)	16749	71.7

(i) Comprising Court, DIP, DRR, Prison, Police, Probation & YOT sources.

Table 6 shows that, of the 27,724 referrals to treatment providers during 2006/7, only 12,016 had had no earlier contact i.e. only 43% of referrals had no previous history. It should be borne in mind that previous history in terms of this database means only the two year period April 2005 to March 2007. In future years, as the time span of the database extends, it appears probable that this percentage with no previous history will decline.

Another way of looking at the figures in Table 6 is to express new cases as a percentage of individuals rather than as a percentage of all referrals. These figures are given in the final column which shows that 72% of individuals referred in 2006/7 were new cases. This percentage is also likely to decline as the database matures.

The percentage of new cases is higher for alcohol (74%) than for other drugs (67%) and lower for referrals the from criminal justice system (67%) than from other sources (73%).

4.7 Ethnic origin

One of the data quality issues mentioned in Section 3 is the lack of information supplied in many of the important data fields which would facilitate a greater understanding of the nature and scope of substance misuse issues. For example, Table 7 analyses referrals by ethnic origin, and it is seen that in over 58% of referrals the ethnic origin field is not completed.

Table 7 - Referrals by ethnic origin (self assessed)

Ethnic Origin	Male		Female		Total (ii)	
	(number)	% ⁽ⁱ⁾	(number)	% ⁽ⁱ⁾	(number)	%
British	7805	(69.6)	3413	(30.4)	11218	(40.5)
Irish	22	(61.1)	14	(38.9)	36	(0.1)
Any other white background	67	(77.0)	20	(23.0)	87	(0.3)
White and Black Caribbean	13	(68.4)	6	(31.6)	19	(0.1)
White and Black African	10	(71.4)	4	(28.6)	14	(0.1)
White and Asian	6	(54.5)	5	(45.5)	11	(0.0)
Any other mixed background	14	(82.4)	3	(17.6)	17	(0.1)
Indian	8	(66.7)	4	(33.3)	12	(0.0)
Pakistani	16	(94.1)	1	(5.9)	17	(0.1)
Bangladeshi	5	(83.3)	1	(16.7)	6	(0.0)
Any other Asian background	29	(90.6)	3	(9.4)	32	(0.1)
Caribbean	12	(85.7)	2	(14.3)	14	(0.1)
African	3	(75.0)	1	(25.0)	4	(0.0)
Any other black background	13	(76.5)	4	(23.5)	17	(0.1)
Chinese	0	(0.0)	2	(100.0)	2	(0.0)
Any other ethnic group	30	(83.3)	6	(16.7)	36	(0.1)
Not Stated	11169	(69.0)	5007	(31.0)	16182	(58.4)
Total	19222	(69.3)	8496	(30.7)	27724	(100.0)

(i) Male and female referrals as a percentage of all referrals for which the gender is specified.

(ii) Including 6 referrals for which the gender is not specified.

4.8 Case closures

Table 8 shows, for alcohol and other drugs separately, the way in which treatment providers have reported on referrals made during 2006/7. By the time that the data file was frozen on 11th July 2007 about 60% of all referred cases were reported closed.

Table 8 - Referrals by method of closure

Main Problem	Closed Cases				Open Cases	All Referrals
	Planned (i)	Unplanned (ii)	DNA (iii)	Total		
Alcohol	3186	1684	4350	9220	5845	15065
Other Drugs	1648	1245	2764	5657	4762	10419
No Problem specified	637	534	503	1674	566	2240
All Problems	5471	3463	7617	16551	11173	27724

(i) Includes treatment complete and transfers to another service.

(ii) Includes treatment withdrawn (breach of contract), moved from area, prison, deceased and inappropriate referral.

(iii) Did not attend.

4.9 Non-attenders

The nature of the service provided and the characteristics of the treated population means that non attendance is a serious problem. In Table 9 these non-attenders are analysed by whether the drop-out occurred:

- a) before assessment;
- b) after assessment and before treatment, or
- c) during treatment.

Table 9 - Non attenders by stage

Main Problem	Stage of non-attendance						All non-attenders
	Before assessment		Between assessment and treatment		During Treatment		
	(number)	%	(number)	%	(number)	%	
Alcohol	586	(13.5)	1008	(23.2)	2756	(63.4)	4350
Other Drugs	594	(21.5)	590	(21.3)	1580	(57.2)	2764
No problem specified	146	(29.0)	126	(25.0)	231	(45.9)	503
All Problems	1326	(17.4)	1724	(22.6)	4567	(60.0)	7617

4.10 Geographical distribution of referrals

Table 10 shows the distribution of referrals by individual Community Safety Partnership Area. The large difference in the number of cases with the main problem not specified is an indication of the varying quality of information supplied by different treatment providers. Some of the providers supplying information on referrals from Anglesey, Gwynedd, and Swansea still had unresolved data quality issues when the data file was frozen. Good progress has been made since then to update the database, particularly in Swansea, and the providers and related Community Safety Partnerships can access more up to date data for planning and performance monitoring purposes.

For Wales as a whole, there are 145 referrals for alcohol problems for every 100 with other drug problems. This ratio varied widely across Wales, ranging from 88 in Neath Port Talbot up to 305 in Powys. Some of this variation might be accounted for by the data quality problems mentioned in the previous paragraph but the figures could be pointing to differences in the provision of alcohol services between CSP areas in Wales.

Table 10 - Referrals by Community Safety Partnership

Community Safety Partnership	Referrals with main problem Alcohol	Referrals with main problem other drugs	All Referrals (i)	% of cases with no main problem specified	Ratio of alcohol to other drug referrals
Anglesey & Gwynedd (ii)	592	282	1148	23.8	2.09
Conwy	495	302	881	9.5	1.64
Denbighshire	482	282	838	8.8	1.71
Flintshire	685	309	1022	2.7	2.22
Wrexham	655	371	1137	9.8	1.77
North Wales	2909	1546	5026	11.4	1.88
Powys	741	243	985	0.1	3.05
Ceredigion	387	207	616	3.6	1.87
Pembrokeshire	531	280	816	0.6	1.90
Carmarthenshire	615	618	1245	1.0	1.00
Dyfed Powys	2274	1348	3662	1.1	1.69
Swansea	1323	1337	3283	19.0	0.99
Neath Port Talbot	660	751	1484	4.9	0.88
Bridgend	800	741	1576	2.2	1.08
Vale of Glamorgan	686	385	1160	7.7	1.78
Cardiff	1739	1234	3313	10.3	1.41
Rhondda Cynon Taff	1397	1206	2721	4.3	1.16
Merthyr Tydfil	427	336	821	7.1	1.27
South Wales	7032	5990	14358	9.3	1.17
Caerphilly	811	419	1348	8.8	1.94
Blaenau Gwent	312	200	545	6.1	1.56
Torfaen	405	195	643	6.7	2.08
Monmouthshire	234	177	435	5.5	1.32
Newport	990	484	1533	3.8	2.05
Gwent	2752	1475	4504	6.2	1.87
Outside Wales	98	60	174	9.2	1.63
Total	15065	10419	27724	8.1	1.45

(i) Including 2240 cases where the main problem is not specified.

(ii) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals.

4.11 Geographical distribution of referrals for main problem drugs

Table 11 - Referrals by Community Safety Partnership

Community Safety Partnership	Main problem									
	Heroin		Cannabis		Amphetamines		Cocaine		Crack Cocaine	
	No.	% ⁽ⁱⁱ⁾	No.	% ⁽ⁱⁱ⁾	No.	% ⁽ⁱⁱ⁾	No.	% ⁽ⁱⁱ⁾	No.	% ⁽ⁱⁱ⁾
Anglesey & Gwynedd ⁽ⁱ⁾	139	(49.3)	57	(20.2)	30	(10.6)	21	(7.4)	0	(0.0)
Conwy	155	(51.3)	28	(9.3)	14	(4.6)	13	(4.3)	0	(0.0)
Denbighshire	141	(50.0)	33	(11.7)	10	(3.5)	13	(4.6)	3	(1.1)
Flintshire	119	(38.5)	27	(8.7)	24	(7.8)	32	(10.4)	3	(1.0)
Wrexham	220	(59.3)	37	(10.0)	20	(5.4)	16	(4.3)	4	(1.1)
North Wales	774	(50.1)	182	(11.8)	98	(6.3)	95	(6.1)	10	(0.6)
Powys	93	(38.3)	72	(29.6)	26	(10.7)	12	(4.9)	4	(1.6)
Ceredigion	57	(27.5)	63	(30.4)	5	(2.4)	11	(5.3)	3	(1.4)
Pembrokeshire	78	(27.9)	111	(39.6)	28	(10.0)	13	(4.6)	0	(0.0)
Carmarthenshire	236	(38.2)	241	(39.0)	41	(6.6)	8	(1.3)	2	(0.3)
Dyfed Powys	464	(34.4)	487	(36.1)	100	(7.4)	44	(3.3)	9	(0.7)
Swansea	866	(64.8)	81	(6.1)	115	(8.6)	73	(5.5)	23	(1.7)
Neath Port Talbot	376	(50.1)	68	(9.1)	92	(12.3)	33	(4.4)	8	(1.1)
Bridgend	403	(54.4)	80	(10.8)	85	(11.5)	29	(3.9)	10	(1.3)
Vale of Glamorgan	168	(43.6)	75	(19.5)	51	(13.2)	14	(3.6)	4	(1.0)
Cardiff	676	(54.8)	154	(12.5)	101	(8.2)	77	(6.2)	58	(4.7)
Rhondda Cynon Taff	522	(43.3)	152	(12.6)	185	(15.3)	23	(1.9)	10	(0.8)
Merthyr Tydfil	188	(56.0)	58	(17.3)	40	(11.9)	5	(1.5)	2	(0.6)
South Wales	3199	(53.4)	668	(11.2)	669	(11.2)	254	(4.2)	115	(1.9)
Caerphilly	162	(38.7)	109	(26.0)	60	(14.3)	10	(2.4)	4	(1.0)
Blaenau Gwent	116	(58.0)	34	(17.0)	28	(14.0)	3	(1.5)	3	(1.5)
Torfaen	48	(24.6)	67	(34.4)	27	(13.8)	16	(8.2)	8	(4.1)
Monmouthshire	74	(41.8)	48	(27.1)	9	(5.1)	5	(2.8)	1	(0.6)
Newport	265	(54.8)	96	(19.8)	29	(6.0)	6	(1.2)	9	(1.9)
Gwent	665	(45.1)	354	(24.0)	153	(10.4)	40	(2.7)	25	(1.7)
Outside Wales	40	(66.7)	3	(5.0)	1	(1.7)	1	(1.7)	2	(3.3)
WALES	5142	(49.4)	1694	(16.3)	1021	(9.8)	434	(4.2)	161	(1.5)

(i) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals.

(ii) Percentage of all referrals for 'other drugs'.

4.12 Waiting Times

Tables 12a and 12b show the distribution of waiting times between referrals and assessment for the 14,788 cases for which the necessary information was available. The figures suggest that 74% of these referrals were assessed within 4 weeks and less than 6% waited longer than 12 weeks for an assessment.

Table 12a - Waiting times between referral and assessment - alcohol

Community Safety Partnership	Time between referral and assessment						Waiting for assessment	Closed with no assessment date (iii)	
	Within 10 working days		2-4 weeks	5-12 weeks	>12 weeks	All recorded times		number	%(iv)
	number	%(ii)							
Anglesey & Gwynedd (i)	514	(92.6)	23	17	1	555	7	30	(5.1)
Conwy	49	(45.8)	21	24	13	107	78	310	(62.6)
Denbighshire	40	(46.5)	8	27	11	86	71	325	(67.4)
Flintshire	39	(69.6)	4	10	3	56	131	498	(72.7)
Wrexham	60	(59.4)	8	15	18	101	111	443	(67.6)
North Wales	702	(77.6)	64	93	46	905	398	1606	(55.2)
Powys	156	(45.6)	124	57	5	342	60	339	(45.7)
Ceredigion	229	(66.4)	72	41	3	345	27	15	(3.9)
Pembrokeshire	169	(52.5)	83	54	16	322	37	172	(32.4)
Carmarthenshire	279	(53.9)	134	99	6	518	68	29	(4.7)
Dyfed Powys	833	(54.6)	413	251	30	1527	192	555	(24.4)
Swansea	421	(70.6)	91	54	30	596	154	573	(43.3)
Neath Port Talbot	239	(62.4)	63	52	29	383	61	216	(32.7)
Bridgend	307	(46.4)	119	193	43	662	55	83	(10.4)
Vale of Glamorgan	161	(27.0)	241	149	45	596	55	35	(5.1)
Cardiff	306	(24.7)	273	552	109	1240	289	210	(12.1)
Rhondda Cynon Taff	262	(41.6)	125	167	76	630	632	135	(9.7)
Merthyr Tydfil	92	(35.1)	84	78	8	262	43	122	(28.6)
South Wales	1788	(40.9)	996	1245	340	4369	1289	1374	(19.5)
Caerphilly	274	(45.9)	187	123	13	597	88	126	(15.5)
Blaenau Gwent	127	(45.2)	107	44	3	281	14	17	(5.4)
Torfaen	212	(60.4)	97	39	3	351	33	21	(5.2)
Monmouthshire	75	(37.1)	90	33	4	202	20	12	(5.1)

Community Safety Partnership	Time between referral and assessment					Waiting for assessment	Closed with no assessment date (iii)		
	Within 10 working days		2-4 weeks	5-12 weeks	>12 weeks		All recorded times	number	%(iv)
	number	%(ii)							
Newport	412	(51.6)	251	123	12	798	149	43	(4.3)
Gwent	1100	(49.3)	732	362	35	2229	304	219	(8.0)
Outside Wales	54	(88.5)	3	3	1	61	2	35	(35.7)
Total	4477	(49.2)	2208	1954	452	9091	2185	3789	(25.2)

- (i) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals. The difference in the distribution of referred waiting times between these CSPs and all other areas of Wales suggest non-standard interpretation of the guidelines
- (ii) Percentage of all cases with a valid recorded assessment date.
- (iii) Including 245 cases with an invalid assessment date.
- (iv) Percentage of all referrals.

Table 12b - Waiting times between referral and assessment - other drugs

Community Safety Partnership	Time between referral and assessment						Waiting for assessment	Closed with no assessment date (iii)	
	Within 10 working days		2-4 weeks	5-12 weeks	>12 weeks	All recorded times		number	%(iv)
	number	%(ii)							
Anglesey & Gwynedd (i)	242	(90.3)	11	10	5	268	3	11	(3.9)
Conwy	45	(46.9)	25	18	8	96	79	127	(42.1)
Denbighshire	19	(28.8)	15	24	8	66	59	157	(55.7)
Flintshire	18	(26.1)	14	31	6	69	79	161	(52.1)
Wrexham	18	(25.0)	12	36	6	72	113	186	(50.1)
North Wales	342	(59.9)	77	119	33	571	333	642	(41.5)
Powys	81	(60.0)	34	16	4	135	24	84	(34.6)
Ceredigion	103	(56.9)	45	29	4	181	7	19	(9.2)
Pembrokeshire	102	(56.4)	35	39	5	181	24	75	(26.8)
Carmarthenshire	139	(56.0)	43	32	34	248	165	205	(33.2)
Dyfed Powys	425	(57.0)	157	116	47	745	220	383	(28.4)
Swansea	332	(60.1)	68	103	49	552	240	545	(40.8)
Neath Port Talbot	299	(64.3)	73	43	50	465	48	238	(31.7)
Bridgend	282	(57.9)	73	88	44	487	60	194	(26.2)
Vale of Glamorgan	130	(38.7)	127	60	19	336	31	18	(4.7)
Cardiff	311	(36.5)	176	287	77	851	247	136	(11.0)
Rhondda Cynon Taff	278	(50.9)	131	105	32	546	466	194	(16.1)
Merthyr Tydfil	66	(38.4)	57	38	11	172	27	137	(40.8)
South Wales	1698	(49.8)	705	724	282	3409	1119	1462	(24.4)
Caerphilly	201	(71.8)	41	38	0	280	60	79	(18.9)
Blaenau Gwent	116	(81.1)	18	6	3	143	16	41	(20.5)
Torfaen	102	(78.5)	15	13	0	130	23	42	(21.5)
Monmouthshire	78	(78.8)	14	7	0	99	33	45	(25.4)
Newport	237	(83.2)	34	11	3	285	117	82	(16.9)
Gwent	734	(78.3)	122	75	6	937	249	289	(19.6)
Outside Wales	30	(85.7)	2	2	1	35	5	20	(33.3)
Total	3229	(56.7)	1063	1036	369	5697	1926	2796	(26.8)

(i) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals. The difference in the distribution of referred waiting times between these CSPs and all other areas of Wales suggest non-standard interpretation of the guidelines.

(ii) Percentage of all cases with a valid recorded assessment date.

(iii) Including 151 cases with an invalid assessment date.

(iv) Percentage of all referrals.

Tables 12c and 12d show the distribution of waiting times between assessment and treatment for the 10,209 cases for which the necessary information was available. The figure of 92% with a gap of up to 10 working days between assessment and treatment includes a large number of cases where treatment is recorded as starting on the date of assessment. In only 2% of recorded cases is there a wait of more than 12 weeks before treatment starts.

Table 12c - Waiting times between assessment and treatment - alcohol

Community Safety Partnership	Time between assessment and treatment						Waiting for treatment	Closed with no treatment date (iii)	
	Within 10 working days		2-4 weeks	5-12 weeks	>12 weeks	All recorded times		number	%(iv)
	number	%(ii)							
Anglesey & Gwynedd ⁽ⁱ⁾	534	(98.5)	3	4	1	542	1	49	(8.3)
Conwy	87	(87.9)	5	4	3	99	1	395	(79.8)
Denbighshire	90	(96.8)	2	1	0	93	0	389	(80.7)
Flintshire	60	(98.4)	1	0	0	61	5	619	(90.4)
Wrexham	97	(95.1)	3	2	0	102	4	549	(83.8)
North Wales	868	(96.8)	14	11	4	897	11	2001	(68.8)
Powys	220	(85.3)	24	14	0	258	31	452	(61.0)
Ceredigion	246	(94.3)	7	7	1	261	5	121	(31.3)
Pembrokeshire	316	(99.4)	2	0	0	318	0	213	(40.1)
Carmarthenshire	456	(98.7)	2	0	4	462	22	131	(21.3)
Dyfed Powys	1238	(95.3)	35	21	5	1299	58	917	(40.3)
Swansea	199	(51.7)	14	77	95	385	59	879	(66.4)
Neath Port Talbot	132	(69.5)	18	26	14	190	75	395	(59.8)
Bridgend	472	(85.2)	36	34	12	554	38	208	(26.0)
Vale of Glamorgan	136	(98.6)	0	1	1	138	243	305	(44.5)
Cardiff	337	(94.4)	9	7	4	357	261	1121	(64.5)
Rhondda Cynon Taff	586	(98.2)	2	4	5	597	14	786	(56.3)
Merthyr Tydfil	248	(100.0)	0	0	0	248	8	171	(40.0)
South Wales	2110	(85.5)	79	149	131	2469	698	3865	(55.0)
Caerphilly	460	(98.7)	5	1	0	466	105	240	(29.6)
Blaenau Gwent	230	(97.9)	2	3	0	235	36	41	(13.1)
Torfaen	296	(99.0)	2	1	0	299	39	67	(16.5)
Monmouthshire	128	(100.0)	0	0	0	128	39	67	(28.6)
Newport	558	(98.6)	1	7	0	566	172	252	(25.5)
Gwent	1672	(98.7)	10	12	0	1694	391	667	(24.2)
Outside Wales	23	(63.9)	4	8	1	36	2	60	(61.2)
Total	5911	(92.4)	142	201	141	6395	1160	7510	(49.9)

(i) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals.

(ii) Percentage of all cases with a valid recorded treatment date.

(iii) Including 201 cases with an invalid treatment date.

(iv) Percentage of all referrals.

Table 12d - Waiting times between assessment and treatment- other drugs

Community Safety Partnership	Time between assessment and treatment						Waiting for treatment	Closed with no treatment date (iii)	
	Within 10 working days		2-4 weeks	5-12 weeks	>12 weeks	All recorded times		number	%(iv)
	number	%(ii)							
Anglesey & Gwynedd (i)	258	(100.0)	0	0	0	258	0	24	(8.5)
Conwy	43	(66.2)	1	12	6	65	1	236	(78.1)
Denbighshire	61	(93.8)	0	1	3	65	0	217	(77.0)
Flintshire	15	(78.9)	0	2	0	19	0	290	(93.9)
Wrexham	32	(91.4)	0	1	0	35	0	336	(90.6)
North Wales	409	(92.5)	1	16	9	442	1	1103	(71.3)
Powys	91	(87.5)	8	6	0	104	8	131	(53.9)
Ceredigion	160	(95.2)	2	2	0	168	2	37	(17.9)
Pembrokeshire	172	(99.4)	9	0	1	173	9	98	(35.0)
Carmarthenshire	204	(97.1)	21	0	1	210	21	387	(62.6)
Dyfed Powys	627	(95.7)	40	8	2	655	40	653	(48.4)
Swansea	166	(67.5)	175	27	47	246	175	916	(68.5)
Neath Port Talbot	152	(67.0)	104	31	12	227	104	420	(55.9)
Bridgend	268	(78.8)	63	38	6	340	63	338	(45.6)
Vale of Glamorgan	85	(93.4)	125	1	0	91	125	169	(43.9)
Cardiff	243	(91.7)	208	3	5	265	208	761	(61.7)
Rhondda Cynon Taff	511	(99.0)	23	1	1	516	23	667	(55.3)
Merthyr Tydfil	162	(99.4)	5	1	0	163	5	168	(50.0)
South Wales	1587	(85.9)	703	102	71	1848	703	3439	(57.4)
Caerphilly	254	(96.2)	0	3	1	264	0	155	(37.0)
Blaenau Gwent	129	(97.0)	4	1	1	133	4	63	(31.5)
Torfaen	111	(96.5)	2	2	0	115	2	78	(40.0)
Monmouthshire	85	(96.6)	4	0	0	88	4	85	(48.0)
Newport	243	(94.6)	17	2	1	257	17	210	(43.4)
Gwent	822	(95.9)	27	8	3	857	27	591	(40.1)
Outside Wales	5	(41.7)	3	5	0	12	3	45	(75.0)
Total	3450	(90.5)	789	139	85	3814	789	5816	(55.8)

(i) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals.

(ii) Percentage of all cases with a valid recorded treatment date.

(iii) Including 278 cases with an invalid treatment date.

(iv) Percentage of all referrals.

4.13 Analysis of multiple attenders by geographical area

Table 13 - Multiple attenders by Community Safety Partnership

Community Safety Partnership	All Referrals	Previous history since the database was established on 1 April 2005			Individuals attending in 2006/7	% new cases
		Referrals with no previous history (since April 2005)	With any earlier referral	With an earlier referral during 2006/7		
Anglesey & Gwynedd ⁽ⁱ⁾	1148	785 (68%)	363 (31.6%)	252 (22.0%)	896	87.6
Conwy	881	320 (36%)	561 (63.7%)	410 (46.5%)	471	67.9
Denbighshire	838	289 (34%)	549 (65.5%)	387 (46.2%)	451	64.1
Flintshire	1022	409 (40%)	613 (60.0%)	366 (35.8%)	656	62.3
Wrexham	1137	436 (38%)	701 (61.7%)	454 (39.9%)	683	63.8
North Wales	5026	2239 (45%)	2787 (55.5%)	1869 (37.2%)	3157	70.9
Powys	985	501 (51%)	484 (49.1%)	274 (27.8%)	711	70.5
Ceredigion	616	287 (47%)	329 (53.4%)	209 (33.9%)	407	70.5
Pembrokeshire	816	366 (45%)	450 (55.1%)	294 (36.0%)	522	70.1
Carmarthenshire	1245	523 (42%)	722 (58.0%)	481 (38.6%)	764	68.5
Dyfed Powys	3662	1677 (46%)	1985 (54.2%)	1258 (34.4%)	2404	69.8
Swansea	3283	957 (29%)	2326 (70.8%)	1741 (53.0%)	1542	62.1
Neath Port Talbot	1484	406 (27%)	1078 (72.6%)	859 (57.9%)	625	65.0
Bridgend	1576	696 (44%)	880 (55.8%)	667 (42.3%)	909	76.6
Vale of Glamorgan	1160	383 (33%)	777 (67.0%)	620 (53.4%)	540	70.9
Cardiff	3313	1254 (38%)	2059 (62.1%)	1407 (42.5%)	1906	65.8
Rhondda Cynon Taff	2721	1494 (55%)	1227 (45.1%)	824 (30.3%)	1897	78.8
Merthyr Tydfil	821	346 (42%)	475 (57.9%)	326 (39.7%)	495	69.9
South Wales	14358	5536 (39%)	8822 (61.4%)	6444 (44.9%)	7914	70.0
Caerphilly	1348	721 (53%)	627 (46.5%)	410 (30.4%)	938	76.9
Blaenau Gwent	545	298 (55%)	247 (45.3%)	168 (30.8%)	377	79.0
Torfaen	643	365 (57%)	278 (43.2%)	187 (29.1%)	456	80.0
Monmouthshire	435	268 (62%)	167 (38.4%)	104 (23.9%)	331	81.0
Newport	1533	798 (52%)	735 (47.9%)	491 (32.0%)	1042	76.6
Gwent	4504	2450 (54%)	2054 (45.6%)	1360 (30.2%)	3144	77.9
Outside Wales	174	114 (66%)	60 (34.5%)	44 (25.3%)	130	87.7
All Wales	27724	12016 (43%)	15708 (56.7%)	10975 (39.6%)	16749	71.7

(i) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals.

Table 13 shows a large variation in the percentages of referrals with no previous history, ranging from 27% in Neath Port Talbot to 68% in Anglesey and Gwynedd. This latter figure is almost certainly an artifact of more comprehensive data submissions from one provider but part of the overall variation may be due to varying treatment patterns between providers. The percentage of individuals seen who were new referrals ranged between 62% and 87% across CSP areas.

4.14 Estimated incidence rates

Incidence is the number of new cases during a given time interval, usually one year, e.g. the incidence of problematic alcohol use in 2006/7 is measured by the number of individuals referred with alcohol problems to substance misuse treatment services in 2006/7. Incidence is usually expressed as a rate. The incidence rate is the number of referred individuals divided by the size of the population at risk e.g. if a stable population contains 100,000 persons and 46 develop a condition over one year of observation, the incidence rate is 46 per 100,000.

There are two main problems in estimating incidence rates.

- (i) The problem of repeat attendees; this can be addressed by the matching process undertaken in 4.6 and 4.13 where referrals are converted to individuals; and
- (ii) Individuals for which the main problem is not specified; there is no “correct” method of allocating these cases between alcohol and other drugs. In Tables 14 (a) and (b) this difficulty is addressed by giving a range of incidence rates together with a “preferred”, central option where the unspecified problems for each geographical area are allocated pro rata to the relevant specified “alcohol” and “other drugs” categories. In some cases this produces a wide range which in fact reflects the uncertainties involved.

For alcohol the “preferred” central options for Wales are 349 per 100,000 population for alcohol and 217 per 100,000 for other drugs.

Because of the large numbers of cases from some providers with no main problem specified the estimated incidence rates at CSP level should be treated with extreme caution.

Table 14(a) - Main Problem alcohol: estimated incidence rates per 100,000 population

Area	Number of individuals referred			Estimated Incidence Rate (iv)	Possible Range
	Minimum (i)	Preferred Option(ii)	Maximum (iii)		
Anglesey & Gwynedd (v)	464	595	682	318	248-365
Conwy	247	282	305	253	221-273
Denbighshire	249	281	303	293	259-316
Flintshire	432	442	449	294	288-299
Wrexham	384	419	442	321	294-339
North Wales	1776	2019	2181	299	263-323
Powys	539	540	540	410	410-411
Ceredigion	272	279	284	357	348-363
Pembrokeshire	358	360	361	306	305-307
Carmarthenshire	422	424	426	238	237-239
Dyfed Powys	1591	1603	1611	317	315-319
Swansea	678	830	932	367	300-412
Neath Port Talbot	333	347	357	256	246-263
Bridgend	536	542	546	414	410-418
Vale of Glamorgan	356	374	386	304	290-314
Cardiff	994	1124	1211	352	311-379
Rhondda Cynon Taff	1014	1057	1086	456	438-469
Merthyr Tydfil	291	311	325	568	530-592
South Wales	4202	4587	4843	375	344-396
Caerphilly	576	618	646	363	338-379
Blaenau Gwent	236	250	260	366	345-380
Torfaen	293	310	321	343	324-355
Monmouthshire	178	188	194	214	203-221
Newport	658	686	705	492	471-505
Gwent	1941	2052	2126	369	349-382
Outside Wales	73	77	79	-	-
All Wales	9583	10338	10840	349	324-366

(i) Assuming that referrals with no problem specified are all "other drug" referrals.

(ii) Assuming a 60/40 split in the unspecified cases between alcohol and "other drugs".

(iii) Assuming that referrals with no problem specified are all "alcohol" referrals.

(iv) Based on the preferred option of referrals.

(v) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals.

Table 14(b) - Main Problem other drugs: estimated incidence rates per 100,000 population

Area	Number of individuals referred			Estimated Incidence Rate (iv)	Possible Range
	Minimum (i)	Preferred Option(ii)	Maximum (iii)		
Anglesey & Gwynedd (v)	214	301	432	161	114-231
Conwy	166	189	224	170	149-201
Denbighshire	148	170	202	177	154-210
Flintshire	207	214	224	142	138-149
Wrexham	241	264	299	202	185-229
North Wales	976	1138	1381	169	145-205
Powys	171	171	172	130	130-131
Ceredigion	123	128	135	163	157-173
Pembrokeshire	161	162	164	138	137-140
Carmarthenshire	338	340	342	191	190-192
Dyfed Powys	793	801	813	158	157-161
Swansea	610	712	864	314	269-382
Neath Port Talbot	268	278	292	205	198-215
Bridgend	363	367	373	281	278-285
Vale of Glamorgan	154	166	184	135	125-150
Cardiff	695	782	912	245	217-285
Rhondda Cynon Taff	811	840	883	363	350-381
Merthyr Tydfil	170	184	204	335	310-372
South Wales	3071	3327	3712	272	251-304
Caerphilly	292	320	362	188	172-213
Blaenau Gwent	117	127	141	185	171-206
Torfaen	135	146	163	162	149-181
Monmouthshire	137	143	153	164	156-174
Newport	337	356	384	255	241-275
Gwent	1018	1092	1203	196	183-216
Outside Wales	51	53	57	-	-
All Wales	5909	6411	7166	217	200-242

(i) Assuming that referrals with no problem specified are all "alcohol" referrals.

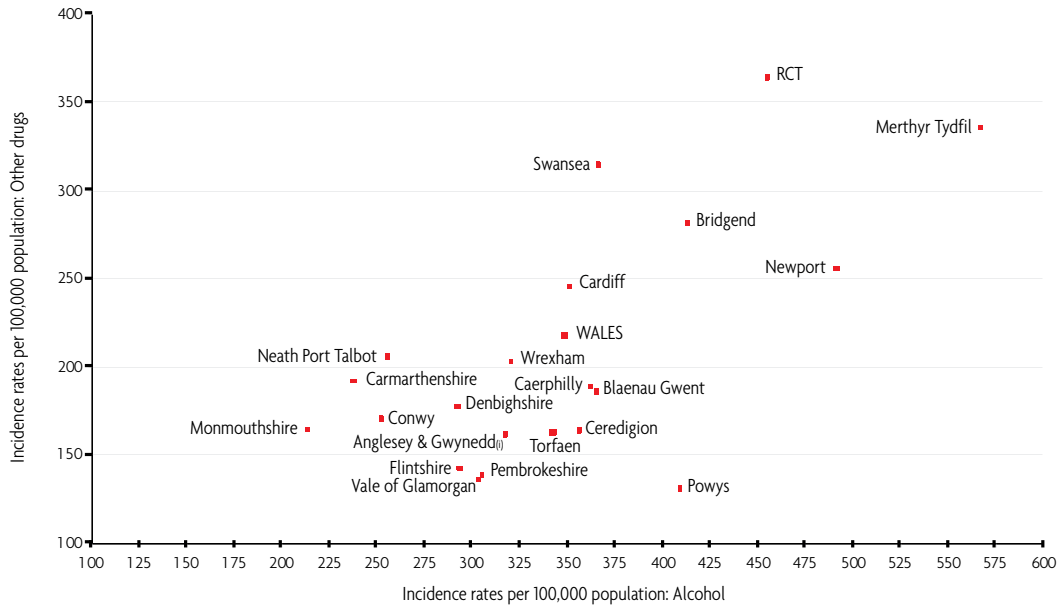
(ii) Assuming a 60/40 split in the unspecified cases between alcohol and "other drugs".

(iii) Assuming that referrals with no problem specified are all "other drug" referrals.

(iv) Based on the preferred option of referrals.

(v) Anglesey & Gwynedd figures have been combined because one provider has been unable to specify the local authority of referrals.

Figure 3 - Estimated incidence rates by Community Safety Partnership



(i) Anglesey & Gwynedd incidence rates are combined because one provider has been unable to specify the local authority referrals

Figure 3 shows the relationship between incidence rates for alcohol problems and other drug problems as CSP level. Those CSPs in the top right hand quarter have higher than average rates for each type of problem and those in the bottom left hand quarter have lower than average rates for each type. An interesting geographical pattern emerges with nearly all of the high incidence areas being along the South Wales coast and in the Taff/Rhondda valleys.

In general high incidence rates for alcohol problems are associated with high incidence rates for other drug problems. Powys is the CSP which reverses this tendency with an alcohol incidence rate of 10% above the Welsh average and an “other drug” incidence rate 42% below the Welsh average.

Management Information Board - Membership

Karen Eveleigh - Chair	Welsh Assembly Government
John Lenaghan	Welsh Assembly Government
Maldwyn Roberts	N. Wales CSP Representative
Erica Painter	S. Wales CSP Representative
Kevin Fisher	Dyfed Powys CSP Representative
Kathryn Jenkins	Gwent CSP Representative
Ifor Glyn	West Glamorgan Council on Alcohol & Drugs Abuse - now Swansea Drugs Project - South Wales - representing the non-statutory sector perspective.
Stephanie Hoffman - Caroline Phipps since August 2006	Drugaid - Gwent - representing the non-statutory sector perspective.
Gill Phillips	West Wales Substance Misuse Services - Dyfed Powys
Godfrey Hayes	North East Wales NHS Trust
Tony Couch	Health Solutions Wales (HSW)
David Adams-Jones	External Consultant Statistician
Dr Marion Lyons	National Public Health Service For Wales
Josie Smith	National Public Health Service For Wales
Support Team:	
Elizabeth Walsh	HSW Database Manager
Emma Gilbert	HSW Data Acquisitions Manager-
Steve Craddock	Welsh Assembly Government
Angela Gutierrez	

Common dataset

Extracted from 'Guidance for Community Safety Partnerships and Service Provider Agencies - March 2007

Item No.	Data Item	Format/Length
	Personal Details	
1	Agency Code/Practice Code	an6
2	First Letter of Last name	an1
3	First Letter of First name	an1
4	Date of Birth	d10
5	Gender	an1
6	District Area	an30
7	Town	an30
8	Local Authority	an30
9	Postcode	an6
10	Ethnic Category	an1
11	Agency Client Number	an15
12	1st Language	an3
13	Number of Children under 18 Living Elsewhere	an2
14	Number of Children under 18 Living with Client	an2
15	Number of Vulnerable Adults living with Client	an2
	Contact Details	
16	Date of Referral	d10
17	Referral Source	an30
18	Date of Initial Contact	d10
19	Date of Initial Assessment	d10
20	Date of Full Assessment	d10
21	Date Treatment Began	d10
22	Date of Most Recent Contact	d10
23	Date Contact Ended	d10
24	Reason Contact Ended	an40
	Current Problem Profile	
25	Primary Substance Used	an40
26	Primary Substance Source	an30
27	Primary Substance Route of Ingestion	an20
28	Primary Substance Frequency of use	an15
29	Primary Substance Age first used	an3
30	Secondary Substance Used	an40
31	Secondary Substance Source	an30
32	Secondary Substance Route of Ingestion	an20

Item No.	Data Item	Format/Length
33	Secondary Substance Frequency of use	an15
34	Secondary Substance Age first used	an3
35	Other Substance used	an40
36	Other Substance Source	an30
37	Other Substance Route of Ingestion	an20
38	Other Substance Frequency of use	an15
39	Other Substance Age first used	an3
40	Ever Injected	an1
41	Injected in the Last Month	an1
42	Ever Shared	an1
43	Age first Injected	an3
44	Ever Treated Before`	an2
45	Agency Type of first treatment	an30
46	Age at first Treatment	an3
47	Weekly Alcohol Consumption Units	an3
	Health Details	
48	Pregnant	an1
49	Vaccinated Against Hepatitis B	an1
50	Vaccination Provided	an1
51	Immunity Declared	an1
52	Diagnosed Mental Health Issues	an1
53	Diagnosed Mental Health Issues Description	an30
54	Self-Reporting Mental Health Issues	an1
55	Self-Reporting Mental Health Issues Description	an30
56	Physical Health/Illness	an1
57	Physical Health/Illness Description	an30
58	Other Diagnosed Health Issues	an1
59	Other Diagnosed Health Issues Description	an30
	Treatment Details	
60	Prescribed Substitute 1	an40
61	Prescribed Substitute 2	an40
62	Prescribed Detoxification 1	an40
63	Prescribed Detoxification 2	an40
64	Residential Rehabilitation	an1
65	Residential Detoxification	an1
66	Supervised Consumption	an1
67	Formal Shared Care Schemes with GP	an1
68	Structured Counselling	an1
69	Structured Day care Programme	an1
70	Counselling/Support, e.g., crisis intervention	an1

Item No.	Data Item	Format/Length
71	Information Only	an30
72	Needle Exchange	an1
73	Referral to Other Organisation Code 1	an6
74	Referral to Other Organisation Date 1	an10
75	Referral to Other Organisation Code 2	an6
76	Referral to Other Organisation Date 2	an10
77	Referral to Other Organisation Code 3	an6
78	Referral to Other Organisation Date 3	an10
79	Referral to Other Organisation Code 4	an6
80	Referral to Other Organisation Date 4	an10
81	Referral to Other Organisation code 5	an6
82	Referral to Other Organisation Date 5	an10
83	Referral to Other Organisation Code 6	an6
84	Referral to Other Organisation Date 6	an10
85	GP details: Initials	an4
86	GP details: Surname	an30
87	GP details: Practice Name	an30
88	GP details: Address Line 1	an30
89	GP details: Address Line 2	an30
90	GP details: Postcode	an8
91	Case Worker	an40

Research Programme 2007-08

Community Engagement - Action Research Projects

3 projects in Cardiff, Swansea and North Wales to address the issue of barriers to accessing treatment for Black and minority ethnic (BME) communities and for gay, lesbian and bisexual individuals.

The aims and objectives of the projects are:

- To enhance the local work force and planning agenda to ensure the delivery of and growth in the areas workforce of BME employees.
- To improve the treatment engagement and sustainability of Drug Intervention Programme (DIP) offenders from BME communities throughout the end-to-end process of DIP assessment, treatment and reduction of offending outcomes.
- To enable the development of services that are sensitive to and meet the needs of BME communities within the DIP localities.
- To undertake a needs assessment of BME offenders within the Criminal Justice Information Technology (CJIT) process including family and carer voices, users and ex-users from BME communities within the DIP locality.
- To identify current gaps in DIP projects and identify developments required enhancing the delivery of the DIP for BME communities and across the whole population of a DIP locality.

Timeline: 2 projects in South Wales to be completed by December 2007, 3rd project in North Wales to be completed by March 2008.

Prevalence Estimate of Problematic and Injecting Drug Use Across Wales

This work will support the Welsh National Database for Substance Misuse and provide valuable information for planning and the development of substance misuse services and community safety initiatives.

Timeline: First estimate in Summer 2008 covering the period 2006-07. A pilot estimate to test methodology and inform data quality issues will be available in Autumn 07.

New Ideas Fund

The fund supports small research projects addressing themes within the Social Justice and Regeneration portfolio. It encourages creative proposals to produce new evidence of novel ideas.

One of the projects supported in 2006-07 included the evaluation of a pilot project relating to the misuse of prescribed drugs.

Timeline: Completed by September 2007.

Evaluated Early Parental Intervention Project

To evaluate the outcome of 2 year pilots of an early intervention services working with the adults in the family where the adults' substance misuse is a current issue and who's misuse of substances has been identified as potentially having an impact on their parenting with the aim of improving the outcomes for their children.

Timeline: December 2009.

Review of 2006-07 Programme

Review of Waiting Times for Substance Misuse Treatment Services

To undertake a review of waiting times across Wales to identify how individual service providers:

- Calculate waiting times;
- Manage referrals; and
- Manage waiting lists.

The review will produce best practice guidance based on findings in Wales and benchmarked against best practice identified in England and Scotland.

Timeline: 1st Phase - October 2006. 2nd Phase - To be confirmed.

Audit and Review of Evaluation Tools to measure treatment intervention outcomes

To undertake a systematic review of evidence based tools available in the UK to establish the weight of evidence in favour of any particular evaluation tools and to advise on the options for mandating one or more tools to achieve greater standardisation of evaluation across Wales.

Timeline: Initial literature review completed June 2006.

Findings: No one evaluation tool emerged as having significantly more evidence of effectiveness. Discussions now open with the National Treatment Agency to consider the implementation of Treatment Outcome Profiles (TOPs).

Cost Benefit Analysis of Option 2 Service Provision

Option 2 is an innovative approach to services for families where there is a substance-misusing parent and children are at risk of being removed from their care. It is relatively new to the UK but used extensively in the U.S. The service is being delivered in Cardiff and the Vale. The Cabinet Sub Committee on Children and Young People asked that officials provide a cost benefit analysis of the 'Option 2 Scheme' run by Cardiff's Drug and Alcohol team. The cost benefit analysis will provide advice on the potential for rollout and wider application and will compare Option 2 with existing services.

Timescale: Autumn 2007.

Community Needs Assessment - Injecting Drug Users - National Public Health Service (NPHS)

The Community Needs Assessment was developed by the NPHS as a result of previous research that focused on Hepatitis C prevalence and incidence. That research identified significant disparities in the uses and experiences of drug injecting substance misusers of treatment services. It also became apparent that there are a number of individuals not accessing services for a variety of reasons and consequently, posed a serious health risk to themselves and others. The risks include: transmission of blood borne viruses through sharing and re-using of needles and equipment, overdose and physical damage through poor injecting techniques and knowledge.

The study aims to address the following key areas:

- Drug use, history, initiation and injecting behaviour.
- Access to and experience of Needle Exchange Services (Statutory and non-statutory).
- Health issues and access to and experience of primary health care and mental health services.
- Awareness of health risk.
- Experience of secondary and tertiary health care services.
- Experience of drug treatment and associated services.

Timeline: September 2006 Completed and published.

Statistical Terms

Prevalence

Prevalence of a particular condition is the total number of cases of the condition in a population at a given time and is usually expressed as a rate per 100,000 population. For example if there are (say) 24,000 drug and/or alcohol users in Wales (which has a population of approximately 3m) then the prevalence rate is about 800 per 100,000. It is difficult to estimate the true prevalence rate because not all drug and/or alcohol users are known to the authorities. A prevalence rate based on the numbers of individuals on the database will therefore underestimate the true prevalence.

Incidence

The incidence of a particular condition is the number of new cases of the condition occurring within a given time (usually a year). For example, if 15,000 new cases of drug and/or alcohol abuse occur in Wales during 2006/7 then the incidence rate for 2006/7 is 500 per 100,000 population. Once again the numbers notified to the database will underestimate the true incidence rate.

95% Confidence Intervals

When an estimate of a particular characteristic for a population is based on a sample there is a degree of uncertainty about the estimate which depends on both the underlying variability of the characteristics and on the sample size. The 95% confidence interval is a measure of this uncertainty and gives the limits within which the “true” value will lie with a probability of 95%. For example, an estimate of (say) 30% for the prevalence of blue eyes in the population with 95% confidence limits of 25% to 35% means that the “true” prevalence lies between these two figures with a probability of 95%. A more precise estimate can be obtained by increasing the sample size.