



Northamptonshire
County Council

Public Health and Wellbeing

Business Intelligence and Performance Improvement

JSNA 2015 – Drug Misuse Needs Assessment *Executive Summary*

June 2015

Updated December 2015

Introduction

In 2013-14, an estimated 8.8% of all adults in England and Wales used an illicit drug. While not all drug use is problematic, it poses health risks to the individual and roughly 15% of people who use drugs develop dependence. Criminality, mental health issues and a family history of substance misuse can increase the likelihood of an individual developing a drug or alcohol dependence. In turn, substance misuse can lead to a combination of:

- An increased risk of developing physical health problems;
- An increased risk of contracting blood-borne viruses (injecting drug users);
- Chaotic lifestyle and behaviour;
- Problems with personal relationships and family breakdowns;
- Criminality and a criminal record;
- Self-neglect;
- Unemployment; and
- Housing issues.

The move of drug and alcohol treatment services into Public Health and Wellbeing within the local Authority has prompted a review of expected outcomes. This essentially re-focuses the services onto improving the quality and sustainability by meeting the needs of individual clients. Services need to address the causes of addiction both to make treatment more sustainable and to reduce the potential for the spread of addictive behaviours in families and communities.

This paper will distinguish between **opiate** users (i.e. individuals using opium or any of its derivatives, such as heroin, methadone, buprenorphine, codeine or tramadol) and **non-opiate** users (i.e. individuals using only non-opiate drugs, such as amphetamines, benzodiazepines, cannabis, cocaine, crack, ecstasy, hallucinogenics or inhalants). This is due to the two client groups having different treatment needs; opiate use typically leads to more entrenched problems, including injecting, poly-drug use and criminal behaviours.

Key Points

- **Statistics on treatment performance have been impacted by the recent recommissioning of services**

In February 2013, Northamptonshire's treatment system was recommissioned and moved from a multi-agency model to CRI being the sole provider of recovery orientated treatment for drug and alcohol misuse. It was anticipated that performance in relation to treatment outcomes would be affected while the old agencies wound down and CRI settled in – Public Health England confirm that retendering usually depresses successful completions indicators for up to a year – but there have been compounding factors that have resulted in performance being affected for longer than could have been foreseen. Most notably:

- The number of clients in structured treatment was underreported by previous agencies and CRI inherited a larger client base than anticipated;
- New presentations to treatment for alcohol and non-opiate use have increased significantly, which reflects well on the numbers accessing treatment but has had a negative impact on

the performance indicators for these client groups that consider successful completions as a proportion of clients treated; and

- CRI have taken responsibility for managing Shared Care services through GPs, which have historically interfaced poorly with treatment services. Shared Care clients tend to be less likely to successfully complete treatment as these services are more suited for maintaining co-morbid opiate clients on methadone long-term than facilitating recovery.

- **Northamptonshire has a growing treatment population**

Nationally, the numbers of opiate users accessing treatment services each year has been decreasing since 2008-09. Between 2012-13 and 2013-14, the England treatment population of opiate clients decreased by 1.9%, while according to the same measures the Northamptonshire opiate population has remained stable.

At the same time, figures from the National Drug Treatment Monitoring System (“NDTMS”) up to the end of 2013-14 show that the numbers of clients receiving treatment for non-opiate and/or alcohol misuse have increased dramatically since the recommissioning to CRI, and local figures suggest they have continued to grow between then and the time of writing. While this is partly due to a review of client consents to NDTMS data sharing and improved data recording, there has also been a significant increase in new presentations to treatment for these client groups. Between February 2013 and March 2014, the yearly total clients treated for sole alcohol use more than doubled from 376 to 968, and the yearly total clients treated for non-opiate use more than quadrupled from 130 to 540. As CRI provide treatment for both alcohol and drug use disorders, the influx of alcohol clients impacts on the treatment system as a whole.

- **CRI and Bridge have created a fresh environment for substance misuse clients in the county**

Since the recommissioning, CRI have implemented many positive changes to improve perceptions of treatment and client engagement, including front of house refurbishments and fresh approaches to the services offered to both new and existing clients.

Also, as part of the recommissioning process Bridge became the main provider of recovery support services in Northamptonshire and started taking direct referrals from CRI. Bridge have worked to expand their coverage and some of their peer mentors are crossing over into other services to make recovery visible and provide support as required.

Key early priorities

- To consult with users to obtain feedback to inform future service provision.
- To ensure ongoing sustainability of treatment provision under the current contract in view of the increase in numbers of clients accessing treatment since the recommissioning of services.
- To improve outcomes for opiate clients who have had previous experience of treatment or have been in treatment for more than 2 years and may therefore have different expectations of treatment than the recovery oriented model offered by CRI.
- To safeguard and support families of service users and build a model for future family-based services.
- To develop communities in Northamptonshire that can help each other maintain lifestyles free of substance misuse.

- To conduct a review of pharmacy-based services.
- To expand Needle Exchange services and ensure they are effective at reducing the spread of blood borne virus infections, and to consider introducing a supply of foil in line with **current guidance from the Advisory Council on the Misuse of Drugs**.
- To develop a Needle Exchange policy for under 18s who inject drugs in line with **NICE guidance**.
- To investigate the feasibility of improving agencies' geographical coverage to help ensure equal access to services across the county.
- To review Shared Care services and working more collaboratively with GPs.
- To reduce drug-related deaths, including introducing of a strategy for providing Naloxone to clients at risk of opiate overdose.
- To improve Public Health's understanding of the availability and usage patterns of Novel Psychoactive Substances ("NPSs"), while keeping the issues around NPS use in the context of other, more widespread drug use.
- To educate front line staff from Voluntary and Statutory sectors in recognising and raising the issue of substance misuse amongst their clients.
- To develop an Acute Liaison Service for substance misuse in hospitals.

Issues identified

- **Length of time in treatment and successful completions**

Nationally, it has been shown that the rate of successful completions amongst opiate clients decreases the longer the client has been in treatment, with clients in treatment for less than two years having the highest rates of successful completions. At a local level, there is the additional issue that the clients who have been in treatment for more than two years will have experience of the more medically driven models of treatment operated historically, and may therefore have different expectations of treatment to those entering the system for the first time under CRI. This is particularly the case for Shared Care GP clients, the majority of which have been maintained on methadone in excess of 4 years.

While some of these clients may respond well to an abstinence-based model, there will also be those who have been maintained on methadone for many years and in all other respects achieved the hallmarks of recovery. For the latter group, reduction off methadone may be detrimental to the client's stability. **Professor John Strang identified that there will be a group of opiate users who will require indefinite maintenance on opioid substitution therapy**. It may be necessary to identify these clients on an individual basis and acknowledge them as being recovered in spite of their remaining in treatment.

- **Young people vulnerable to drug misuse**

Services should provide a mixture of treatment and prevention that gives young people the opportunity to live a drug free childhood and to enter adulthood without the knowledge or desire to use drugs.

Young people's misuse of drugs broadly falls into three categories:

- Young people who through abusing drugs have harmed themselves or others and require treatment. This includes those young people who are highly vulnerable to drug abuse and/or exploitation using drugs.
- Young people who are living with adults or older siblings who misuse drugs and need to be protected and supported to lead a drug free childhood and adult life.
- Young people who through their peer groups are at the risk of the harms associated with experimental drug and alcohol use.

○ **Engagement of Criminal Justice clients**

Clients referred to treatment by Criminal Justice Services may be less open to treatment as they did not make the decision to attend personally, and may disengage once they have attended their mandated appointments even if they require further treatment.

Once the client has been through an unsuccessful treatment journey, their likelihood of completing treatment on future contact with services is reduced. Care therefore needs to be taken in relation to how Criminal Justice referrals are treated; a new approach for these clients may need to be developed in order to maximise client engagement, although it is recognised that some clients could still end up being referred to treatment at a time when they are not prepared to change their drug taking habits.

The CRI case audit identified that self-referral to treatment was an indicator of positive outcomes. One possible option for change is to allow Criminal Justice clients to take ownership of their referrals to treatment so that they do not perceive the referral as punitive.

○ **Impact of treatment experienced clients on the system**

Almost three quarters of opiate clients in treatment have had at least one previous treatment journey. These treatment experienced clients are less likely to successfully complete treatment than their treatment naive counterparts, and those who do complete are more likely to represent to treatment afterwards. Both clinical audits undertaken in Northamptonshire found previous treatment experience to be a negative indicator of successful completions.

Over time, it is likely that the opiate treatment population will become increasingly dominated by career service users who are cycling through the system without attaining long-term recovery, which would result in a decline in performance as measured by rates successful completions and representations. **The England rate of successful completions for opiate clients is slowly declining,** suggesting that this could already be happening elsewhere in the country.

○ **Defining and measuring recovery**

It is clear from both local and **national** data that opiate clients may have multiple contacts with treatment services over time. A successful treatment outcome does not in itself constitute recovery from substance misuse; long-term recovery requires building and maintaining positive outcomes across a variety of areas including relationships, wellbeing, housing, and occupation. **The Advisory Council on the Misuse of Drugs has indicated that it may not be possible to tell if a substance misuser has achieved recovery until five years after they have overcome dependence.**

Recovery support services like those provided at Bridge can help clients build recovery capital, and may be instrumental in preventing relapse. However, the milestones in achieving recovery will vary for each individual, and the tools used for monitoring clients' progress quantifiably are not sophisticated enough to capture these nuances.

Thus, the current position is one where performance measures do not correlate with actual recovery outcomes, and the means by which the latter can be measured in a meaningful way have not as yet been developed.

- **Early intervention to reduce demand on services**

Commissioners recognise the need for treatment services to take a family-oriented approach in order to deal with the impact of the user's substance misuse in a way that builds the family's resilience and reduces the risk of intergenerational transfer of substance misuse patterns. This requires re-thinking the structure and functioning of the whole treatment system.

While there is **some Public Health guidance** as to how substance misuse services could be interfaced with children and family services, this does not cover the needs of an integrated service. **American research** highlights the need to involve children and families in the recovery process, but does not provide a structure for service provision.

Translating the vision of an integrated family-based service into a workable model will require the assistance of treatment and recovery agencies, as well as the service users themselves.

- **The impact of recommissioning**

Under current policies, all services contracted by Northamptonshire County Council must be recommissioned on a 4-yearly cycle. For most services, this helps promote market fairness and ensure that value for money is being obtained. However, the recent recommissioning of substance misuse treatment services has highlighted some of the negative consequences that these processes can have in health settings.

CRI's contract will end in 2017. Although the aim is to redesign services at this time, a change of provider would cause significant disruption to both staff and clients, the effects of which may be felt for over a year as has been the case this cycle.

A further consideration is the upcoming change to the Health Premium Incentive Scheme funding allocations, which will be based on improving the PHOF outcomes for drug treatment clients year on year. Recommissioning services will lead to a drop in performance and likely result in this funding being lost.

- **Growth in treatment population**

As the rate of growth of Northamptonshire's adult substance misuse treatment population slows, it is anticipated that the numbers in treatment will stabilise around their new, elevated levels. CRI's contract was based around the provision of services for the number of clients in structured treatment at the time of recommissioning, and to date they have been coping well with the pressures caused by the increase in client volumes.

However, there are still unmet needs within the county and Northamptonshire's commissioners are investigating new pathways for bringing clients into treatment, which would result in a further inflation of CRI's client base. It is likely that additional funding will be required in order to maintain a consistent, high-quality service.

Summary of recommendations

Recommendation	Responsible Parties	Timescale
<p>Integrated working within the Public Sector</p> <p>Commissioners should be working to completely integrate substance misuse services into the full range of adults', children's and safeguarding services provided by Northamptonshire County Council, to include consultation on improving the quality and effectiveness of services for Northamptonshire's population.</p>	Commissioners	2015-16
<p>Providing high standards of holistic healthcare and advice for all clients</p> <p>Treatment services need to provide appropriate advice and education regarding health problems resulting from the abuse of drugs. They must ensure that all practitioners are fully trained and competent to give advice. They should also consider training volunteers, champions and peer mentors to be able to reinforce the health message.</p> <p>Treatment services must widen their harm reduction services to include testing for Hepatitis A, HIV, tuberculosis and other communicable diseases which result from lifestyle behaviours common amongst those that consume and abuse drugs. In conjunction with the local Authority they should also continually review the appropriateness of the range of healthcare services provided and seek to redress health inequalities within the population being treated.</p>	Commissioners, treatment providers and service user networks	2015-16
<p>Recovery to be available for all clients in treatment</p> <p>The aim of providing treatment for substance misusers in Northamptonshire is not just to help them overcome addiction, but to provide the tools for them to rebuild their lives free of addiction. Recovery must be visible at all stages of the client's journey in the treatment system, and following discharge it is important that the client still feels that they have access to support at any time they might need it in order to minimise the chances of relapse.</p> <p>Services should be aware of clients dropping out of treatment and follow up wherever possible to obtain feedback and understand what led to the client disengaging. Similarly, they should seek to obtain insight into why clients relapse from clients representing to treatment. These processes may be facilitated by co-production with service user networks. Any lessons learned should be fed back to front line staff and used to improve future service provision.</p>	Commissioners, treatment providers and service user networks	Ongoing 2015-16

<p>Treatment services must be of a high quality and maximise successful outcomes for their clients</p> <p>Commissioners and agencies should provide the means to develop staff skills and support them in striving for excellence. Agencies should play to their keyworkers' individual strengths and provide access to training where appropriate. Objectives and measures of success must be clearly defined and achievable without encouraging practices that may compromise the quality of clients' care for the sake of meeting targets. Consultation with service users should be used to ensure that their needs are being met throughout.</p>	<p>Commissioners, treatment providers and service user networks</p>	<p>2015-16 & 2016-17</p>
<p>Providing ready access to services</p> <p>Commissioners and agencies should review the need for treatment services across the county on a regular basis and continually explore ways of making treatment accessible for anybody who may require it. This may mean bringing treatment to the client, rather than having the client come to the service itself.</p>	<p>Commissioners, treatment providers</p>	<p>2015-16</p>
<p>Designing structures for early interventions to reduce the long-term demand for treatment</p> <p>The clients who access treatment services are those who already have a substance misuse problem. With early intervention, it may be possible to prevent the substance use from becoming problematic and thus keep the individual from requiring structured treatment.</p> <p>Since the integration of substance misuse commissioning into Public Health within the Local Authority, there is now the opportunity to explore ways of engaging with clients across a wider array of services and providing these early interventions in healthcare settings as opposed to in treatment services, which may be viewed negatively due to the stigmas and stereotypes associated with addiction.</p>	<p>Commissioners</p>	<p>2015-16 & 2016-17</p>
<p>Developing integrated pathways for family services</p> <p>It is becoming increasingly apparent that family services need to be central to Northamptonshire's treatment system in order to help overcome the wider harms caused by substance misuse. Commissioners are aiming to implement a family-based treatment model in 2017 and this will need to be considered in the design of systems and pathways.</p>	<p>Commissioners</p>	<p>2017</p>