MIDDLESBROUGH COUNCIL

Final DRAFT Report
Health Scrutiny Panel

Opioid Dependency: What happens next?

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AIM OF THE SCRUTINY REVIEW

1. To examine where we want to be in 5 years' time in terms of reducing opioid dependency and supporting people in Middlesbrough with opioid tapering / pain management.

MAYOR'S VISION

2. The scrutiny of this topic fits within the following priorities of the Mayor's Vision:

   - Making Middlesbrough look and feel amazing.
   - Tackling crime and anti-social behaviour head on – the ravages of drug addiction and its effects are destroying lives and communities and are killing parts of the town.
   - Creating positive perceptions of our town on a national basis.

COUNCIL'S THREE CORE OBJECTIVES

3. The scrutiny of this topic aligns with the Council's three core objectives as detailed in the Strategic Plan 2020-2023:

   • People - We will continue to promote the welfare of our children, young people and vulnerable adults and protect them from harm, abuse and neglect.

   • Place - We will transform our town centre, tackling crime and antisocial behaviour, improving accessibility, developing Centre Square as an iconic Tees Valley office, leisure and residential location, and creating other iconic spaces for digital, media and leisure businesses.

   • Business - We will create positive perceptions of our town on a national basis, improving our reputation, and attracting new investment, visitors and residents.

TERMS OF REFERENCE

2. The terms of reference, for the scrutiny panel's review, were as follows:

   a) To examine local opioid dependency rates
   b) To consider the commissioned services in place and level of resource currently invested by the local authority and partner agencies in reducing dependency in Middlesbrough
   c) To investigate the work undertaken by the local authority and partners to tackle opioid dependency amongst:-
      - Women (case study)
      - Older opioid users (case study)
      - Residents living in deprived wards (case study)
   d) To identify good practice and evidence based approaches that aim to support opioid tapering / pain management (including campaigns to increase people's knowledge of the risks associated with prescribed opioids and over the counter medications).

BACKGROUND INFORMATION

What are opioids?

3. Opioids are drugs which come from opium poppies or which have been synthetically produced to mimic the poppy's effects. That includes legal medicines like morphine and codeine, as well as the illegal drug heroin. Opium poppies have been used to ease pain and aid sleep for centuries. Today, they are still used by doctors to treat severe pain. They work by blocking the body's pain signals. They also produce the hormone dopamine, which creates the euphoric feeling of being "high".

   Britain's most prescribed opioid drugs are:-

   - co-codamol
   - tramadol
   - codeine
   - co-dydramol
   - dihydrocodeine
   - oxycodone
   - fentanyl

Why are they so dangerous?

4. Opioids are good at stopping pain in the short-term. But they are extremely addictive, and as the body builds up tolerance they become less effective at stopping pain. If they are not used properly, this can lead to a dangerous spiral, in which someone takes higher and higher doses as the drugs get less effective. However, coming off them is extremely unpleasant. It is easy to become trapped. If an opioid dosage is too high, breathing begins to slow – sometimes so much that it stops altogether.

An epidemic of opioid use

5. In February 2019, *The Sunday Times* published an investigation into Britain's rising number of opioid prescriptions, deaths and overdoses over the last 10 years. It found that around five people were dying from drugs every day. That includes deaths from heroin, as well as legal painkillers. Britain's poorest areas, such as Wales and the North, were the worst affected. Dr Andrew Green, of the British Medical Association, told the paper there was "no doubt" that the UK is experiencing an "epidemic of opioid use".

6. The director of the charity DrugWise told *The Sunday Times* that there is a "perfect storm" of GPs "under huge pressure" and an ageing population, meaning more patients complaining of chronic pain. "It is not surprising that more and more prescriptions are being written as demand increases." Tackling the crisis will involve finding alternative pain medicines, changing the amount of drugs prescribed and supervising patients more closely.

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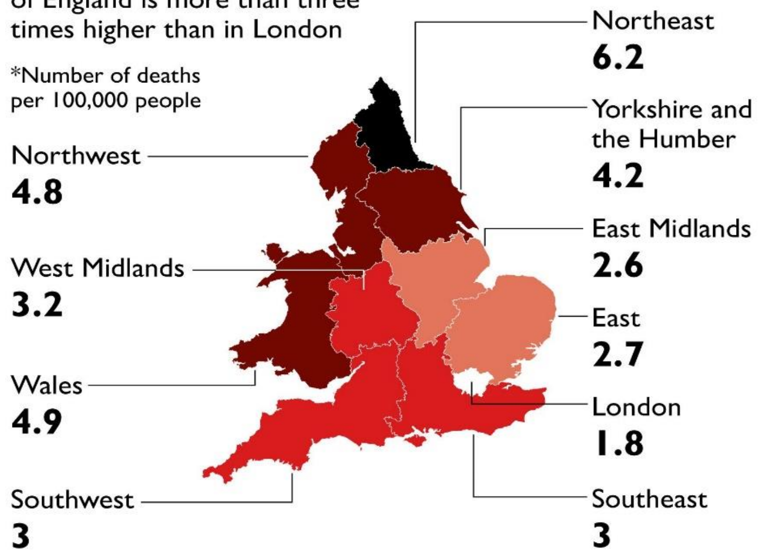
OPIOID PRESCRIBING BY AREA

1. Blackpool
2. St Helens
3. Lincolnshire East
4. Knowsley
5. Barnsley
6. Corby
7. Halton
8. Great Yarmouth and Waveney
9. Doncaster
10. South Tees

OPIOID DEATHS BY REGION

The death rate* in the northeast of England is more than three times higher than in London



7. In addition to the challenges presented by high rates of prescribed opioids the use of illegal drugs including heroin continues to damage our local communities. In February 2020 Dame Carol Black published her independent review of drugs and a summary of the key findings are detailed below:-

   - The illegal drugs market has long existed but has never caused greater harm to society than now. An estimated 3 million people took drugs in England and Wales last year, with around 300,000 using the most harmful drugs (opiates and/or crack cocaine). Drug deaths in 2018 were the highest on record (2,917). The increases have been primarily driven by deaths involving heroin, which have more than doubled since 2012.

   - The UK has the highest number of rough sleepers dying on our streets from drug poisoning since records began. Huge geographical and socioeconomic inequalities lie beneath these trends, with entrenched drug use and premature deaths occurring disproportionately in deprived areas and in the north of the country.[1]

   - Much of the 'core' heroin population are entrenched users with increasingly severe and costly health problems, many of them cycling in and out of treatment services. The ageing of the heroin population and their length of drug use is a big factor in the record number of drug-related deaths.

   - On a given day approximately 20,000 people, or nearly 1 in 4 prisoners, are detained because of offending related to their drug use, as opposed to being involved in supply. Long-term drug users are cycling in and out of our prisons, at great expense but very rarely achieving recovery or finding meaningful work.

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[1] https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary

- Dependency on prescription medicines is an emerging and worrying issue which requires greater attention from government.

SUMMARY OF EVIDENCE

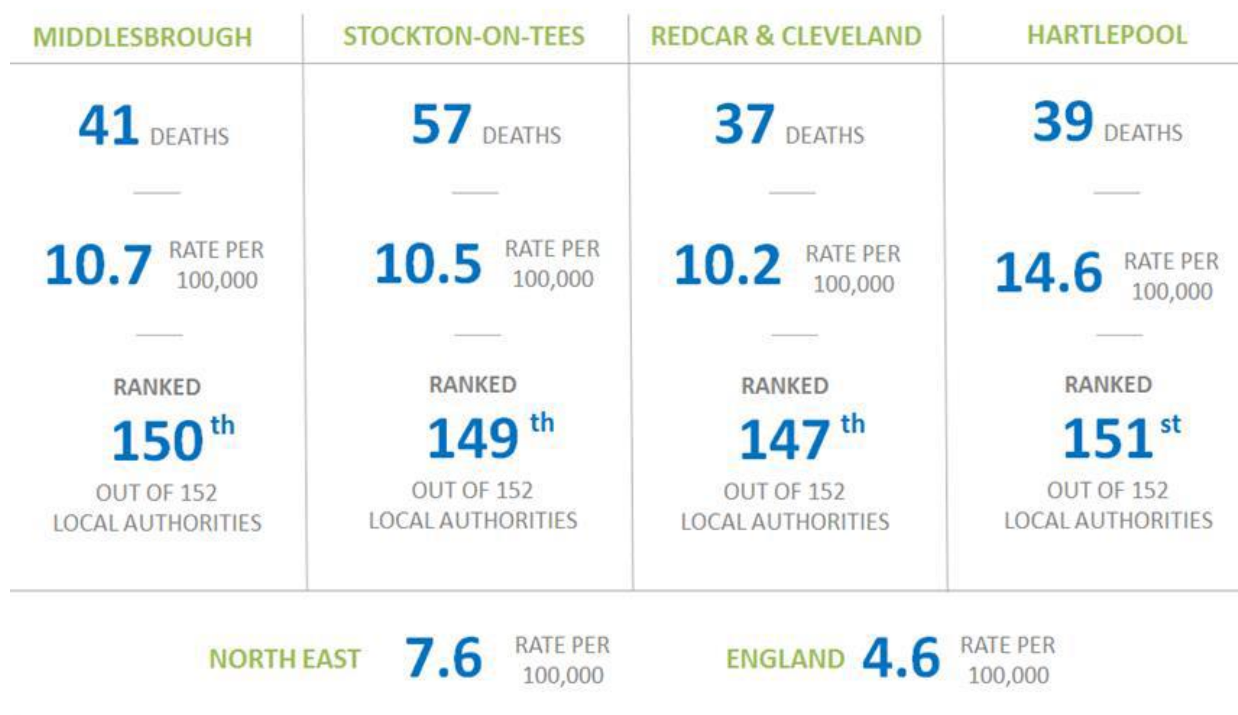
TERM OF REFERENCE A – To examine local opioid dependency rates

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

9. **The average age of drug related deaths in Middlesbrough is 38.2 years old**. In comparison, average life expectancy is 76.2 years old. The Middlesbrough wards with the highest Drug Related Death rates are: Central, Newport, Park, Longlands & Beechwood and Brambles & Thorntree.

Drug Related Deaths in the Tees Valley

10. For the period 2015-17 the drugs related death figures from the Office for National Statistics (ONS) for the Tees Valley show:-



MIDDLESBROUGH	STOCKTON-ON-TEES	REDCAR & CLEVELAND	HARTLEPOOL
41 DEATHS	57 DEATHS	37 DEATHS	39 DEATHS
10.7 RATE PER 100,000	10.5 RATE PER 100,000	10.2 RATE PER 100,000	14.6 RATE PER 100,000
RANKED 150th OUT OF 152 LOCAL AUTHORITIES	RANKED 149th OUT OF 152 LOCAL AUTHORITIES	RANKED 147th OUT OF 152 LOCAL AUTHORITIES	RANKED 151st OUT OF 152 LOCAL AUTHORITIES

NORTH EAST 7.6 RATE PER 100,000 ENGLAND 4.6 RATE PER 100,000

Drug related Deaths, 2015-2017 in England (Public Health England)

11. Between 2008 and 2019 the most common drugs detected from Coroner Inquests into substance related deaths were heroin, alcohol, methadone, cocaine, mirtazapine, benzodiazepines, zopiclone and pregabalin.

12. In terms of the number of drugs detected post-mortem it is now increasingly common to see all of the above drugs in someone's system.

13. Teesside Coroner Inquest data shows that between 2008 and 2019 there was a notable increase in the number of drugs detected. In 2008-09 there were frequently 1-2 drugs detected. In 2019 a third of cases involved 5 or more drugs. There is a tendency for pregabalin and benzodiazepam to be used by younger people.

14. Middlesbrough currently has:

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

15. In terms the demographic of patients in treatment in Middlesbrough 72 per cent are males, with the highest numbers seen in the 30-39 age group. In addition 51 per cent of those in treatment have an identified mental health need.

Evidence from Foundations GP Medical Practice

16. Foundations GP medical practice in Middlesbrough is commissioned to provide a specialist prescribing service. The profile of patients at the practice is as follows:-

    - 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% admit to buying illicit prescriptions
    - 33% of opiate clients have been in treatment for six years or more.

17. The average age of patients registered at the practice is 38 years old and all have significant health problems, including a staggering increased prevalence of chronic health conditions:-

- Asthma 200 per cent above the national average
- COPD 225 per cent above the national average
- Mental health issues 193 per cent above the national average
- Palliative care 211 per cent above the national average.

18. All patients have also experienced a high prevalence of emotional trauma and no patient has not experienced some form of trauma. Physical wounds, as shown below, sustained through drug use further highlight the extremity of harm along with medieval levels of life expectancy.

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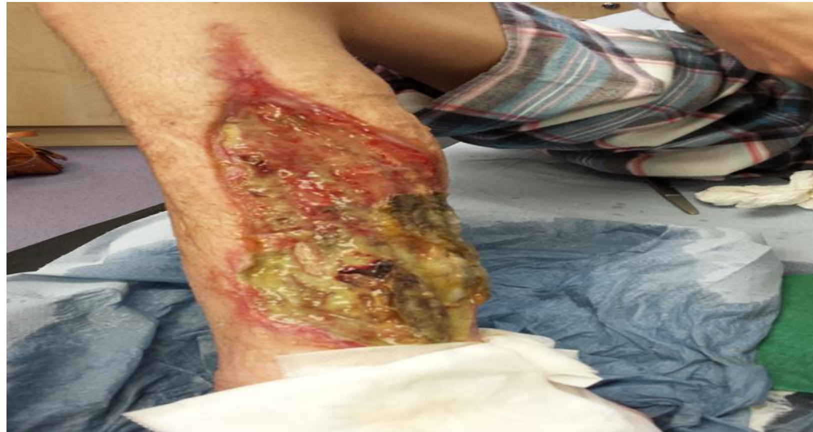

19. Dr John Bye, GP at Foundations Medical Practice, Middlesbrough advised:-

    This is a group of patients that do not often seek help and only at the point of crisis will they approach services for support. The prevalence of asthma and COPD are related to the drug use, as some drugs are smoked, which impacts on respiratory health. From a GP's perspective it cannot be stressed enough how often these patients do not seek help. It is also the case they are often very transient and will not, for example, return the next day for any follow up treatment. Efforts are always made to try and complete treatment immediately when people present.

20. The cost and availability of various substances locally is as follows:-

    - Pregabalin is 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 regularly. Gabapentin tends to be around £10 a strip of 500mg tablets and is usually diverted prescriptions.
    - Zopiclone is cheap, it can be as little as £5 a strip and can vary in strength.
    - Diazepam (£10) is in high demand but there are reports of an increase in counterfeit with 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 and easy to get hold of.

21. A number of methods are used to source the various substances including family, friends, GP prescribing, internet, local dealers and social media. Complex issues can also arise where restrictions are imposed on prescribed substances, as a black market of those substances can develop, which are not quality controlled.

<u>We Talk, They Die: A Call for Action</u>

22. On 9 October 2019 the 'We Talk, They Die: A Call for Action' conference was held at the Jury's Inn in Middlesbrough. The event was organised by Foundations Medical Practice and a range of international and national harm reduction experts were in attendance to share their knowledge and expertise. The attendees included:-

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- Ricardo Baptista Leite, Medical Doctor and Member of the Portuguese Parliament - For better or worse - decriminalisation of drug use: outcomes from Parliament.
- Jason Harwin, Deputy Chief Constable of Lincolnshire Police and National Police Chief Councils (NPCC) lead for Drugs - Harm reduction policing and the need for evidence based practice.
- Dr Magdalena Harris, London School of Hygiene Tropical Medicine - Harm Reduction: Listening to the experts to inform harm reduction.

23. A number of presentations were given to highlight the various approaches adopted to reduce drug related harm: -

- Portugal's decriminalisation of drugs demonstrated the significant impact that could be made if legislative changes were to be introduced in the UK.
- Foundations Medical Practice has launched a Heroin Assisted Treatment (HAT) Project, where people are given diamorphine twice a day under medical supervision. The scheme is part funded by the Police and Crime Commissioner (PCC) for Cleveland and is targeted at those for whom all other current treatment options have failed.
- Naloxone (opioid overdose drug) kits are being distributed by volunteers, who have all battled addiction as part of a Middlesbrough Peer Project. .
- Checkpoint (an offender management programme that offers those eligible an alternative to prosecution) is established in Durham Constabulary's force area. It provides an opportunity for individuals to tackle the underlying issues such as their mental health, alcohol and drug misuse and aims to improve the life chances of the participants. A similar scheme has been launched in Cleveland.

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<u>Portugal's health focused and harm reduction approach</u>

24. In respect of the approaches introduced to tackle drug related ham some other countries have introduced decriminalised markets. Portugal, for example, has taken a much more **health focused approach, resulting in a reduction of drug use across the country and a huge reduction in drug related deaths.**

25. In Portugal pre-2001 heroin was the main substance of problematic drug. Increases in reported drug-related deaths between 1991 and 1998 highlighted the public risk of injecting and the need for drug policy reform. **On 1 July 2001 Law 30/2000 was introduced which decriminalised drug possession, acquisition and consumption for personal use.**

26. Ricardo Baptista Leite, Medical Doctor and Member of the Portuguese Parliament advised:-

- Decriminalisation of drug use **did not increase drug use, drug-related crime or 'drug tourism' in Portugal**
- **Decreases in HIV and overdose-related deaths** have been observed since 2001
- Decriminalisation is **only part of the journey** – further work needs to be done on **stigma**, **safety** and **availability of other harm reduction initiatives**

Local Action

27. In terms of work undertaken by Public Health (South Tees) to tackle these issues locally the following measures have been implemented:-

    - The Preventing Drug Related Deaths post has conducted reviews of deaths and looked at patterns of drug use.
    - Middlesbrough Council has taken part in Heroin and Crack Cocaine Action Area (HACAA) work with Cleveland Police
    - An integrated commissioning model has been developed to look at wider issues.
    - Capital funding has been secured for Middlesbrough's Alcohol Centre of Excellence (MACE) – Hall Gate depot building.
    - Live Well Centre approach has been adopted.

28. Value for Money conservative estimates highlight a £3/4 saving on each £1 invested. In 2016/17 Public Health England (PHE) figures showed that £5m invested resulted in a £10m social / economic return.

Future Funding Opportunities – Changing Futures

29. On 10 December 2020 the Ministry of Housing, Communities and Local Government launched the 'Changing Futures' scheme – a £46 million programme, which aims to establish new, innovative and co-ordinated ways to better support vulnerable adults and particularly those facing entrenched disadvantage and trauma. The initial delivery period will be for two years in 2021/22 and 2022/23, with options to extend if more funding is available, including through local match funding. There is an expectation that local areas will be able to demonstrate plans to sustain a legacy of system change and improved working for adults experiencing multiple disadvantage beyond the initial programme period.

30. The prospectus for the 'Changing Futures' scheme invites expressions of interest from organisations such as councils, health bodies, police, probation services, voluntary and community sector organisations to form local partnerships. The planned timescale for the mobilisation of the national 'Changing Futures' programme is as follows:- 21 January 2021 deadline for Expressions of Interest (EOI's), February – shortlist of areas announced, March to April – Delivery Plan development and Spring – Year 2 delivery grants agreed, funding provided and delivery commences.

31. The prospectus highlights that a range of government programmes are currently underway led by different parts of the public sector or targeting specific groups with high levels of multiple disadvantage, such as people sleeping rough, repeat offenders, or women in or at risk of contact with the criminal justice system. One of the projects referenced is Project ADDER (Addiction, Disruption, Diversion, Enforcement and Recovery) – Home Office.

32. The Home Office in conjunction with the Department for Health and Social Care and Public Health England are funding an intensive whole system approach to tackling drug misuse in select locations worst affected by drug misuse, alongside national activity to disrupt the middle market supply of drugs. A programme designed to assist agencies and organisations to work together to reduce the volume of deaths, criminal activities and anti-social behaviour relating to drug-taking. The pilot is referred to as Project ADDER and will involve co-ordinated law enforcement activity, alongside expanded diversionary activity

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and treatment/recovery programmes. It aims to reduce drug related deaths and move individuals away from drug addiction.

33. A number of towns have been selected as pilots for the project, for example Hastings is set to receive £5 million funding, which is to be spread over the next two and a half years. Similarly Blackpool has been identified as a pilot town.

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TERM OF REFERENCE B - To consider the commissioned services in place and level of resource currently invested by the local authority and partner agencies in reducing dependency in Middlesbrough

Middlesbrough Recovering Together (MRT)

34. Middlesbrough Recovering Together (MRT) is the local substance misuse model that aims to offer people seamless services as if delivered from a single provider. MRT has been delivering local substance misuse support since 1 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.

    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. 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 provided a clinical recovery service.

    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 is rated 'outstanding' by the CQC.

35. Representatives from all three organisations provided evidence and it was emphasised that the harms caused by the misuse of opioids and other drugs are far reaching and affect people's 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.

36. In public health terms it is the cumulative impact of the misuse of drugs and all of the surrounding issues that make it a wicked problem. The message that **you alone can recover but you cannot recover alone** was emphasised.

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Evidence from Change, Grow, Live (CGL) - A Care Co-ordination Service

37. Access to the services provided by CGL is open entry and is available at a range of locations including the Live Well Centre and Foundations GP Medical Practice.

    The service focuses on providing:-

    - Care co-ordination of 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

38. Psychosocial interventions involve intervening in the psychology (thoughts/feelings) or the social (context/environment), which are tailored to the individual depending on needs.

    For example:-

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

39. CGL also provide a young persons' service to offer specialist support for young people who are either using alcohol / drugs or are affected by someone else's alcohol / drug use.

Evidence from Foundations (GP Medical Practice) - Clinical Service

40. Daniel Ahmed, Clinical Partner at Foundations GP Practice made reference to a quote from Gabor Mate (a Canadian Physician known for his expertise on trauma, addiction, stress and childhood development). It sums up the stark reality of providing care to people who have become so dehumanised they no longer care if they live or die.

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

41. To address the issue of opioid dependency a **health focussed harm reduction approach** is required. Such an approach is used all the time in everyday life, kids on skateboards, we don't stop them we provide them with helmets and pads, people jumping out of planes, we don't stop them they have training, a parachute. Harm reduction is normal, yet with drug use, we don't use all the tools we have available to reduce harm.

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‘**We expect drug users to jump out of a plane without a parachute every time they use drugs.’**

<u>Evidence based approach:</u>

42. The following health focussed harm reduction approaches were highlighted as best practice:-

- **Rapid access to treatment** - no wait times. Why, there is clear evidence that being in treatment protects lives.
- **Trauma informed approach** - A trauma informed approach, I am ok you are ok, we don’t ask what's wrong with people but what's happened to people. We meet people with respect and love. We need to acknowledge that a path of often horrific life events have led people to need our support. We respect they may find it too difficult to express their thoughts and feelings about their trauma, that they have survived to this point.
- **Opiate substitute prescribing at optimal doses** - The strongest evidence base in all guidance for heroin use is substitute prescribing, the use of methadone/Buprenorphine within particular dose ranges is the number one protective factor in preserving life and providing stability in people who use opiates. Doses should be between 60mg to 120mg for maximum benefit. However, there is often a stigma attached to this, people are encouraged to reduce doses, the lower the dose the better, a moral value is attached to the dose that isn't applied in other areas of medicine. We do not draw breath when we need to take 500mg of paracetamol. A patient who requires insulin is not pressured into reducing the dose.
- **Heroin Assisted Treatment -** Heroin assisted treatment, a further treatment option with a global evidence base of effectiveness. Middlesbrough should be proud it supported the introduction of HAT, allowing treatment options for patients who have failed to benefit from front line treatment options. The rest of the UK treatment sector is in awe of Middlesbrough's HAT programme.

43. Danny Ahmed, Clinical Partner at Foundations GP Medical Practice advised that,

‘**Embracing a wider definition of recovery is critical in supporting people who use opiates**.’

<u>Recovery must be understood to have a multitude of outcomes</u>:

44. Recovery is a journey and not an end point:-

- **Abstinence from substances** - Recovery has come to mean abstinence from substances. It has come to mean anybody who isn't abstinent from substances or requires medication has not recovered.
- **Stability on medication** - Recovery needs to be acknowledged as multi-faceted. Its right we have a treatment system that aspires to abstinence but not right that we have one that discounts people who have stabilised on medication as recovered.
- **Reduction in harmful behaviours -** It is not right that a reduction in harmful behaviours is not celebrated.
- **Defined by the individual** - It is not right that recovery is not defined by the individual.

‘You can't recover if you're dead, right now people are dying.’

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45. In order to reduce the number of drug related deaths a radical approach is needed, with the introduction of measures that directly impact the most vulnerable with evidence based solutions.

Evidence based solutions:

46. What works and what is needed:-

- **Introduce safe spaces for people to consume substances** - Safe spaces to use substances safely are widely used in Europe, Canada and Australia and have been for up to 16 years. **No one had ever died of a drug over dose in any of these facilities**.
- **Introduction of drug sampling** - Introducing drug sampling would allow those who use substances to ensure the substance is safe. Drug users do not want to die
- **Active drug users as part of the treatment system response** - Introducing active drug users to treatment service structures and treatment provision will allow services to reach those we don't currently and to engage them on the path to recovery. An example of this is Middlesbrough's peer to peer Naloxone programme

47. Photographs were shown, taken in areas of the town centre, although it was emphasised that this could be any town or city in the country. The photographs show human waste and discarded needles, works and crack pipes. This is the current state of play, this is how the most vulnerable people in our local communities who use drugs are currently living and using. We have a drug related death crisis and yet this, this is the place where some people are having to use. In 2019 a young lady had been found dead in this area and a young man died here last Christmas.

Heroin Assisted Treatment (HAT)

48. The Heroin Assisted Treatment (HAT) programme is based at Foundations GP Medical Practice, it is an evidence based intervention undertaken in partnership with the Police and Crime Commissioner (PCC) and Probation services. It involves a cohort of high volume users of emergency services, those committing the most crimes and those who have previously failed to engage in treatment. All of the clients involved in the programme attend twice a day to inject, 7 days a week and receive a full package of support from other relevant services. The programme has shown excellent early outcomes and all participants have terminated their use of street heroin.

49. The following feedback has been received from a Cleveland Police Officer in respect of the programme,

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'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.'

50. At the time of presenting evidence it was advised that there were currently nine people involved in the scheme, with spaces for up to fifteen. Members expressed the view that they are very supportive of the initiative and keen to explore the possibility of expanding the scheme, as well as increasing their knowledge about Drug Consumption Rooms (DCRs). The point was made that at present the Home Office is not in favour of DCRs. Glasgow has openly requested a trial, however, to date the request has not been approved. Bristol has also recently set up some mock DCR's to demonstrate to the public what would be involved.

Evidence from Recovery Connections

51. Recovery Connections' in Middlesbrough provides the following services:-

- **Quasi Residential Rehab (QRR)** in Middlesbrough is one of the only free to enter rehabs in the country (8 flats). The CQC rated has rated it as Outstanding and a 12 step rehab programme is available for Middlesbrough residents who wish to complete an intense 6 month programme.
- **Community support** 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, which are designed to teach people skills and get people mixing with similar people aiming for similar goals.
- **Housing support** is also provided, mainly for people leaving rehab however there is some support available for people accessing community groups.
- **Young person's worker** is based at the Students Union at Teesside University 2 days per week, helping to support people in recovery to get into education and maintain attendance and work.
- **Trauma therapy** is mainly for people in rehab however therapists also work with people accessing community provision across MRT. Recovery connections has secured funding from the National Lottery to employ two full time trauma therapists adding value to the current treatment provision.

52. In terms of the offer provided at the Quasi Residential Rehab each individual signs a contract, which includes 12 weeks residential housing and 12 weeks supported peer

housing, as well as help finding accommodation if required. Trained Coaches guide and support each person through the 12 steps programme and it's a very structured environment. Attendance at mutual aid, for example, narcotics anonymous / alcoholics anonymous is also required. The ambassador programme is also of key importance and many of those involved in the centre have been living and breathing recovery for many years. **It is not the harm that is the focus but the good.**

53. Recovery Connections is also out in the community as much as possible in an effort to send out a positive message to the community about recovery. The coffee bike is an effective way of engaging with people in the street and each time the bike goes out staff from the organisation will engage approximately 40 people in a conversation about recovery.

54. Upon visiting Recovery Connections Quasi Residential Rehab facility on Marton Road it was evident that the offer provided is unique. In order for individuals to secure a rehab placement a significant amount of preparation is undertaken. A rehab admission panel assess the likelihood of an individual successfully completing the intense 6 month programme and there is currently a waiting list of 2-3 months to access the 8 bed facility. In terms of expanding the offer consideration has previously been given to providing a 16-18 bedded detox and drug rehabilitation facility at Letitia House in Middlesbrough. However, a bid by the Public Health Team to the Council's Capital Fund for £200,000 to fund the necessary structural changes was unsuccessful.

55. Currently, those with medical complications have to access in-patient detox facilities in Manchester and Leeds. The current cost to access a 7-10 day detox programme is approximately £25,000 per patient and is funded via the Public Health Grant. If a local detox facility was available that cost would reduce significantly and more patients could be supported using the funding available. Income could also be generated through placements commissioned by other bodies, as currently **there are no publically funded in-patient detox and drug rehabilitation facilities available elsewhere in the region.**

<u>Budget reductions</u>

56. In terms of the funding reductions **over the last seven years the Public Health budget that is used to fund substance misuse services in Middlesbrough has been cut by more than half, from approximately £6m per annum in 2014/5 to around £2.3m for 2020/21**. There is no longer a dedicated prevention budget, the ability to innovate has been reduced and the future of the **Hospital Intervention and Liaison Team (HILT)** remains uncertain. **There has also been a loss of specialist skills, knowledge and experience, as less capacity has resulted in an increase in more generic posts.**

Gaps

- The pain management clinic remains vastly oversubscribed.
- Recovery campus, first one in the world outside America, cohort is easy to dismiss, more palatable to prioritise other agenda, deeper understanding of the sources to restrict supply.
- Incredibly high stigmatization remains.

Next Steps

- The integrated model should bring numerous benefits.
- In making every contact count, respect is key, as is a restorative approach.

Longer Term Opportunities

- Collaboration with key partner organisations
- Pooled budgets.

Requests

- Commitment to continued investment

57. Public Health (South Tees) has a really good track record of securing external grant funding but there is a need for the real term cuts to be highlighted. Long term financial stability is needed to deliver and plan future service delivery.

58. The Heroin Assisted Treatment (HAT) programme is currently funded through a partnership arrangement using time limited funding, secured until October 2021. Additional funding is needed, as else there remains a risk that Middlesbrough could lose this innovative work. The Police and Crime Commissioner (PCC) elections are due to be held in May 2021 and there is a need to ensure PCC funding continues to be secured. A number of measures are needed:-

- Help to engage key partner organisations and stakeholders to tackle the issue collaboratively;
- Work collectively to tackle stigma;
- **Make Middlesbrough a Recovery City**

59. The point was also made that **the value for money evidence is clear and investing in prevention is a win win, it saves lives and saves families.**

60. Public Health is currently in the process of maximising value for money by commissioning **an integrated commissioning model**. This innovative approach will join up homeless services, domestic abuse services and substance misuse services to address the multiple, complex issues faced by vulnerable adults in Middlesbrough. **Building social capital and ensuring people have 'somewhere to live, something to do and someone to love'[2] is of the utmost importance.**

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[2] Social capital is an important ingredient in the maintenance of physical and mental wellbeing, In 1990 Physiatrist Sheldon Berrol noted that what is important to all of us is to have somewhere to live, something to do and someone to love.

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TERM OF REFERENCE C – To investigate the work undertaken by the local authority and partners to tackle opioid dependency amongst:-

- **Women (case study)**
- **Older opioid users (case study)**
- **Residents living in deprived wards (case study)**

<u>Evidence from Middlesbrough Community Safety Partnership</u>

61. Middlesbrough Community Safety Partnership is a statutory body made up of representatives from the Police, Probation Service, Local Authority, Youth Offending Service and the Fire and Rescue Authority and it produces a community safety plan that is reviewed every two years.

62. The Community Safety Partnership plan identifies the following priorities:

Priority 1—Perceptions and Feeling Safe
- We will aim to better understand and improve the public perception of safety and crime in Middlesbrough
- Tackling crime and ASB head on

Priority 2 - Tackling the Root Causes
- Adverse Experiences
- Trauma Informed approach

Priority 3 - Locality Working, Inc. Town Centre
- Reconfigure relationships between statutory organisations and the community. Encouraging and supporting a collaborative approach and building capacity within the community. Create a safe town centre environment to live, work and visit

63. Neighbourhood Safety Wardens in Middlesbrough have a significant role to play in identifying and engaging with vulnerable people and referring to commissioned services. All of the Wardens carry naloxone kits, a drug that reverses the effects of an overdose. **By administering the drug the Wardens, who are also trained in first aid, have saved the lives of 9 people in Middlesbrough since December 2019.**

64. Wardens, who are also accredited by the Chief Constable of Cleveland Police, regularly gather intelligence and share information with the Police relating to drug dealing so that appropriate action can be taken. This has resulted in drug raids taking place in a number of local communities.

65. The Council's Officers also regularly build a portfolio of evidence to support an application to the courts for a house closure where there is evidence of ASB, crime and drug dealing from a property.

66. The following case studies detailing the support offered through a multi-agency approach were provided:-

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2018 Example with Community Safety (Assertive Outreach)

S was homeless, sleeping on the street and begging in Middlesbrough town centre, he was a heroin user and wasn't engaging with any services. He had benefits in place however couldn't access them as he didn't have a fixed address for the bank card to be sent out to. S couldn't gain housing in Middlesbrough as he had "burnt his bridges" with all landlords.

10 weeks after S started to engage with the community safety team he was housed in temporary accommodation. He continued his engagement with the team and was offered a more permanent address with 2020 properties. He is now attending all of his Probation appointments and is now in receipt of Housing Benefit. His landlord have no complaints and have said he is *'doing well'*. He has held down his tenancy and pays his rent top up and he now has a bank card and can therefore easily access his benefits.

The team organised an assessment at CGL, which S attended, allowing him to be put on a methadone script. The team later supported him to attend Foundations and he states he hasn't used heroin since and is now feeling much healthier. He wanted to stop begging so the Town Centre Team arranged for him to start selling the Big Issue as long as he attends Recovery Connections once a week.
He keeps out of the town centre and sells the Big Issue in the Linthorpe area.

S now feels ready for a DISC referral to support him into securing a permanent tenancy and he has asked the team if they can also help him look at his mental health once he has settled.

S has messaged the team on several occasions, here are some quotes

"Thanks, I wouldn't have been here if it was left to me, so thanks very much it means a lot"

"I wouldn't have known where to start without your support"

Example from November 2020 Town Centre Wardens

X

X had been homeless for 12 months when the Town Centre Wardens started to engage with him. He was a prolific beggar in the town centre and was sleeping in shop doorways within the main precinct area, which was of concern to town centre businesses. Although X had benefits in place, he was misusing substances which was the reason he was also begging. He had 'burnt bridges' with housing providers but he said he wanted to change and stop living like this.

After a number of calls and discussions with the Homeless Team eventually a landlord agreed to give X a tenancy and he was placed into a private rented property. X was supported to set up his Housing Benefit claim by the homelessness team.

A community award scheme was successfully applied for to provide him with white goods, household furniture and clothing.

X is continuing to work with the team, he has also started to sell the Big Issue and he is now ready to address his substance misuse and will be supported to make links with the relevant agencies for ongoing support. It is recognised that X still has a long way to go but he is making small steps in the right direction. Below is a quote from X

"Thank you, I wanna make changes and I wouldn't have been able to do this much without you"

67. Marion Walker, Head of Stronger Communities advised,

'People don't choose to live a challenging life, they often find themselves in a situation that gradually creeps up on them. Individual circumstances and life experiences can lead to people being in a certain environment that can lead to harmful behaviours. Every drug user is someone's brother, sister, mother, daughter, son and they deserve another chance and support to change their behavior when they are ready for it. If their behavior is causing harm to the community, they need to understand that that it is not acceptable and their actions will have consequences. Therefore enforcement does have a place too.'

68. It was also advised that **additional benefits would be derived from increased assertive outreach work to support people to make small, positive steps to changing behavior.**

Evidence from Cleveland Police

69. Following publication of the recent HM Inspectorate of Constabulary and Fire & Rescue Services report, which had highlighted serious concerns about Cleveland Police leaving vulnerable victims at risk the Chief Inspector advised that there has been a significant culture change within the force, particularly in respect of Police understanding around the vulnerability of drug users and how people become dependent. In 2019/20 Cleveland Police have also led on the Heroin and Crack Cocaine Action Area (HCCAA) project.

70. The Chief Inspector advised that streamlined processes for dealing with possession of drugs are currently being considered. For example, if an individual is stopped with a very small amounts of drugs but there is no risk of threat or harm, procedures to interview them on body worn cameras and submit a streamlined case file outside the court process could be introduced. At the same time the individual concerned would be referred to the relevant support agency or local authority to help them to address the issue rather than the case still being stuck in the court system three months down the line. As valuable visible police presence is being taken out by relatively low level offending.

71. Cleveland Police is also currently working with partners on trying to divert people from heading into the criminal justice system by offering rehabilitation - rather than putting them through short-term custody sentences for drug possession. Healthcare professionals are employed as part of the custody and diversion team and will assist individuals who have some sort of drug dependency whether it be to opioids or prescribed medications.

72. Cleveland Police's Neighbourhood Policing Team also host 'threat, risk and harm meetings' on a daily basis with partners including the local authority, local housing providers and fire & rescue services to discuss crime, anti-social behaviour (ASB) and vulnerability. Many of the issues discussed are linked to drugs and alcohol and the majority of incidents reported to the Police are rooted in these issues. At present there are a significant number of reports around street dealing and Cleveland Police will not tolerate dealers causing problems on the streets. The Police are working alongside the Council to close down troublesome properties

73. Cleveland Police have a number of harm reduction schemes in place including:-

- Divert schemes to divert people from the criminal prosecution system to rehabilitation
- Young engagement meetings
- New programmes to educate school aged children to deliver a holistic approach to the danger of drugs

Trends in Middlesbrough

74. In terms of the enforcement work undertaken by Cleveland Police this is currently yielding very little in terms of recovering Heroin. It would appear to be a generational change - Heroin is a dying drug in terms of the younger generation picking it up. However, **Cleveland Police have seen an increase in the misuse and abuse of prescribed drugs and drugs imported over the internet including tablets, painkillers and sleeping tablets.** People are also moving towards cocaine and crack cocaine.

Evidence from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust

75. Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust is a provider of Mental Health and Learning Disability Services and is not commissioned to provide Substance Misuse Services or services related to primary Opiate dependence. In the course of providing Mental Health and Learning Disability Services TEWV provides help to persons with dual diagnosis. The definition of dual diagnosis is a co-existing mental health and alcohol and / or drug misuse problems.

76. In respect of the level of resources invested by TEWV in dual diagnosis regular mandatory training is provided to staff, a dedicated dual diagnosis lead has been appointed within the Trust and dual diagnosis link clinicians / link champions also work across a number of teams. In addition these practitioners work in partnership with the locally commissioned substance misuse services. A Mental Health and Substance Misuse network is also in place in Teesside and inpatient services / wards are often needed to provide detox for patients.

77. Dr Sinha, Clinical Director at TEWV advised that in terms of TEWV's experience of working with those addicted to opioids it's felt that:-

    Difficulties are increasing (anecdotal reports) and getting the right help at the right time (in terms of helping an individual addicted to opioids) can be challenging. There is also an association with adverse outcomes including fatalities and the individual often faces a number of difficulties in addition to mental health and substance misuse including issues relating to finance, housing and physical medical conditions.

78. In terms of recent initiatives undertaken by TEWV a series of Rapid Process Improvement Workshops (RPIW) involving partner organisations have been held. Change, Grow, Live (CGL) were involved in Middlesbrough and TEWV has also initiated the Mental Health / Substance Misuse Network with other stakeholders. The crisis assessment suite at Roseberry Park receives support from the Substance Misuse services and joined up care is provided on site. It is hoped the training of inpatient staff in the use and distribution of Naloxone kits will also lead to a reduction in deaths linked to opiates.

79. With regard to TEWV's views on the impact of opioid dependency on children and young people in Middlesbrough, Dr Sinha, Clinical Director advised that colleagues in the field report that the number of young people physically dependent on opioids in Middlesbrough is small but growing. There are young people who are at risk of developing dependency and for those young people born substance dependent it impacts on their development. Young people in Middlesbrough are also impacted by parents and significant adults own opioid dependence.

80. TEWV put forward the following suggestions for interventions that are needed over the next 5 years to better support people in their recovery from opioid dependency:-

    - Mental Health, Substance Misuse, Primary Care Networks (PCNs), Mental Health services especially Psychological interventions working jointly
    - Quick and reliable access to specialist Substance Misuse help especially in Crisis, Crisis Assessment Suite and Inpatient wards

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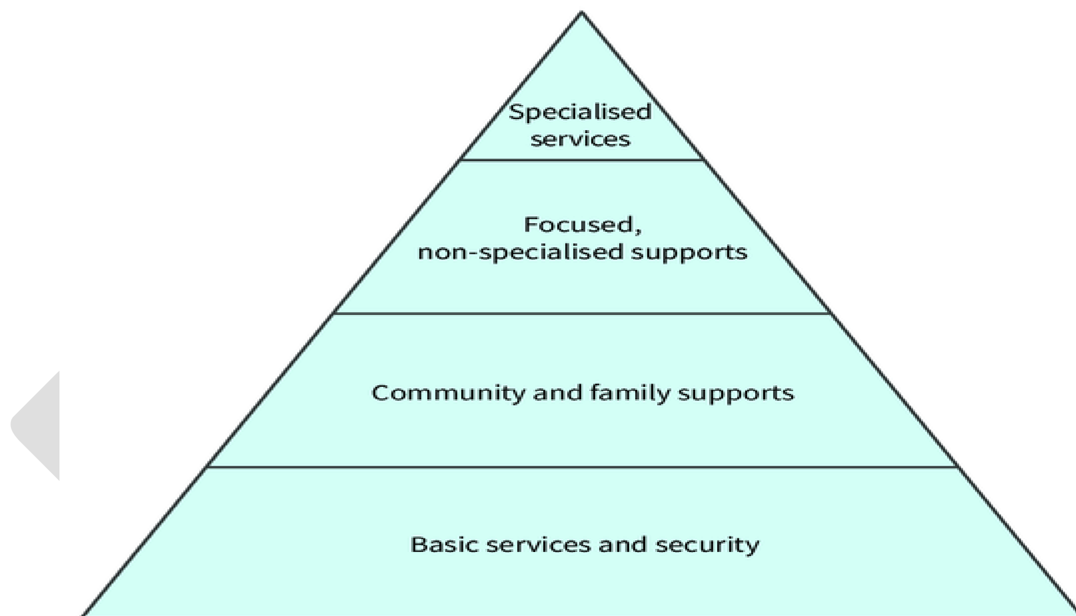
- Single point of access in Mental Health to include Substance Misuse workers for joint triage/joint initial assessment; also Social workers, other colleagues
- Substance Misuse workers to attend joint meetings like formulation, pre-discharge meetings
- Substance Misuse Services to contribute to TEWV's co-produced Crisis management plans / Wellness Recovery Action Plans (WRAP)
- Mental Health services to deliver joint clinics in Substance Misuse premises
- Role of peer support workers across organisations
- Prescribers in commissioned Substance Misuse services to work with TEWV prescribers (at times meds may be given by prescribers in different organisations like GP, Substance Misuse, Mental Health, 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 Substance Misuse and Mental Health services (to each other)

81. Reference was made to the four levels of interventions, as highlighted in the pictorial triangle below:-.



82. Level 4 is the base of the triangle and represents basic services and security, level 3 is the next tier and is defined as community and family support, tier 2 is focused on non-specialised support and the top tier relates to specialised services. The vast majority of people sit below the top tier but are still in need of support.

83. **One of the main issues is that currently the majority of resources invested are concentrated on the very acute services, which people are accessing at the point of crisis. There really needs to be a shift in that resource but one of the difficulties in achieving this is that support is still needed for those at crisis point whilst trying to stop the future flow.** Only through investment in the more preventative measures can there be any sort of solution in the long term. There is a definite willingness from the

different service providers to work more closely and capitalise on how, through closer integration, the system can perform better with the resources currently available to it.

Evidence from the North East Ambulance Service (NEAS)

84. Over the last three years NEAS has seen an increase in the number of overdose cases attended in the TS1-8 postcode areas; with 2019 being the last full year of data available. In 2017 the number of overdose cases attended was 982 and in 2019 this has risen to 1757. The term overdose has a very wide definition and may include both accidental and unintentional overdose of both prescription and illicit drugs. In terms of identifying patients who have probably taken an overdose of an opioid based drug, the use of Naloxone is a more accurate measure.

85. NEAS has documented 778 cases where Naloxone has been administered to a patient between January 2017 and the present day, with a significant increase (38 per cent) in usage between 2018 and 2019. This accounts for approximately 1 per cent of all face to face ambulance encounters in the same area.

86. During this time period the indications for the administration of Naloxone Hydrochloride have not changed and therefore it is reasonable to assume that NEAS has seen more cases of opioid toxicity. However, the figures in Middlesbrough broadly aligned with similar increases in the use of Naloxone throughout the North East and there is nothing to suggest in the data that Middlesbrough is a significant outlier.

87. There is some seasonal variation in the number of cases, with the summer months seeing greater number of cases than winter. However, with only 3 years' worth if data it is not a large enough sample to draw definitive conclusions.

88. The TS1 and TS3 postcodes have the highest usage of Naloxone in the Middlesbrough area. Whilst NEAS do not hold data on hospital admissions this increased activity has certainly resulted in more patients transported to hospital for overdoses, opioid and none opioid related. Demographic information held by NEAS is limited but the majority of patients who received Naloxone Hydrochloride are men and the largest age bracket is for those aged 31-40.

89. NEAS advised that there are two areas of practice from other parts of the world that are worthy of attention:

    1. Information sharing between ambulance services and other public health bodies.

    - In some communities, Ambulance services regularly share data with public health and law enforcement agencies to help community partners better understand when unexpected peaks are occurring and put plans in place to address them. This requires information sharing agreements and support from NHS commissioning colleagues but can provide a very useful early warning when a potentially fatal batch of drugs were in circulation.

    2. Within the US many law enforcement agencies have issued their officers with Naloxone kits, in order to provide immediate treatment model to patients.

- This is being adopted by some police forces elsewhere in the UK.

TERM OF REFERENCE D – To identify good practice and evidence based approaches that aim to support opioid tapering / pain management (including campaigns to increase people's knowledge of the risks associated with prescribed opioids and over the counter medications).

90. In September 2019 Public Health England published the Prescribed Medicine Review. The review highlighted that in the period 2017 to 2018, 11.5 million adults in England (26% of adult pop) received, and had dispensed, one or more prescriptions for any of the medicines within the scope of the review. The review included:-

- Antidepressants
- **Opioids**
- Gabapentinoids
- Benzodiazepines
- Z-drugs

91. The report highlighted that in the period 2017-2018 the rate of prescribing for antidepressants had increased from 15.8% of the adult population to 16.6% and for gabapentinoids from 2.9% to 3.3%. Annual prescriptions for opioid pain medicines had decreased slightly since 2016 but these figures vary throughout the country. It was noted that **opioid pain medicines and gabapentinoids have a strong association with deprivation**. The proportion of length of time of people receiving prescriptions continuously varies. **For all classes who had at least a year of prescriptions the figures increase with higher deprivation.**

<u>Opioid use in the UK</u>

- 28 million people in the UK living in chronic pain
- 5.6 million adults are on prescription opioids or 1 in 8 adults
- 500,000 people have been on opioids continually for more than 3 years
- 20 years ago there were 47 drug poisoning deaths in England and Wales involving 2 drugs codeine or tramadol, last year there was nearly 400 – a worrying trend
- Opioids are now so common people forget how powerful they are especially when they're mixed with alcohol
- The use of prescription opioids is a major public health issue - it's up there with heart disease and cancer

92. The data contained in the Prescribed Medicine Review suggests that most people who start prescriptions receive them for a short time. However, each month there is a group of patients who continue to receive a prescription for longer. **Benzodiazepines, Z-drugs, opioid pain medicines and gabapentinoids are associated with a risk of dependence and withdrawal.** Patients report harmful effects with stopping these medicines, which affect their well-being, personal, social and occupational functioning. These effects can last several months.

<u>Addicted to Pain Killers</u>

93. The Prescribed Medicine Review report (2019) details South Tees CCG and Hartlepool and Stockton (HaST) CCG's ranking compared to other CCG's across the country. The

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ranking is highlighted, with "1" being the highest indicating higher prescribing rates per head of population and "195" being the lowest.

94. For South Tees CCG prescribing rankings for the following prescribed medicines are as follows:-

- Antidepressants - 2
- Opioid pain - 4
- Gabapentinoids - 2
- Benzodiazepines - 67
- Z-drugs - 143

95. Blackpool CCG is the only CCG with a lower ranking for the prescribing of opioid pain medicines and antidepressants.

	Antidepressants		Opioid pain		Gabapentinoids		Benzodiazepines		Z-drugs	
CCG name	Number with at least one dispensed prescription (2017/18)*	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****	Number with at least one dispensed prescription (2017/18)*	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****	Number with at least one dispensed prescription (2017/18)*	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****	Number with at least one dispensed prescription (2017/18)*	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****	Number with at least one dispensed prescription (2017/18)*	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****
HARTLEPOOL AND STOCKTON-ON-TEES CCG	46,657	*15*	37,819	*21*	11,402	*15*	5,304	*170*	2,078	*195*
SOUTH TEES CCG	49,884	*2*	41,326	*4*	13,228	*2*	7,228	*67*	4,208	*143*

96. In terms of the data for repeat prescriptions of the drugs over 12 months, again with ranking relative to other CCG's across the UK the figures for South Tees CCG are as follows:-

- Antidepressants - 35
- Opioid pain - 21
- Gabapentinoids - 23
- Benzodiazepines - 9
- Z-drugs - 1

How powerful is opioid pain medication?

- **Morphine (15mg) - equivalent to 13 co-codamol (**morphine a close relation to heroin) and is highly addictive
- **Codeine (30mg) is far more powerful than co-codamol** and patients may experience withdrawal symptoms
- **Oxycodone** - **equivalent to 75 codeine tablets** and is one of the most widely abused prescription opioids and has been implicated in thousands of US deaths
- **Diamorphine** (30mg) - more commonly known as heroin
- **Fentanyl** (75micro-grams/hour) – **equivalent to 338 co-codamol tablets (all of it in one little patch)** is usually given via a slow release skin patch

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97. Views were invited from Middlesbrough residents in respect of their personal experiences of opioids and the following comments were received:-

"Painkillers are far too easily prescribed, but there is always the pressure from the patient as we have been programmed to believe that painkillers are the solution and the suggestion of the brain playing a part puts up people's defences that someone is suggesting that 'it is all in the head' (believe me my pain was real)."

"Opioids are far too commonly prescribed, from codeine to morphine. From personal experience it is frightening how a seemingly harmless drug such as codeine can be so addictive."

"The brain plays a massive part in pain and I think medical professionals are starting to focus more on this pathway, but it's not easy because of the expectation that a painkiller is the answer."

"I suffer with back spasms and was prescribed Tramadol. I hated them. I've never taken anything like that before and couldn't function on them. I took 3 doses and decided they weren't for me. For nearly four years my back went into spasm approximately every six weeks and I mainly relied on ibuprofen & co-codamol."

"I've had great success with a physio (I've tried acupuncture and 3 other physio before) who looked at the root of my pain and didn't believe that painkillers are always the answer. He identified that my brain and nervous system has become over sensitised from an initial injury and described how I needed to retrain the signals from my brain to my back (there are some great books on this too)."

An opioid and gapentinoid reduction programme

98. In October 2019 Professor Eldabe, Consultant Anaesthetist at South Tees NHS Foundation Trust (ST NHS FT), Associate Professor Sandhu, University of Warwick, G O'Kane, Specialist Pain Management Pharmacist, ST NHS FT) and A Monk, Medicines Optimisation Pharmacist, North of England Commissioning Support (NECS) submitted a proposals to pilot a pharmacist-led opioid and gabapentinoid reduction programme within South Tees CCG, Hartlepool and Stockton-On-Tees CCG and Darlington CCG, based on the **I-WOTCH** (**I**mproving the **W**ellBeing of people with **O**pioid **T**reated **CH**ronic pain) model.

99. In terms of background information the proposal highlighted that nearly eight million people (15 per cent) in England have moderate to severe chronic non-malignant pain. The condition has a major impact on the wellbeing and productivity of those affected with its prevalence reported to be higher among older people and those from socio-economically deprived areas. The common disorders contributing to this epidemic include low back pain,

neck pain, osteoarthritis, neuropathic pain, fibromyalgia, chronic widespread pain and post-surgical pain. **This is also limited data supporting the effectiveness of long-term strong opioids for chronic non-malignant pain. Adverse effects often outweigh the benefits of long-term opioid treatment on pain.**

100. A summary of the pharmacist led opioid and gapentinoid reduction proposal is detailed below:

There is an international epidemic of opioid prescribing for chronic non-malignant (non cancer) pain. Gabapentinoid prescribing is also high, despite questionable efficacy.

South Tees CCG and Hartlepool & Stockton CCG are two of the highest opioid and gabapentinoid prescribing areas in the region. Prescribing volumes are higher than the national average. Recent data shows drugs drug-related deaths in Middlesbrough, Stockton-On-Tees, Redcar & Cleveland and Hartlepool are higher than the North East and England average.

There is a need to address the high opioid and gabapentinoid prescribing volumes in North East England, particularly within South Tees CCG, Hartlepool & Stockton CCG and Darlington CCG. **There is little evidence to suggest that there are any existing pathways specific to people with opioid treated chronic non-malignant pain.** Working with practice pharmacists in primary care we would like to adopt the I-WOTCH model to deliver an opioid and gabapentinoid education and reduction programme within GP practices. We propose that we pilot the programme for 2 years. If the pilot is successful we plan to up-scale the programme and deliver it across the region.

<u>The I-WOTCH model</u>

101. The I-WOTCH model is designed to assist people with long standing pain to engage in reducing their opioids without fear of pain or relapse. It consists of three days of self-management intervention jointly led by a clinical and lay facilitator plus one-to-one support from the nurse (face to face and telephone) to support tapering of opioid medication. The clinical facilitators receive 3 days of training prior to delivering the programme. A key role of the clinical facilitator is to generate motivation.

The outline of the I-WOTCH structure is as follows:-

- **Week 1: I-WOTCH Day 1**: One-to-one consultation with specialist nurse. Jointly agreed withdrawal treatment plan. Education on living and dealing with pain.
- **Week 2: I-WOTCH DAY 2:** Goal setting, discussing barriers to change
- **Week 3: I-WOTCH DAY 3:** Managing communications and relationships
- **Week 4 to 6:** Up to two telephone consultations
- **Week 7 to 10:** One-to-one consultation with specialist nurse.

The aim of the intervention is complete withdrawal from opioids over ten weeks.

102. In 2019 71 GP Practices in the North East took part in the I-WOTCH trial. GP lists were screened using the I-WOTCH inclusion and exclusion criteria and **10,000 people were deemed eligible to take part in trial.** Of those 10,000 people, 228 were successfully randomised into the trial. **This leaves 9772 patients who could benefit from education on opioids and managing chronic pain.**

Evidence from Tees Valley CCG

103. Tees Valley CCG is extremely mindful of the current issues in relation to both high levels of opioid medication prescribing and the high levels of drug related deaths in Middlesbrough, as well as in the Tees Valley in general. The CCG is engaging actively with local authority partners, in particular the Tees Preventing Drug Related Deaths Co-ordinator; the pain clinic at James Cook Hospital, in particular Professor Eldabe and his team; and local GP practices, in order to raise awareness amongst all clinicians of high levels of opioid prescribing in the Tees Valley.

104. The CCG's Medicines Optimisation practice team is working with GP practices to assist in the identification of patients on particularly high doses of opioid medication. There is a wide variation in both volume and cost of opioid prescribing by GP practices throughout Middlesbrough. Although the overall trend is decreasing it is acknowledged that **Middlesbrough practices are still prescribing at more than double the volume of opioid medication when compared with the national average.**

105. During 2019/20 and continuing into 2020/21, the CCG is focusing on how it can assist GP practices to reduce inappropriate prescribing of high dose opioid medication to Middlesbrough's population.

106. The CCG is working closely with South Tees Hospital NHS Foundation Trust (STHFT) to highlight current high levels of opioid prescribing in primary care. The Trust is working to both limit the number of patients commencing opioid therapy, but also assisting patients who needed to reduce their doses of opioid medication.

107. There is a dedicated opioid reduction clinic at James Cook University Hospital (JCUH), operating as part of Prof Eldabe's team, where a specialist Pharmacist is able to consult with patients referred by GP practices. Work has progressed on an opioid specific discharge protocol in order to limit the amount of opioid medication being given to patients on discharge from hospital. Clearer advice is included for patients in order to ensure they do not ask for further medication, unnecessarily, from their GP.

108. CCG led initiatives include:-

- The CCG medicines optimisation team are assisting practices in identifying high dose opioid patients and highlighting these patients to prescribers. GPs are then able to initiate reduction programmes in appropriate patients, ideally using a structured reduction programme of gradually decreasing doses. More complex patients are able to be referred to the Trust clinic.

- South Tees CCG is taking part in the CROP (Campaign to Reduce Opioid Prescribing) initiative. This initiative is being co-ordinated by the Academic Health Science Network (AHSN), on behalf of all CCGs in the North East & North Cumbria. The initiative consists of specific practice information being sent to practices every 2 months, commencing in April 2020.

  The report contains:-

  - details of practice opioid prescribing
  - where the practice featured compared to all practices

- age and gender information related to opioid prescribing
- national resource's to assist prescribers in reducing the prescribing of opioid medication

109. Additional patient focused work will take place in 2020/21, when pharmacist led community opioid/gabapentinoid reduction clinics will be established, operating at Primary Care Network (PCN) level. The CCG is currently funding a pilot, which involves the education of 5 Pharmacists to deliver a series of structured patient level opioid reduction interventions in a primary care setting.

110. Nottingham Clinical Commissioning Group's Area Prescribing Committee has recently produced a number of resources in respect of opioid dependency for both clinicians (Appendix 1) and patients (Appendix 2). These resources highlight a number of best practice initiatives and key messages in relation to the deprescibing of opioids.

CONCLUSIONS

129. Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

To be determined.

RECOMMENDATIONS

130. To be determined

a)
b)

ACKNOWLEDGEMENTS

131. The Health Scrutiny Panel would like to thank the following individuals for their assistance with its work:

- Daniel Ahmed, Clinical Partner, Foundations
- Dr John Bye, Clinical Partner, Foundations
- Chief Inspector Daryll Tomlinson, Cleveland Police
- Marion Walker, Head of Stronger Communities, Middlesbrough Council
- Debra Cochrane, Community Support Officer (Homelessness), Middlesbrough Council
- Jill Fidan, Community Outreach Officer (Homelessness)
- Edward Kunonga, Director of Public Health, South Tees
- Tom Le Ruez, Tees Preventing Drug Related Deaths Co-ordinator
- Councillor Antony High, Deputy Mayor and Thematic Lead for Drugs, Middlesbrough Council
- Vicky Franks, Project Manager, Change, Grow, Live (CGL)
- Richy Cunningham, Regional Manager, Recovery Connections
- Jonathan Bowden, Advanced Practitioner, Public Health (South Tees)
- Rachel Burns, Advanced Practitioner, Public Health (South Tees)
- Craig Blair, Director of Strategic Planning and Performance, Tees Valley CCG

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- Dr Janet Walker, Medical Director, Tees Valley CCG
- Alastair Monk, Medicine Optimisation Pharmacist, North East Commissioning Support (NECS)
- Dan Haworth, Consultant Paramedic, North East Ambulance Service (NEAS)
- Mark Cotton, Assistant Director of Communications, North East Ambulance Service (NEAS)
- Dominic Gardner, Director of Operations (Teesside), Tees, Esk & Wear Valley NHS FT
- Dr Baxi Sinha, Clinical Director Adult Mental Health (Teesside), Tees, Esk & Wear Valley NHS FT
- Professor S Eldabe, Consultant Anaesthetist, South Tees Hospitals NHS Foundation Trust
- Associate Professor H Sandhu, University of Warwick

ACRONYMS

132. A-Z listing of common acronyms used in the report:

- **CGL** – Change, Grow, Live
- **NEAS** – North East Ambulance Service
- **TEWV** – Tees, Esk & Wear Valley NHS Foundation Trust
- **TVCCG** – Tees Valley Clinical Commissioning Group
- **MRT** - Middlesbrough Recovering Together
- **PCC** - Police and Crime Commissioner
- **HAT** – Heroin Assisted Treatment
- **DCRs** - Drug Consumption Rooms
- **QRR** – Quasi Residential Rehab
- **HILT** – Hospital Intervention and Liaison Team
- **NEAS** - North East Ambulance Service
- **PCN's** - Primary Care Networks
- **RPIW** - Rapid Process Improvement Workshops
- **WRAP** – Wellness, Recovery, Action, Plans
- **TV CCG** – Tees Valley Clinical Commissioning Group
- **ST CCG** – South Tees Clinical Commissioning Group
- **JCUH** – James Cook University Hospital
- **ST NHS FT** – South Tees NHS Foundation Trust
- **CROP** - Campaign to Reduce Opioid Prescribing
- **AHSN** - Academic Health Science Network (AHSN)

BACKGROUND PAPERS

133. The following sources were consulted or referred to in preparing this report:

- Reports to, and minutes of, the Health Scrutiny Panel meetings held on 8 October 2019, 11 February 2020, 10 March 2020, 13 October 2020 and 8 December 2020.

COUNCILLOR JOAN MCTIGUE

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CHAIR OF THE HEALTH SCRUTINY PANEL

Membership 2019/2020 - Councillors J McTigue (Chair), D P Coupe (Vice-Chair), A Hellaoui, S Hill, J Rathmell, D Rooney, R M Sands, M Storey and P Storey

Membership 2020/2021 - Councillors J McTigue (Chair), D P Coupe (Vice-Chair), B Cooper, A Hellaoui, B A Hubbard, T Mawston, D Rooney, M Storey and P Storey

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