

Opioid dependency: Where do we go next?

**Public Health South Tees – Addictions and Vulnerable Groups Team
and our commissioned substance misuse service providers:
CGL, Foundations and Recovery Connections**



Setting the scene

The harms caused by the misuse of opioids and other drugs are far reaching and affect lives at every level:

- crime committed to fuel drug dependence;
- organised criminality,
- violence and exploitation;
- irreparable damage to families and individuals;
- negative impact on communities.

Setting the scene

It is the cumulative impact of a range of issues that causes such significant levels of harm:

- not just prescribing but illicit use as a whole;
- alcohol;
- mental health;
- domestic abuse;
- poverty and deprivation;
- Adverse Childhood Experiences (ACEs);
- stigma and underserved population groups.

Setting the scene

Specific local considerations:

- Causes strain on the whole public sector and VCS systems;
- Area of special interest for politicians and media;
- Stigmatising attitudes towards this cohort – usually victims of significant trauma;
- MRT model delivers specialist support;
- Working within financial constraints;
- We cannot achieve sustainable recovery alone!

Setting the scene

Middlesbrough has high levels of estimated drug misuse, 25.51 opiate and crack users per 1000 population, which is more than triple the national rate of 8.4 and is the highest in the country. (PHE, 2019)

Middlesbrough currently has:

- 1257 opiate users
- 255 non-opiate users
- 142 non-opiate and alcohol users

72% of the number in treatment are males, with the highest numbers seen in the 30-39 age group.

51% of those in treatment have an identified mental health need

There has been an increase in the number of hospital admissions for drug misuse across South Tees, with the latest figures showing Middlesbrough is three times higher than the national average.

Setting the scene

- Around 70% of referrals come via self- presentation.
- 47% are unemployed, with a further 28% long term sick.
- 17% are identified as having a housing issue or homeless.
- 20% are currently living with children (that we are aware of)
- 17% admitted to buying illicit prescriptions
- 33% of opiate clients have been in treatment for six years or more.

Setting the scene

- Average age of patients is registered in Foundations is 38
- Asthma 200% above the national average
- COPD 225% above the national average
- Mental health issues are 193% above the national average
- Palliative care 211% above the national average
- Stroke/TIA- 50% above the national average
- High levels of DVTs, skin infections due to drug use
- Low life expectancy



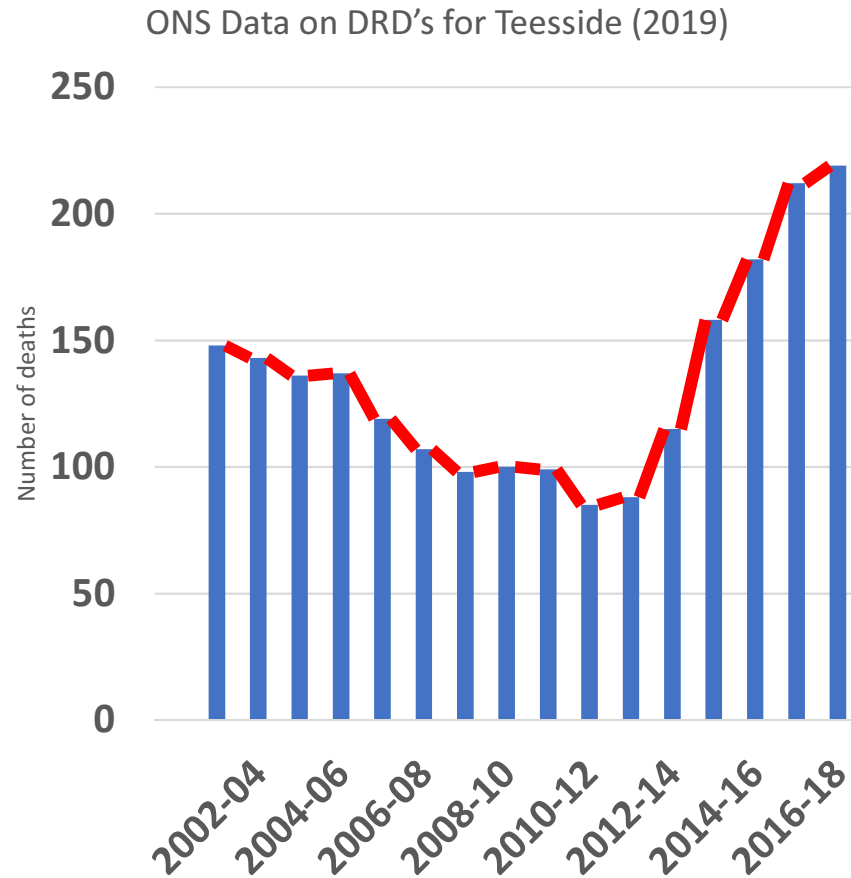
Drug Related Deaths

From 2008 to 2019, 188 deaths have been recorded (as of November 2019) that occurred in Middlesbrough.

Average age of drug related deaths is 38.2. For comparison, average life expectancy in Middlesbrough is 76.2

Wards with highest DRD's:

- Central
- Newport
- Park
- Longlands & Beechwood
- Brambles & Thorntree



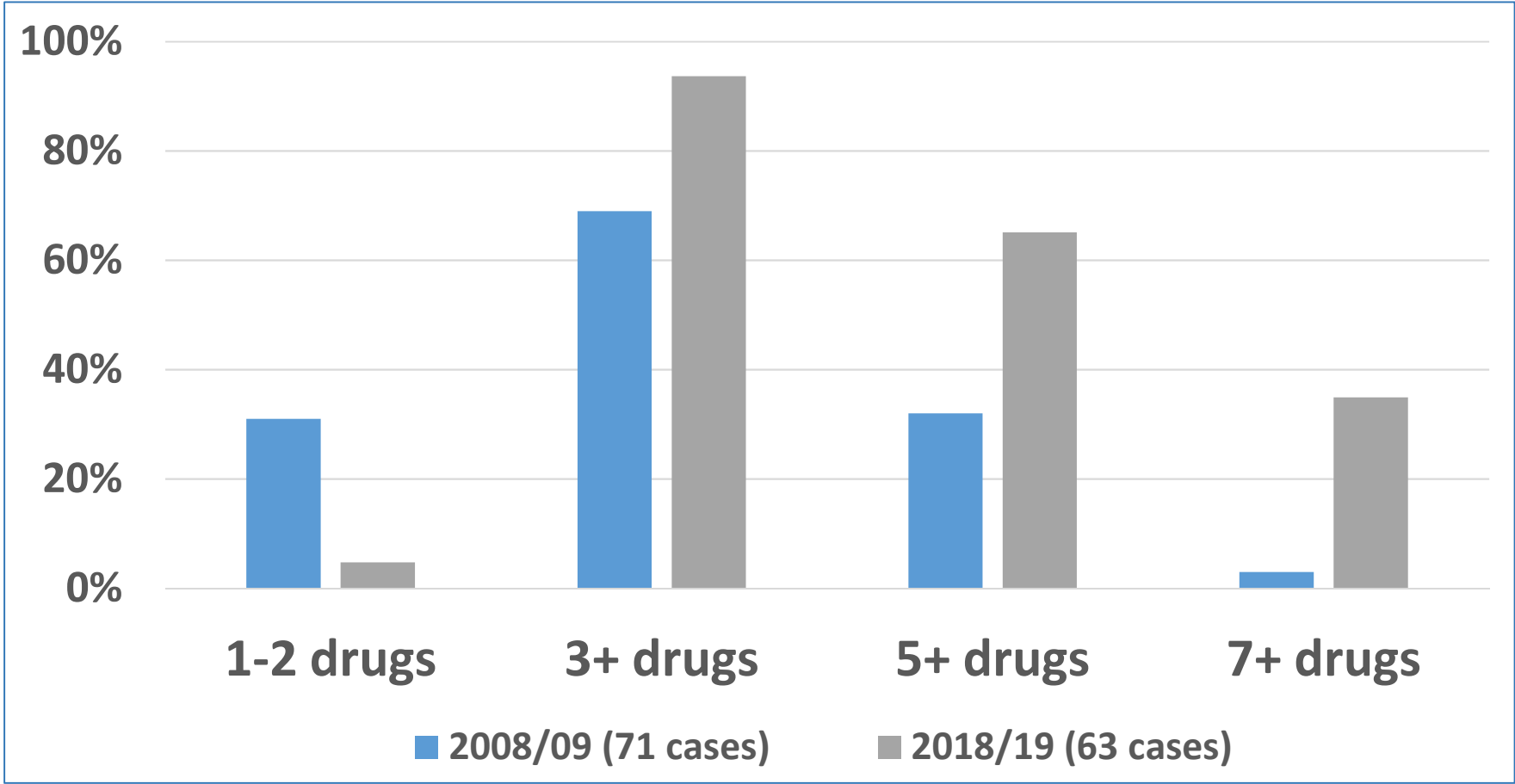
Most common drugs detected in substance related deaths from Coroner Inquests between 2008 and 2019

- Heroin
- Alcohol
- Methadone
- Cocaine
- Mirtazapine
- Benzodiazepines
- Zopiclone
- Pregabalin



Source: Teesside Coroner Inquest Data

Number of drugs detected post-mortem from Coroner Inquests between 2008 and 2019



Source: Teesside Coroner Inquest Data

Cost and availability

- Pregabalin are readily available, selling for around £10 for a strip of 7x 300mg tablets, or £50 for a box of 50. Tend to be counterfeit tablets .
- Gabapentin is not as readily available currently as Pregabalin, but this changes, tend to be around £10 a strip of 500mg tablets- usually diverted prescriptions.
- Zopiclone are cheap, can be as little as £5 a strip and but can vary in strength.
- Diazepam (£10) is in high demand but reports of an increase in counterfeit- reports of other tablets being dyed blue and sold on.
- Buprenorphine prices have risen again in the prison setting- some reports of up to £30 per tablet (previous high for branded Subutex was £60)
- Tramadol is still used widely, low cost of and easy to get hold of.

Where do people source these drugs...

- Family
- Friends
- GP Prescribing
- Internet
- Local dealers
- Social media
- Complex problem: Rise in use of such drugs can be linked to prohibition and restriction of prescribed substances.

Tackling the issue

- Preventing Drug Related Deaths post conducting reviews of deaths and looking at patterns of drug use.
- Middlesbrough took part in Heroin and Crack Cocaine Action Area (HACAA) work with Police
- Integrated commissioning model to look at wider issues.
- M'bro Alcohol Centre of Excellence (MACE)
- Live Well Centre approach

What do local treatment services deliver?

Middlesbrough Recovering Together (MRT)

- Prescribing support - substitute/detox prescribing for opiates and alcohol.
- Psychosocial support - a range of evidence based interventions ranging from motivational interviewing to cognitive behavioural therapy-based programmes.
- Recovery Support - help people to achieve recovery and sustain it long term.

Value for money

2016-17 investment in substance misuse treatment is estimated to have generated the following benefits in your LA:

Offence Type	Estimated number of crimes committed before treatment entry							
	Drug clients	Alcohol clients						
Shoplifting	66,290	1,606	Estimated % change after starting treatment	Drug clients	-21%			
Theft of a vehicle	893	4		Alcohol clients	-31%			
Theft from a vehicle	2,680	7						
Domestic burglary	536	23	Estimated crimes prevented per year after starting treatment	Drug clients	29,404			
Non-domestic burglary	3,395	13		Alcohol clients	560			
Robbery	1,072	8						
Fraud	1,429	5						
Criminal damage and arson	61	11	Average crime-related cost	Drug clients		Alcohol clients		
Violence against the person	158	38		Before starting treatment	After starting treatment	Before starting treatment	After starting treatment	
Sexual offences	24	9		£ 3,520	£ 2,774	£ 751	£ 517	
Begging	8,398	0	Economic costs	£ 23,203	£ 18,289	£ 1,331	£ 917	
Drink/ drug driving	13	13	Social and economic costs	£ 26,723	£ 21,063	£ 2,082	£ 1,434	
Other theft	6,790	24	Gross benefits	Drug clients		Alcohol clients		Total
Drug offences	38,059	4		Social benefits	£ 1,276,299	£ 130,212	£ 1,406,511	
Prostitution	8,755	0		Economic benefits	£ 8,413,353	£ 230,706	£ 8,644,058	
Breach offences	159	15	Social and economic benefits	£ 9,689,651	£ 360,918	£ 10,050,569		
Public order	23	5						
Other	96	11						
Total	138,833	1,798						

For a more detailed local picture, including net benefits, please see the SROI tool:

(<https://www.ndtms.net/ValueForMoney.aspx>)

CGL – Care Co-ordination Service

Entry Into Service & Care Co-ordination...

- Open access over a range of locations
- Comprehensive, personalised assessment on entry into service to identify individual needs
- Care Co-ordination – ensuring effective treatment pathways through collaboration with key stakeholders
- Person-led, holistic care planning and risk management
- Criminal Justice System support
- Family focussed approach
- Harm Minimisation service



CGL – Care Co-ordination Service

Psychosocial Interventions...

Intervening in the psychology (thoughts/feelings) or the social (context/environment). Tailored to individual depending on needs.

- Motivational Interviewing to address ambivalence about change
- CBA (Cognitive Behavioural Approaches) structured support around behavioural change
 - Identifying and change thought process
 - Pshcho Education around Emotional management
 - Relapse prevention to support sustainability
- Structured and Unstructured group work
- Family work
 - impact of parental substance misuse
- Social interventions eg SBNT (Social Behavioural Network Therapy)
 - Enhancing recovery capital
 - Developing social support for change

CGL – Care Co-ordination Service

Young Persons Service...

Specialist support for young people

- who are using alcohol/drugs
- for those affected by someone else's alcohol/drug use

What they provide...

- Care Co-ordination
- Psychosocial interventions
- Focus on risk and resilience
- Hidden Harm interventions
 - working with the child to support emotional wellbeing, considering impact of parental substance
 - aiming to prevent intergenerational alcohol/drug use
- Developing Interpersonal effectiveness within the family

CGL – Care Co-ordination Service

Where We Are...

- Live Well Centre
- Foundations
- Recovery Connections

- Community Hubs
- Key partner services and other community venues including

Probation/CRC
MIND
My Sisters Place
Housing provider/Hostels
Social Care
Cafes

YOS
Youth Clubs
Schools/Colleges/Uni
Street Outreach
Home visits

foundations

Clinical Service

- ‘My patients addictions make every medical treatment encounter a challenge. Where else do you find people in such poor health and yet so adverse to taking care of themselves or even to allow others to take care of them’.

Gabor Mate



YOU CAN'T RECOVER
IF YOU'RE DEAD

A graphic of a black ECG (heart rate) line on a white grid background. The line starts with a small peak, followed by a sharp dip, then a larger peak, and finally a horizontal line ending in a small circle.

foundations Clinical Service

- Appropriately funded service focusing on a Health focused harm reduction approach
- Evidence based approach:
 - Rapid access to treatment
 - Trauma informed approach
 - Opiate substitute prescribing at optimal doses
 - Heroin Assisted Treatment
- Recovery must be understood to have a multitude of outcomes:
 - Abstinence from substances
 - Stability on medication
 - Reduction in harmful behaviours
 - Defined by the individual
- Evidence based solutions:
 - Safe spaces for people to consume substances
 - Introduction of drug sampling
 - Active drug users as part of the treatment system response



**YOU CAN'T RECOVER
IF YOU'RE DEAD**



Take Home Naloxone

- Temporarily reverses the effects of opiate overdose.
- No abuse potential
- Issued 1000+ kits since 2016 in Middlesbrough
- Multiple examples of kits been used to save lives.
- Trained 24 partner agencies and 139 staff
- JCUH issue kits- one of only 2 hospitals in the country to do so
- Peer to peer distribution (first area in England) via Harm Reduction Union.



Enhancing Harm Reduction



- Heroin assisted treatment based at foundations
- Evidence based intervention
- In partnership with PCC, Probation
- Cohort of high volume users of emergency services, those committing most crime and non engagement in treatment.
- Attend twice a day to inject, 7 days a week have a full package of support from other services.
- Excellent early outcomes: **ALL** participants have terminated street heroin use
- Cleveland Police Officer :*"I stopped a well-known offender in Middlesbrough recently. I've known him for 15 years and he's always wanted or a suspect. But this time he was neither. He told me he was taking part in Heroin Assisted Treatment, that the course was excellent and that it was working for him. He looked the best I had seen him in years. I couldn't believe the difference in him."*

What the evidence tells us

- <https://webarchive.nationalarchives.gov.uk/20170807160633/http://www.nta.nhs.uk/uploads/pheatmcommissioningguide.pdf>

Recovery Connections

– Recovery Service

- **Quasi Residential Rehab**, our QRR is one of the only free to enter rehabs in the country. The CQC rated Outstanding 12 step rehab, is available for the addicted people of Middlesbrough, who wish to complete an intense 6 month programme.
- **Community support**. This includes structured and recovery focused groups such as SMART and ACT peer recovery as well as unstructured groups such as cooking and arts and crafts designed to teach people skills and get people mixing with similar people aiming for similar goals.
- **Housing support**, mainly for people leaving rehab however there is some available support for people accessing community groups to receive support as well.
- **Young persons worker**, based at students union 2 days per week, helping to support people in recovery to get into education and maintain attendance and work.
- **Trauma therapy**, mainly for people in rehab however also working with people accessing community provision across MRT. Recovery connections Middlesbrough and Gateshead have secured money from the National Lottery Fund, to employ two full time trauma therapists adding value to the current treatment provision.

Recovery Connections Community Timetable

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SMART 11:00 – 12:30 Recovery Connections	Pilates 9:20 – 10:15 Bar Zero	Health and Wellbeing 10:00 – 11:30 The Live Well Centre	Community Garden 10:00 – 12:00 Meet at Recovery Connections at 9.45	ACT Peer Recovery 10:00 – 12:00 The Live Well Centre	Visible Recovery SMART 9:00 – 1:00 SMART 10:11:30 Foundations
The Step Forward Programme 12:00 – 1:00 The Live Well Centre	Community garden 10:00 – 12:00 Meet at Recovery Connections at 9.45		SMART 11:00 – 12:30 Recovery Connections		
Chair 1:00 – 2:00 Recovery Connections	Peer Support Coffee Morning 10:30 – 11:30 Bar Zero	The Step Forward Programme 12:00 – 1:00 The Live Well Centre	Relaxation Group 12:00 – 1:00 The Live Well Centre	The Step Forward Programme 12:00 – 1:00 The Live Well Centre	
Open Meeting 2:15 – 3:15 Recovery Connections	Relaxation Group 1:00 – 2:00 The Live Well Centre	SMART Beginners Group 2:00 – 3:00 Recovery Connections	Women's Cooking Group 1:00 – 2:30 Recovery Connections	Women's Group 1:00 – 2:30 Bar Zero	
	Football 1:00 – 3:00 Meet at Recovery Connections at 12:45		Work Club 1:00 – 4:00 Recovery Connections	Men's Cooking Group 1:00 – 2:30 Recovery Connections	
	ART GROUP 1:00 – 3:00 Recovery Connections		Service User Group 2:00 – 4:00 Recovery Connections		
	SMART 2:00 – 3:00 Foundations	Relapse Prevention 3:30 – 4:30 The Live Well Centre			



Recovery Connections Quasi-Residential Rehab

- Contract
- 12 weeks residential
- 12 weeks supported peer housing
- Help finding accommodation if required
- Trained Coaches will guide and support each person through the 12 Steps
- Recovery to Wellness Coaching in Secondary
- Attend Mutual Aid

Rehab Timetable

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	Sunday
8.30 - 8.50	Therapeutic Duties	Therapeutic Duties	Therapeutic Duties	Therapeutic Duties	Therapeutic Duties		
9.00-9.30	Daily Reading	Daily Reading	Daily Reading	Daily Reading	Daily Reading		
9.30-10.45	Weekend debrief, Step Work GFP1.1	Step work Powerpoint 1.2	Step work GFP 1.3	Big Book Study Powerpoint 1.4	Step work GFP 1.5	Therapeutic Duties 9.30-9.50	Free time
10.45-11.00	Break	Break	Break	Break	Break	Daily Reading 10.00-10.30	Daily Reading 10.00-10.30
11.00-12.00	Step Work GFP 1.1 & Client Questions 1.1	Step work GFP 1.2	Step work Client questions 1.3	Big Book Study GFP 1.4	A.A. RC Building		
12.00 -1.00	Lunch	Lunch	Lunch	Lunch	Lunch		
1.00 - 2.00	Choir	Step work Client questions 1.2	Encounter Group Unity	Step work Client questions 1.4	Peer led Step work Client questions 1.5		
2.00 - 2.15	Break	Break	Break	Break	Break		
2.15 - 2.45	In House Meeting	Film & 1 to 1	Recovery Awareness 1-5	Pre arranged group 1 to 1	Weekend planning		
2.45 - 3.30	In House Meeting	Film & 1 to 1	Recovery Awareness 1-5	Pre arranged group 1 to 1	Weekend planning		
3.40 - 3.50	Check out	Film & 1 to 1	Check out	Check out	Check out		
3.50 - 4.30	Meds / appointments	Meds / appointments	Meds / appointments	Meds / appointments	Meds / appointments		
Evenings	C.A. RC Building	A.A. Sacred Heart Optional	N.A. RC Building	A.A. Sacred Heart Optional	N.A. St Marys	A.A. Newport Hub	

Added Value – Connected Projects

- Trauma Therapy & Resilience project (Lottery funded)
- Fallen Angels Dance Theatre (UK Steel funded)
- Recovery Coaching (Awards for All funded)
- Yoga (Sport England funded)
- Stigma identification & strategy (Lily Lewis/Virgin)
- Campus Recovery Support (Credo Foundation funded)
- DePaul Visible Recovery Link (Church Urban Fund)

What we've lost

- Budget
- Prevention
- Ability to innovate
- HILT... but it may be coming back!

Risks:

- Safe Haven
- Loss of specialist skills, knowledge and experience

Issues and gaps

- Primary prevention
- Funding to innovate and evaluate
- Easy to dismiss this cohort/prioritise other agendas
- Deep understanding of sources to restrict supply
- Cultural issue

Next steps...

- **Why we need to change the current model:**
 - Services traditionally commissioned separately, leading to the fragmented support in Middlesbrough and people with complex needs 'falling between the cracks';
 - Duplication with 22 services across 13 providers currently offering individual services with few joined up outcomes, performance measures, access routes, assessments or co-ordination;
 - Inefficiencies in terms of service user experience and value for money.

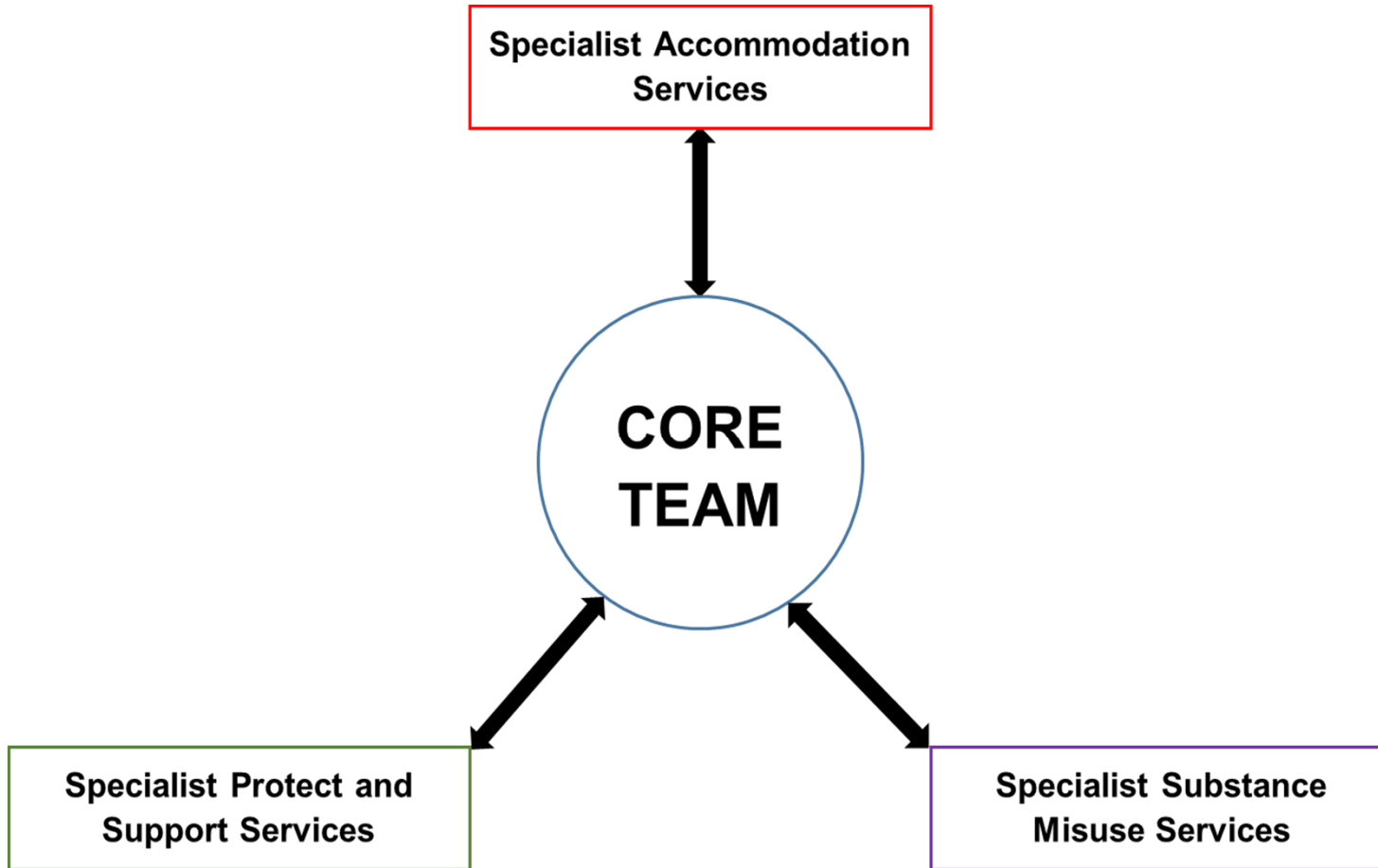
Next steps...

- Safe, effective and seamless support ensuring service users do not get passed between services or fall between gaps in provision;
- Trauma-informed approach embedded throughout the model;
- Genuine co-production and service user involvement in designing a collaborative, integrated approach to tackling vulnerability issues;
- A multi-disciplinary and highly skilled staff team to share knowledge and best practice, which promotes excellence and increases resilience across the network.

Next steps...

- Making every contact count
- Person-centred approach and responsive offer based on individual need (rather than trying to make the individual fit the service)
- Attitude of respect towards the person
- Restorative - doing things with a person, rather than to them or for them
- Provide support from accessible and safe spaces in local communities
- Focus on strengths as well as difficulties - building on and nurturing peoples' resources.

Model Overview



Benefits of integration

- A deeper understanding of need and customer journey
- Avoid duplication where Housing Options does not meet the statutory duty
- Greater opportunity to positively influence culture and drive collaboration
- Ability to build a bespoke model for Middlesbrough
- Building back in evidence based practice into assertive outreach

Longer-term opportunities

- Co-commission with other Council services, i.e. adults and children's social care, and tie-in with the place-based approach
- Collaborate with key partner organisations in joint approaches, pathways and future phases of the model's development
 - Particular focus on mental health – suicides and cross-cutting issue for all themes
- Potentially co-commission and pool budgets with other departments and key partner organisations.

Our requests

- Commitment to continued investment;
- Help to engage key partner organisations and stakeholders to tackle the issue collaboratively;
- Work together to tackle stigma;
- Make Middlesbrough a Recovery City.

Thanks, any questions?

