

SUBSTANCE MISUSE IN MEDWAY

DEVELOPING A NEW MODEL TO IMPROVE
OUTCOMES AND MEET CHANGING NEEDS
DURING A PERIOD OF SHRINKING
RESOURCE LEVELS

EXECUTIVE SUMMARY

Executive Summary

- Dedicated treatment **funding** has fallen in recent years and continues to fall
- **Demand** for treatment services has only fallen slightly over this period and remains relatively high
- The treatment system has **improved in quality and outcomes** in recent months – after a long decline in outcomes
- Most of those who need substance misuse treatment have **access** to it – we did not find significant levels of people unable to access treatment
- Drug and alcohol related **deaths** have been falling over recent years



Executive Summary

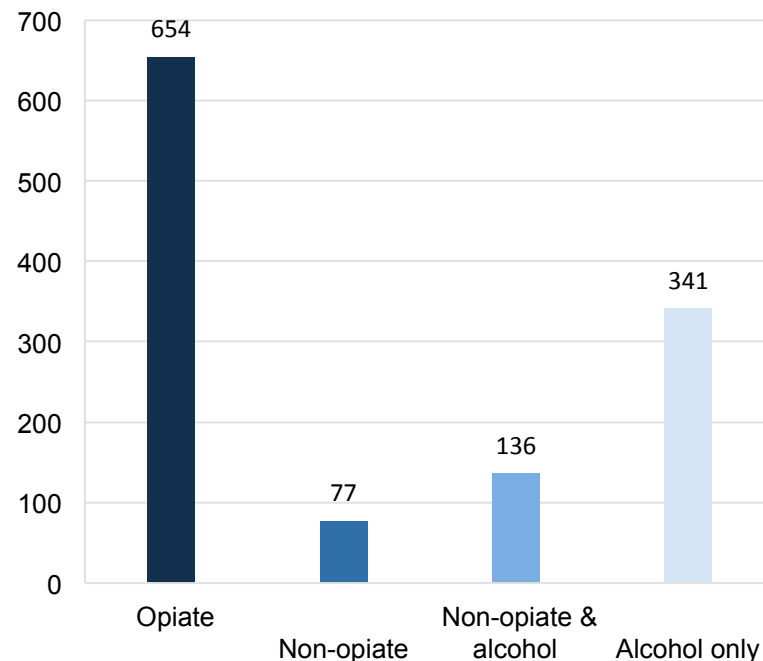
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- The national **vision for future treatment systems** is for prescribing to be phased and layered to take account of different needs and for recovery capital to be built in a long-term and sustainable way. Although there are some examples of this in Medway, this needs to be taken much further in order to fully realise this vision
- Areas that have well-regarded **recovery communities** have shifted the focus and funding from treatment to recovery
 - This is not yet the case in Medway, where the system remains heavily **treatment focused**
 - Levels of **peer support and mutual aid** appear to be much lower than in other areas – resulting in a lack of recovery opportunities in Medway



The Treatment Population

- **1,208 people in treatment** in 2015-16
 - 654 (54%) opiate users
 - 341 (28%) alcohol only
 - 136 (11%) non-opiate drug use & alcohol
 - 77 (6%) non-opiate drug use
- There are higher than national average rates of people in treatment who have **mental health and housing problems**
- There were low levels of use of NPS and club drugs, but higher levels of prescription only or OTC drug misuse



Performance has improved after a long decline and is now above national average

Key Indicators for default area

Medway Towns

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Adult Users

	11-12	12-13	13-14	14-15	15-16	Yr to End Nov 16
Treatment Completion & Non-representation (% opiate users)	11.69	7.36	6.12	5.79	5.48	6.72
Treatment Completion & Non-representation (% non-opiate users)	38.86	38.98	34.68	33.1	40.19	43.75
Treatment Completion & Non-representation (% alcohol users)	25.93	50.12	42.65	38.73	37.58	46.47

Key Indicators for default area

England

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Adult Users

	11-12	12-13	13-14	14-15	15-16	Yr to End Nov 16
Treatment Completion & Non-representation (% opiate users)	8.59	8.26	7.77	7.4	6.72	6.6
Treatment Completion & Non-representation (% non-opiate users)	36.76	37.89	37.84	39.2	37.26	36.85
Treatment Completion & Non-representation (% alcohol users)	34.72	37.13	37.54	38.4	38.36	38.24



Opiates

- Treatment in Medway achieves **higher than average rates of abstinence** at 6 months in treatment and completing treatment – however, **re-presentations for opiate use is higher than average**
- The **opiate using population is ageing**, with over $\frac{1}{4}$ in treatment continuously for 4 years or more and 43% accessing treatment on and off for over 10 years. Medway also has a higher than average rate of people using opiates for over 21 years
- The likelihood of completing treatment generally reduces with the length of time someone has been using opiates for, and the number of times someone has returned to treatment
- Medway has **more than $\frac{1}{2}$ of its opiate treatment population assessed as having “high” or “very high” levels of complexity** (higher than the LOC avg.)
 - Those with higher levels of complexity are much less likely to successfully complete treatment
- Those new to treatment are much more likely to have lower levels of complexity than those who have previously been in treatment and more likely to success at treatment





Alcohol

- The majority (63%) of those in alcohol treatment have been in treatment for under 6 months
- Over 40% of clients that are in treatment for between 3 – 12 months complete treatment successfully
- 65% of those in treatment will be on either their first or second time of accessing treatment
- 45% complete treatment successfully in Medway – better than the national average (39%)





Conclusions

- Service users and partners do not want a “one size fits all” approach – they want a “Both And” approach – i.e. both **Treatment and Recovery**
- Although **recent improvements have been made, sustainable recovery is limited** by the lack of individual recovery capital (e.g. work and housing opportunities) and gaps in the current system to build individual and community recovery capital
- **Recovery development is currently being starved** of funding and focus due to high demand on treatment taking the majority of resources
- There is, therefore, **a lack of a path out from treatment**, so a large number of people remain ‘stuck’ in treatment
- The system needs to **create a ‘gravitational pull’ towards recovery** rather than back into long-term prescribing – this will take time to achieve



Recommendations

1. To create a local system that is fit for purpose we must define clearly what that purpose is – setting clear priorities & using targets to drive performance on your priority outcomes (these may be in addition to existing PHOF / NDTMS targets)
2. Move from commissioning a “Treatment Service” to commissioning a “Recovery System” - This will include growing and nurturing a separate, distinct and independent recovery offer – to build capacity of mutual aid and sustainable recovery communities. This will require a broader diversity of staff skills than a treatment centred system
3. Don't throw the baby out with the bathwater – Medway has higher than average success with alcohol and non-opiate drug users, and these should be sustained and learned from





Recommendations

4. Break the pattern - move away from a centre-based approach to more flexible delivery by telephone, online, in the community alongside other agencies and at home. This also requires a move to more of a strengths/asset-based approach to recovery, building better care plans alongside families, other agencies and community support
5. Continue to address the prescribing of pregablin and other drugs that contribute to Drug Related Deaths, in partnership with CCG, GPs and other relevant agencies





Recommendations

6a. The reductions in funding, while demand has not significantly reduced, mean that a more complete system will be hard to achieve. Finding resource to develop other aspects will mean stopping some activities...

- Segment the prescribing offer to include “long-arm” or shared care support for those opiate users who are “unlikely to change + do not want to change”
- Focus efforts on higher need substance users – prioritising those who want support and are “Likely to change + want to change”
- Encourage lower need users to self help – by improving the online offer to encourage low level drug and alcohol users to “self-serve” their treatment support – e.g. amplify national campaigns, Breakfree online.
- Reduce the reporting burden
- Develop a community rehabilitation offer and part funded by re-focusing the residential rehabilitation budget





Recommendations

6b. ... whilst seeking new sources of funding for the system long-term:

- Co-commission with other similar services – e.g. MH recovery, DWP/JCP, Social Care
- Apply for other funding streams – e.g. STP, SIB, philanthropic sources, local businesses
- Use the tender process to widen the marketplace and encourage more innovative and efficient approaches
- Grow capacity of mutual aid and volunteering
- Develop social enterprises creating income and employment opportunities



Medway Recovery System

Opiates

Alcohol

Other drugs

A Better Medway Webpages – self help, campaigns, apps and info

Don't Bottle It Up

Better online offer

IBA, EIBA
(Advice Centre?)

Primary Mental Health – e.g. IAPT

FOR: Those with low level need – Self Serve & General Support

FOR: Those In need of Treatment

NX

Hospital/A&E outreach

Assessment & Initial Support for all

Long-Arm, low level prescribing
Or shared care

Intensive keyworking support, prescribing & groups

Current treatment offer

Current treatment offer

OFFER: Effective Specialist Treatment Service

Peer mentors & Buddies

Build up & prep for community Rehab as route out of treatment

Community Rehab Programme (e.g. Essex Sharp Model)

FOR: Those completing treatment or at risk of relapsing

Grow Mutual Aid Capacity: Volunteers & Peer Mentors

Links to housing provision

Recovery Community

Social Prescribing

Fellowships

Activities

Employment skills

Skills Development & Work Opportunities

OFFER: The Road to Sustainable Recovery – Recovery Community

Fund raising & generation, e.g. Social Enterprise

Company Details

Company Registration Number

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VAT Registration Number

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