

TITLE OF REPORT: **Substance Misuse Services**

REPORT OF: **Alice Wiseman, Director of Public Health – Public Health and Wellbeing**

Summary

This report provides Care, Health and Wellbeing Overview and Scrutiny Committee (OSC) with a brief overview of some of estimates of level of need for substance misuse services in Gateshead and details what services and interventions are available for Gateshead's adult residents.

1 Background

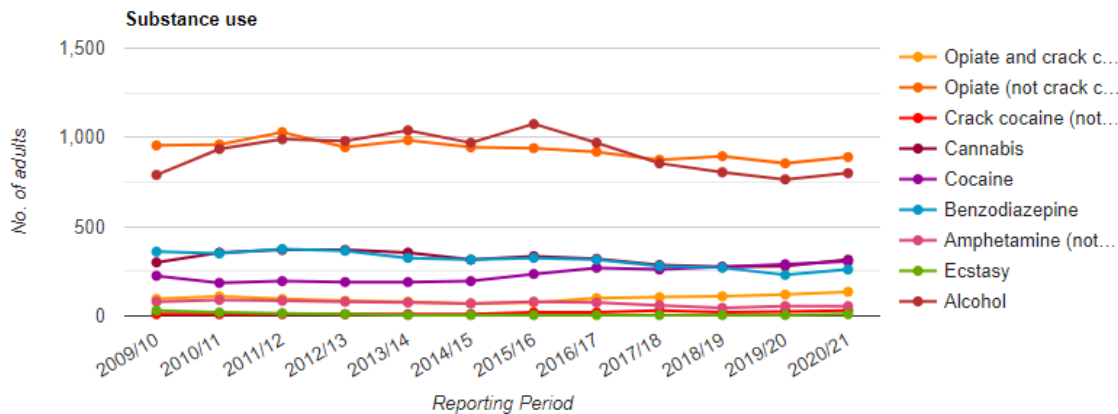
- 1.1 Gateshead Recovery Partnership (GRP) was commissioned in 2018 and is an integrated drug and alcohol treatment service for Adults. Change Grow Live are the lead provider of the service and subcontract to the GP Federation and Recovery Connections to deliver elements of treatment and recovery service. The Council also commission Identification and Brief Advice (IBA) for alcohol from Primary Care. The alcohol screening provided via IBA will result in referral into GRP if the level of alcohol related harm indicates a need.
- 1.2 GRP collect and provide data to the National Drug Treatment Monitoring System (NDTMS). This allows us to monitor performance and trends, which inform service development. The data contained within this report comes from the NDTMS system and is unrestricted data which is publicly available to view via the website. We also have access to a wider data set in the restricted NDTMS system.
- 1.3 GRP work in partnership with organisations and services right across the Gateshead system. Substance misuse is a complex issue that never occurs in isolation. The most common drivers behind a persons addiction are mental health and trauma. Therefore, to help individuals to become well, services must work together to be effective.

2 Prevalence and unmet need

- 2.1 Prevalence estimates suggest that there are 3139 people in Gateshead who would require support for alcohol use and 1850 people who require support for Opiate and/or Crack Cocaine (OCU). Whilst these are estimates, it does indicate that there are many Gateshead residents who are in need of substance misuse treatment, but are not accessing it. When we compare levels of unmet need to the national average, we have a lower unmet need for drugs, but a higher unmet need than the national average for alcohol.
- 2.2 The table below (Figure 1) shows the numbers in treatment for the different drugs. It shows that opiates and alcohol are the most common reason for people accessing our services. The numbers have remained fairly consistent across the years. In addition to the impact on the individual service user, there is approximately three family members or carers who are also affected by a persons substance use.

2.3 With the recent investment in drug treatment, there is a new focus on increasing the numbers of people into drug treatment. For this to happen we need to build capacity into our services. If all the estimated people with unmet need presented in one go, we would have significant waiting lists, therefore ensuring we have the ability to cater for the potential need is vital.

Figure 1. Numbers in Treatment



3 Treatment Services

3.1 Gateshead Recovery Partnership (GRP) has its main base on Jackson Street in Gateshead town centre, but also operates from additional settings such as GP surgeries and community venues across the Borough. The integrated Service is delivered in three key elements, all of which work together to aid the recovery of service users. The three elements are:

- **Clinical Support** - This element of the Service focuses on the provision of recovery-orientated specialist nursing and medical interventions, to support people into recovery. This includes provision of health screening and assessment, harm minimisation interventions, clinical treatment and management and prescribing. The service provides focused harm reduction advice and initiatives including advice on safer forms/routes and injecting practices, avoiding infections, prevention of Blood Borne Virus (BBV) transmission, vaccination pathways for Hep C treatment, overdose prevention and safe disposal of used equipment. Whilst much of the prescribing is delivered from Jackson Street, some service users receive prescribing interventions from one of the five GPs in Gateshead who are subcontracted as part of GRP, however these service users still access all other support on offer.
- **Treatment and Care Element** - This element of the Service focuses on the provision of specialist assessment, recovery coordination and provision of evidence based interventions, including psychosocial interventions and support in the clinical management for the treatment of substance misuse and dependence. Pathways from settings such as hospital, housing organisations and criminal justice settings (e.g. prison, probation services and police custody) have been developed to ensure that it is easy for people to access recovery focused treatment when they need it.

- **Abstinence, Recovery and Wellbeing Element** - This third element of the Service focuses on the provision of support of Service Users to move on in their lives, making a positive contribution to their families and communities, with a focus on improving health and wellbeing, retraining, learning new skills, gaining employment, peer mentoring, volunteering opportunities and/or accessing further education. The recovery elements seek to support service users to recognize and develop the four main enablers of recovery.
 - Social capital - the resource a person has from their relationships (e.g. family, partners, children, friends and peers). This includes both support received, and commitment and obligations resulting from relationships;
 - Physical capital - such as money and a safe place to live
 - Human capital - skills, mental and physical health, and a job; and
 - Cultural capital - values, beliefs and attitudes held by the individual.

The service also provide opportunities for peer support and access to fellowship groups to enhance and sustain a persons recovery network. Service users have the opportunity to access an accredited Ambassador Programme which gives them the skills to support the treatment system and promote the fact that recovery is possible. Some of our former Ambassadors are now employed within the treatment system. We are also lucky to have a 12 step quasi-residential rehabilitation programme as part of our treatment system. This intensive programme includes the availability of accommodation while completing the 6 month rehab. Whilst we do have some funding now available for out of area residential rehabilitation, many of our service users prefer to stay in Gateshead where their support systems and family are close.

- 3.2 We also want people with drug problems to have better employment opportunities, so in Gateshead we joined up with South Tyneside to be a pilot area to roll out Individual Placement Support (IPS) in our substance misuse services. IPS is an employment support approach, working with the Department for Work and Pensions, which promotes employment as a recovery tool rather than waiting until the end of treatment. The focus is on supporting people to access jobs in line with their individual goals and supporting the individual into employment, and maintaining support whilst at work. Employer engagement is key in this approach. This has proved to be a success in Gateshead, and between October 21 and November 22, 14 service users have been supported to access employment. Funding to continue IPS in Gateshead has been confirmed by Office of Health and Disparities until at least the end of March 2025.
- 3.3 Many people who access substance misuse services have underlying mental ill-health, or have experienced past trauma. In recognition of this, embedded in our substance misuse services are specialist trauma therapists. Having this provision is key to supporting people to get well again. Addiction is a complex illness, and recovery is an ongoing process. Uptake of this resource has been very high in Gateshead.

4 **Alcohol Harms**

- 4.1 The latest Office for National Statistics (ONS) data shows there were 8,974 registered deaths from alcohol-specific causes registered in the UK in 2020, an 18.6% increase compared with 2019 and the highest year-on-year increase in almost 20 years.
- 4.2 When we look at the latest figures for alcohol-attributable deaths for 2020, most of these are related to chronic, longer-term conditions associated with continued misuse of alcohol. A large proportion of alcohol deaths during the pandemic have been fuelled by liver disease which is now the third leading cause of preventable death in the UK. Liver deaths have been rising in the UK for decades and the pandemic was a dreadful tipping point.
- 4.3 Alcohol is widely available and accessible, visible, and culturally acceptable. Unfortunately, when alcohol use becomes more problematic, people feel shame and stigma, may hide their alcohol use and not feel able to come forward to ask for help. Society tends to blame the individual for problematic alcohol use, and it is often described as a 'lifestyle choice'.
- 4.4 In addition to the integrated drug and alcohol service we also commission Identification and Brief Advice from Primary Care. This means that Gateshead residents have access, via a trusted professional, to alcohol screening, and based on the score, the appropriate advice and onward referral if required to reduce risk of alcohol related harm.
- 4.5 Additional funding has been awarded regionally to improve access to in-patient detox. In Gateshead we are in a consortia with Durham, South Tyneside and Sunderland looking at how, by working together we can increase uptake and make the process easier.
- 4.6 Discussions have begun as a partnership to consider how we can improve our response to those classed as vulnerable dependent drinkers. The Adult Social Care report will provide more detail on this partnership approach that will build upon the skills, expertise and dedication we have in our Gateshead partnership.

5. **Partnership Working**

- 5.1 Working in partnership with a range of other organisations and services is necessary to support people experiencing substance misuse issues. All aspects of a person's life can be affected by substance and therefore working alongside Housing, Probation Services, Police, Adult Social Care's ASSET team, QE Hospital, to name a few, is a key part of what the service do and staff from GRP will attend a range of multi-agency meetings.
- 5.2 GRP are currently developing links with some of the supported housing providers to deliver training and provide drop in sessions and support on site. We know some of the people with the most complex issues may be resident in these settings so providing support in a way that is easy for them to access can remove barriers to engaging in treatment. GRP also have a staff member linked to the Changing Futures project which is providing intensive, person centred support to people in Gateshead experiencing homelessness.

6. **Performance**

- 6.1 The NDTMS system allows us to view the performance data of the substance misuse services in Gateshead. In addition, GRP collect the data which allows us to look more closely at specific parts of the data to see if there are any trends of themes which will inform the service development. Performance is also

monitored by the new National Combatting Drugs Units. With the increased investment in drug treatment there is an expectation that more people will access treatment and our unmet need will reduce, more people will access residential rehabilitation, drug related deaths will reduce, and there will be an increase in people engaging in drug treatment when referred on release from prison. The data below comes from the unrestricted NDTMS data.

6.2 Whilst we would always aim for people to be able to be successfully discharged from substance misuse treatment, it is recognised that this may take some time. Therefore, it is equally important to look at the progress people make whilst still in treatment, and also to understand what the treatment journey entails. Figure 2 and Figure 3 below, show the outcomes for people after 6 months of being in structured treatment. Figure 2 is for those accessing support for alcohol and Figure 3 is for those accessing for opiates. For opiate service users we have the immediate intervention of being able to prescribe an alternative such as Methadone or Buprenorphine, therefore those reporting as abstinent after 6 months is higher. For alcohol service users, there is no substitute, and the initial work may be about stabilization and getting ready for accessing detox. The longer term outcomes for alcohol successful completions are higher than that for opiates (for example in 20/21 there were 40 successful completions for opiates compared to 150 for alcohol). However, the changes and improvement in a persons substance use when they are able to access a substitute prescription for opiates means that there is an improvement in their life, their families life and for our communities.

Figure 4 shows that ‘successful completions’ and ‘disengaging’ from treatment are still the most common reason for treatment exits. This is reflective of the complex nature of recovering from substance misuse.

Figure 2. Change in alcohol use (6 months)

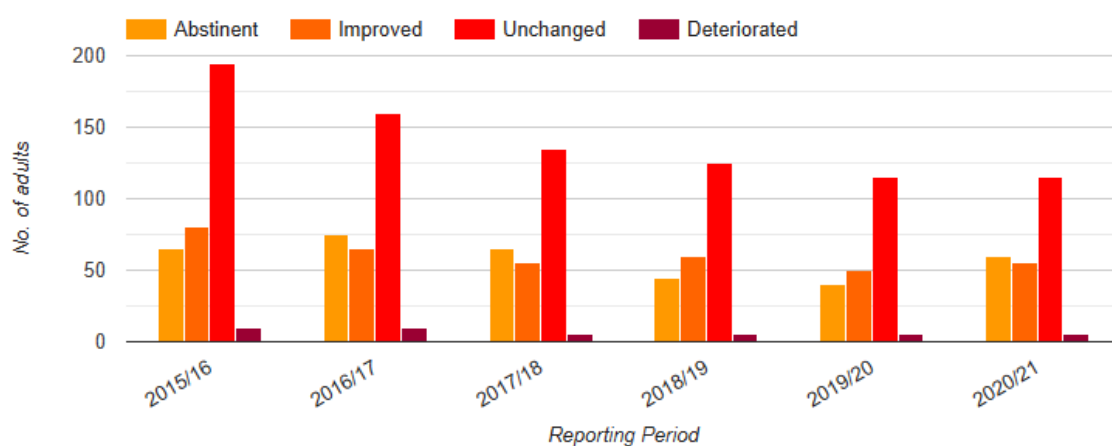


Figure 3. Change in opiate use (6 months)

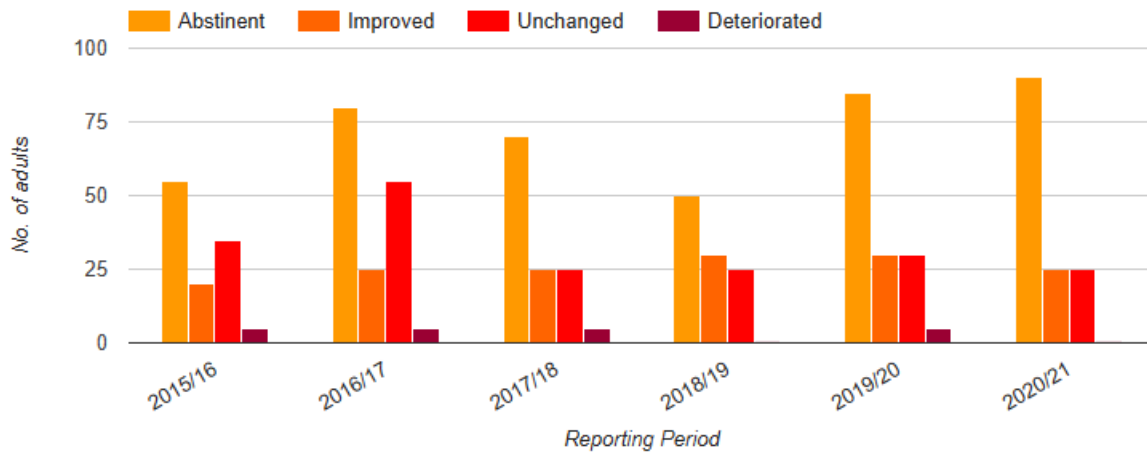
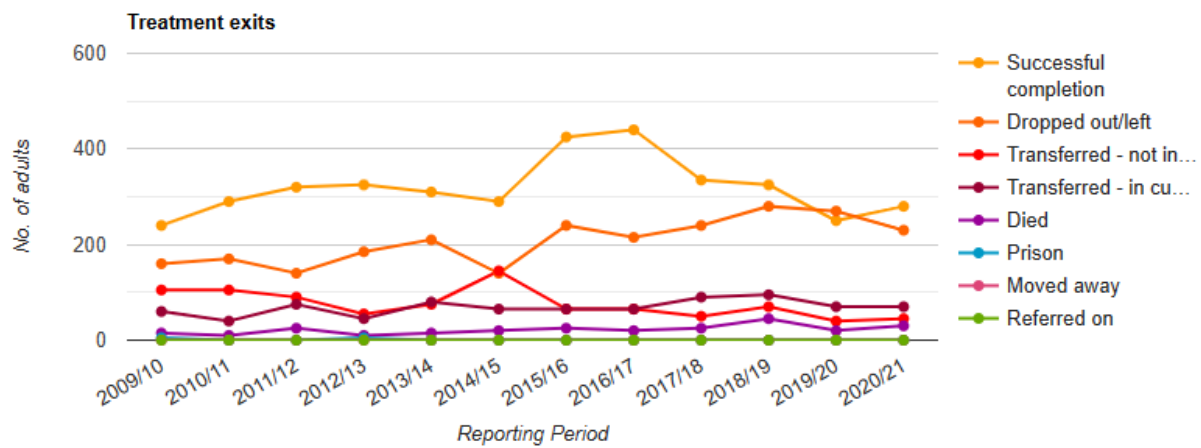


Figure 4. Treatment exits (all substance)



7 Recommendation

7.1 Members are asked to:

- (i) Comment on the activities and developments undertaken by the adult Substance Misuse Service
- (ii) Identify any issues/areas that OSC may want to scrutinise in detail at a future Committee meeting.

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