

Middlesbrough Substance Misuse Services

Middlesbrough Recovering Together (MRT) is the name of our local substance misuse model, which aims to offer people seamless services as if from a single provider. MRT has been successfully delivering local substance misuse support in this way since 1st October 2016, with three providers working in partnership:

Change, grow, live (CGL) (formerly CRi) provide the psychosocial treatment aspect of the model for both adults and young people, adopting a whole family approach wherever possible. Their model provides a clear recovery pathway, ensuring service users and partners experience the journey as a single treatment system. Harm minimisation, prevention, early intervention and specialist recovery interventions form core elements of the service, underpinned by evidence-based screening tools, assessment and care co-ordination processes that focus on strengths and aspirations - both from individual and family perspectives. All treatment packages offered are individually tailored with recovery embedded from the outset.

Foundations Medical Practice (formerly Fulcrum) is a specialist GP practice that provides primary care to people who are experiencing or at risk of social exclusion. This currently is across four specific patient groups:

- Problematic Substance users;
- Patients with restricted access to primary care due to violent and aggressive behaviour;
- Asylum seekers and people seeking refuge;
- Homeless (via a non commissioned medicines outreach programme).

The service operates over two sites: Acklam Road for substance users and violent/aggressive patients, and Harris Street for asylum seekers. Both have been rated outstanding by the CQC. On behalf of Public Health, Middlesbrough Council they provide a clinical recovery service, including:

- Evidence-based opiate substitute medication and relapse prevention prescribing;
- Community-based detoxification from opiates programme;
- Detoxification as part of the Quasi-residential rehab pathway;
- Alcohol detoxification programmes and relapse prevention medication;
- Facilitating inpatient detoxifications and rehabilitation for complex needs;
- Naloxone distribution and the Heroin Assisted Treatment (HAT) pilot;
- A GP alcohol pathway to deliver brief interventions and short-term packages of care to patients who would not engage with traditional alcohol services.

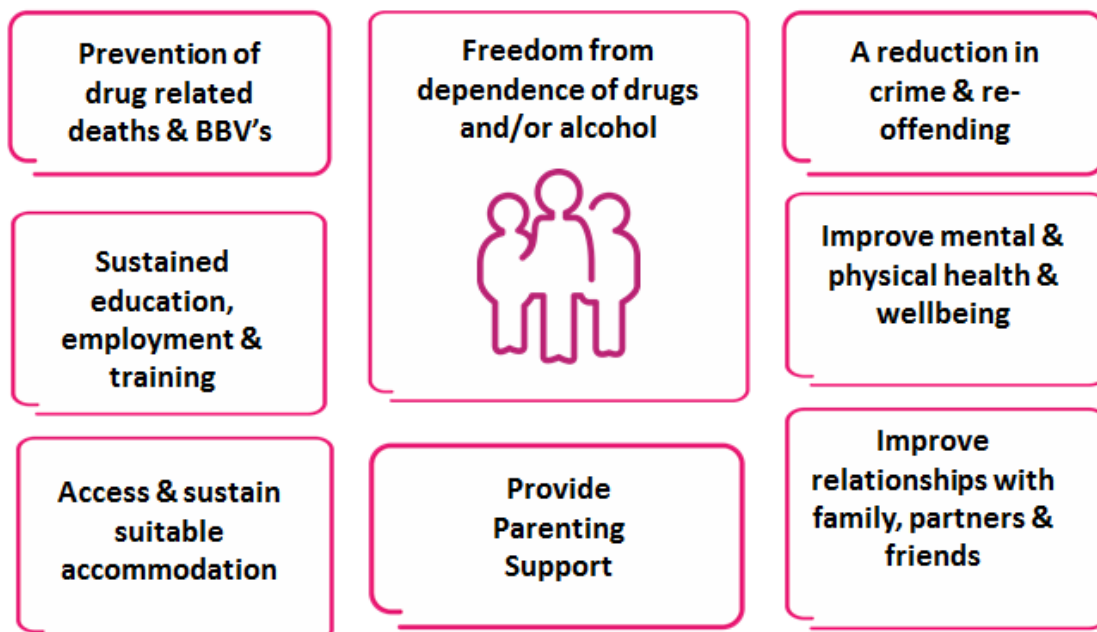
Foundations adopt a health-focused, harm reduction approach supporting patients to maximise their health and wellbeing, whilst acknowledging the complexities of living with a substance use disorder.

Recovery Connections (formerly Hope NE) are the provider of all recovery interventions and also deliver a twelve step-based, quasi-residential rehab model via their current building. There are a number of recovery activities delivered in the community such as the Collegiate Recovery Campus at Teesside University, Recovery Choir, community garden project, drop-in services, SMART Recovery groups and a range of health and wellbeing groups. There is emphasis placed on facilitating people into Mutual Aid (alcoholics anonymous, narcotics anonymous, etc.).

Recovery Connections was rated 'outstanding' by the CQC. Through a culture of recovery, the service coach, nurture, train, educate, inspire and empower individuals and communities to achieve their full potential. They challenge stigma, promoting a positive view of recovery from addiction and also offer housing support and employment advice via external grant funding.

Recovery Connections have recently taken over Fork in the Road restaurant and Bar Zero, Middlesbrough's first dry bar. They have exciting plans to open a florist at the site, transform Fork into an alcohol-free café and turn Bar Zero into '131 The Venue' to offer planned private and community events. They will also take over the café at STAGES Academy and this whole, new operation will offer training and employment opportunities.

The following diagram outlines the key MRT priorities, processes and pathways:



Case studies and outcomes:

Case Study 1 – Male with 20 years in and out of support services



This man had made multiple attempts at engaging in treatment services throughout Teesside, prior to accessing MRT in 2018.

- Presented at MRT - completed a comprehensive assessment with a CGL Recovery Co-ordinator, disclosed regular use of heroin and benzodiazepines, and other illicit substances;
- MRT focused on harm reduction to reduce risk;
- Concerns around mental health and homelessness - following clinical assessment started a methadone programme;
- Supported to gain temporary accommodation and physical health issues such as abscesses were addressed;
- Initial engagement focussed on reducing harm from substance use while stabilising on the methadone programme and addressing health issues while building motivation for change;
- Engagement progressed throughout the treatment journey to more regular, structured appointments with clear goal planning and psychosocial interventions being delivered around behavioural change, relapse prevention, emotional resilience and building sustainable recovery;
- He was supported to initiate contact with family and also engaged with a mutual aid group;
- Illicit drug use reduced, and eventually stopped;
- History of trauma in childhood and adverse childhood experiences (ACEs);
- MRT supported engagement into mental health services;
- Supported to achieve goal of securing own tenancy, and around budgeting and maintaining his accommodation appropriately;
- Currently stable on a Methadone programme, massive improvements with health and wellbeing, and continues to engage in structured psychosocial interventions;
- Now has family support, continues to successfully maintain his own tenancy, no further offending and currently being supported to explore options for education and training in order to gain employment in the future.

Case study 2 - Heroin Assisted Treatment (HAT)

Foundations recently began the first Heroin Assisted Treatment programme in the UK, commencing a 12month pilot in October. Heroin Assisted treatment is an evidence based intervention to support patients who have failed to benefit from first line clinical interventions and is known to be effective in reducing harm, stabilising individual lives and impacting community's due to the reduction in crime associated with stabilised drug use. Patients attend twice daily, 7 days a week, 365 day a year.

The pilot is a partnership between the Police and Crime Commissioners Office, South Tees Public Health, Durham, Tees Valley Probation and Holme House Prison. Of the cohort selected we know that, prior to heroin assisted treatment, they have not engaged well in treatment, have led lives that put them at high risk of death, have extremely poor health and have cumulatively cost the town approximately £2 million in the criminal justice and health arenas.

The aim of the pilot is to reduce drug related deaths, reduced associated crime and improve the health and wellbeing of participants via the goal of cessation of street heroin use. Early results are very encouraging, all patients currently in the scheme have stabilised, attendance is 99% which is unheard of for this cohort of patients, they are engaging with partner agencies, complying with community probation orders and have stopped committing crime and terminated street heroin use having a significant impact on Middlesbrough's community.






A police officer sent the following email regarding one of the participants-

"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."

A further participant of the group has spent his first Christmas out of prison for the first time in 5 years and is no longer homeless, a second participant has been reunited with family members and a third spent his longest spell out of prison in the last decade, with a forth beginning to plan for a residential rehab placement. All are reporting an increase in well-being; are addressing complex long standing health problems and beginning to feel optimistic about their futures.

It is only through a robust evidence based harm reduction approach we can continue to impact positively the lives of people struggling with substance use disorders and reduce the levels of drug-related deaths we see locally.

Case study 3 – Long-term heroin and poly substance user

 Male 32 years old, known to services since age 20	 At age 32 he had never maintained a tenancy long term. NFA	 Started to use illicit drugs & alcohol age 12, became opiate dependant age 19	 Reported anxiety issues since childhood	 First offence age 19, multiple offences since for theft
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The Service User presented at MRT and completed a comprehensive assessment with a Recovery Co-ordinator. During assessment, he disclosed regular use of Heroin and benzodiazepines, and other substances occasionally and as available. Harm reduction advice was given within the session to educate on the impact of substance use and advice on ways to reduce risks of harm from use. Other issues identified during assessment included concerns around mental health and homelessness. Following assessment with CGL, he completed a clinical assessment to assess for opiate substitute prescribing and was started on a Methadone prescription. He was then directed to the Homeless Service, and subsequently placed in temporary accommodation.

Initial engagement with the Recovery Co-ordinator was primarily focussed on reducing harm while the service user stabilised on the Methadone programme, exploring risks around the methods of use and poly drug use, and addressing health issues while building motivation for change. The individual had several issues around their physical health which they were supported to address. These included abscesses from injecting sites, and dental issues, the pain from which was being controlled through their drug use. He received treatment for the abscesses and was supported to register with a dentist.

Engagement progressed throughout the treatment journey to more regular, structured appointments with clear goal planning and psychosocial interventions being delivered around behavioural change, relapse prevention, emotional resilience and building sustainable recovery. As a result of some of the sessions around support networks, the service user identified he would like to work on his relationship with his family, as there had been very limited contact over the previous years, and initiated contact which was a significant step. He also started attending a mutual aid group. Illicit drug use reduced, and eventually stopped.

The Recovery Co-ordinator referred the service user on for support around his mental health when he felt ready to address this, and liaised with the Support Worker to enable engagement, which was eventually successful following numerous missed appointments by the service user due to his anxiety and lifestyle at the time. The service user was supported to move out of temporary accommodation and into a rented property, which was one of his goals on entering treatment. There were then goals included within his plan around budgeting and maintaining his accommodation appropriately, and he has now maintained his own accommodation for over a year, which is the longest he has ever remained in his own accommodation.

He remains stable on a methadone reduction programme, having seen massive improvements with his health and wellbeing. He now has family support, continues to successfully maintain his own tenancy, and is currently being supported to explore options for education and training in order to gain employment in the future.