



Opioid Dependency: Where do we go next?

TEWV Perspective

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Broad outline-

- The level of resource currently invested by TEWV in reducing opioid dependency / supporting people in Middlesbrough with dual diagnosis.
- Our experience of working with those addicted to prescribed opioids,
- Relevant TEWV initiatives in place to address it.
- TEWV's view on the impact opioid dependency is having on children and young people in Middlesbrough.
- Our view on what interventions are needed to better support people in their recovery from opioid dependency over the next 5 years.



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Services offered by TEWV in Middlesbrough

- TEWV is provider of Mental Health and LD Services
- TEWV is not commissioned to provide Substance Misuse Services or services related to primary Opiate dependence
- In the course of MH/LD work help is offered to persons with dual diagnosis
 - DD definition is co-existing mental health and alcohol and/or drug misuse problems



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Level of resources invested for dual diagnosis-TEWV

- Regular training to our staff
- We have dedicated Dual diagnosis lead for the Trust
- Dual diagnosis link clinicians/ dual diagnosis champions in various teams- work in partnership with locally commissioned substance misuse service
- Inpatient services / wards often need to provide detox (Trust policy guidance document)
- MH and SM Network in place in Teesside



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TEWV's experience of working with those addicted to opioids

- It is felt that difficulties are increasing (anecdotal reports)
- Getting the right help at right time (in terms of helping person addicted to opioids) can be challenging
- Association with adverse outcomes including fatalities
- Need additional help and support from MH teams (for those with dual diagnosis)
- Multiple issues can impact on MH resources- issues related to finances, housing, other medical conditions, etc.



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TEWV initiatives – relevant to this field

- Series of RPIWs (Rapid Process Improvement Workshops) involving partner organisations in four localities of Teesside / CGL in Middlesbrough
- Initiated MH-SM Network with other stakeholders
- Crisis Assessment Suite, Crisis team
- CMHTs- dual diagnosis link workers/Champions
- Liaison team working with James Cook Hospital
- Naloxone kits – training and distribution from wards



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TEWV's view - impact of opioid dependency on children and young people in Middlesbrough

- Number of young people physically dependent on opioids small but growing as per our colleagues working in the field
- There are those who are at risk of developing dependency; poly drug use
- Young people who are born substance dependant – impact on development
- Young people impacted by parents and significant adults own opioid dependence



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TEWV'S view on what interventions are needed to better support people in their recovery from opioid dependency over the next 5 years

- MH, SM, Primary care (PCNs), MH services esp. Psychological interventions to work jointly
 - Quick and reliable access to specialist SM help esp. in Crisis, CAS and Inpatient wards
 - Single point of access in MH to include SM workers for joint triage/joint initial assessment; also Social workers, other colleagues
 - SM workers to attend joint meetings like formulation, pre-discharge meetings




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- SM to contribute to our co-produced Crisis management plans/WRAP plans
 - MH services deliver joint clinics in SM premises
 - Role of peer support workers across organisations
 - Prescribers in commissioned SM services to work with TEWV prescribers (at times meds may be given by prescribers in different organisations like GP, SM, MH, Acute hospitals etc. with limited sharing of information)
 - Pathways for young people at risk of dependency and a way for those already dependent to access timely treatment
 - Prescribing substitute treatment for those under 18 years- needs further exploring
 - Cross fertilisation in terms of training for SM and MH services (to each other)



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South Tees Public Health perspective:

- TEWV initiatives have improved the offer for SM clients – CAS, RPIW for DD, smoke free, etc.
- Dual Diagnosis is extremely common amongst TEWV and SM service users (in the broader sense of the term)
 - Those with a MH diagnosis are at the very top of the ‘needs triangle’
 - The majority of people sit below this but are still in need of support
- Collaborating with TEWV colleagues in terms of SM/integrated model, pathways, crisis avoidance, etc.
- Predominantly adult focused in terms of opioids but preventative/EI work with YP/transitions clients is essential



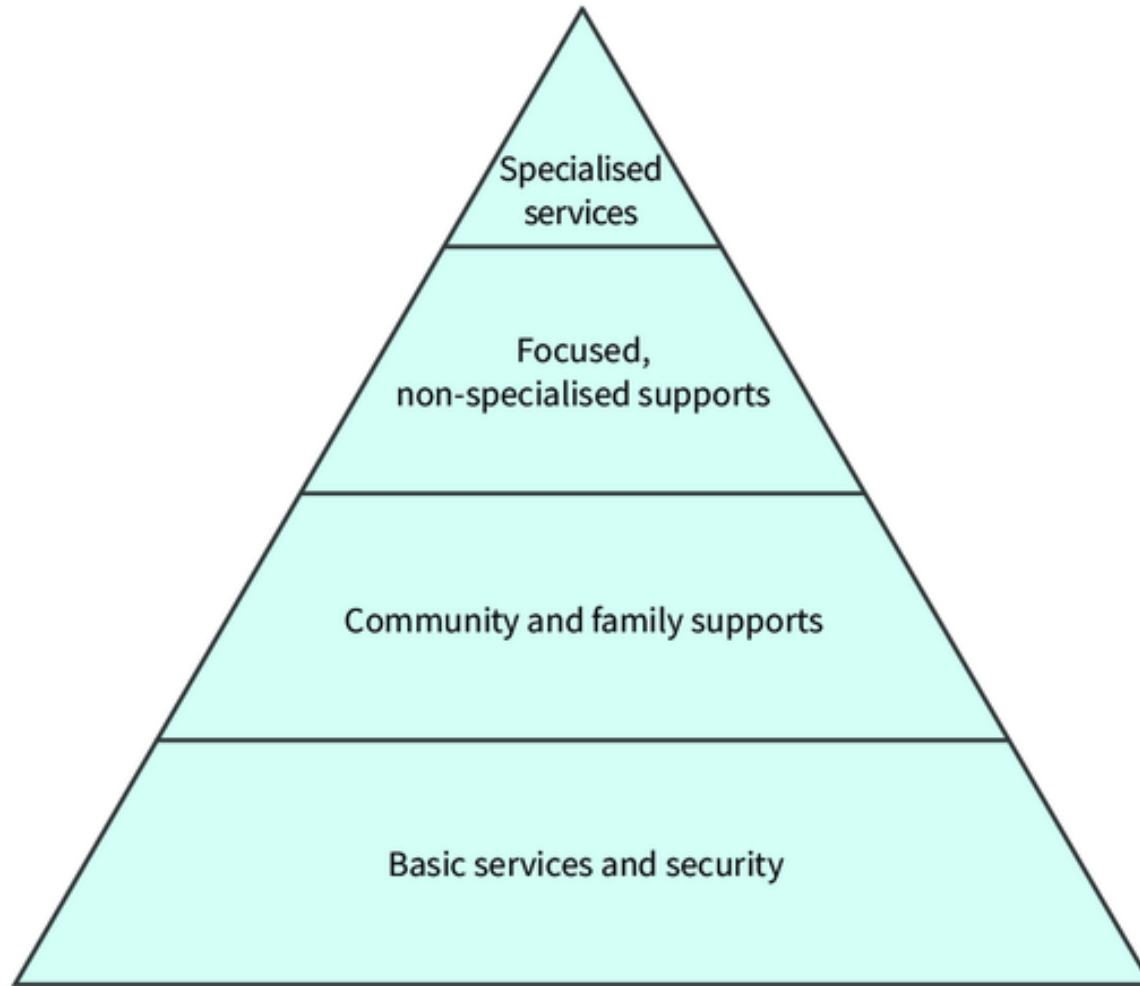
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Thank you

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