

**foundations**

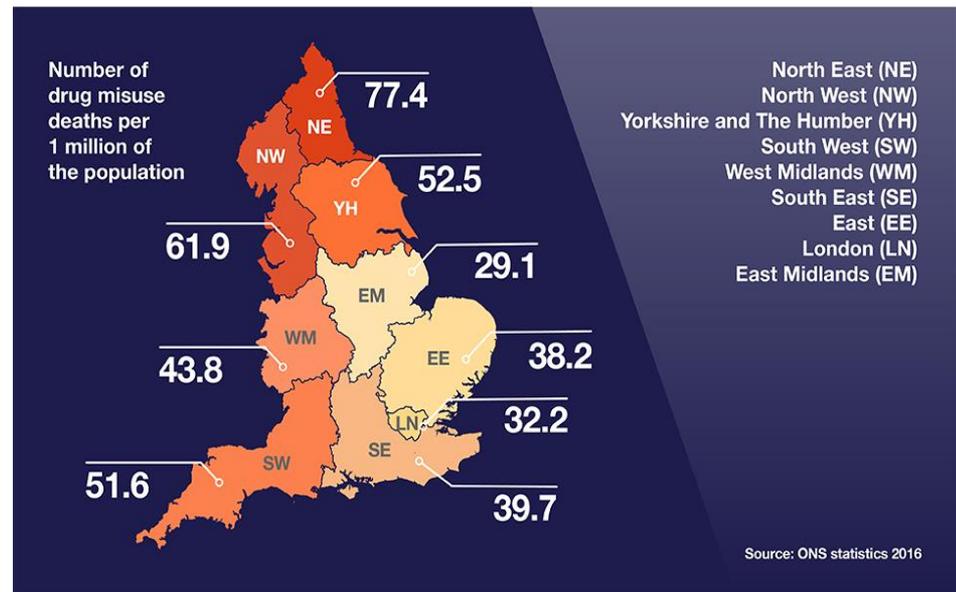
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# You Cant Recover if You're Dead: Drug Related Deaths

- People are dying
- 1:3 European drug related deaths takes place in England
- Most deaths are particularly in heroin users, particularly in the north east
- More likely to die from a drug related death than a car crash in Middlesbrough
- Public health emergency

Public Health England Healthmatters Drug misuse deaths in England by region



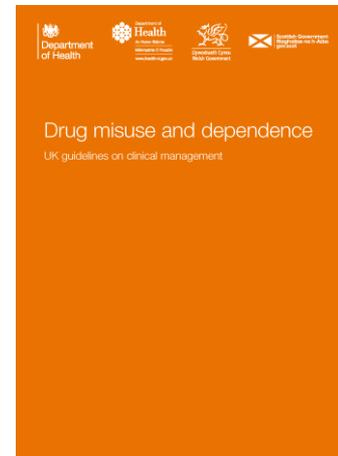
# Vision

- Supervised facility providing enhanced harm reduction and treatment to the most vulnerable in our community through injectable opioid treatment (IOT)
- Increase access to meaningful recovery
- Reduction in drug related deaths
- Reduction in drug related crimes and ASB
- Reduction in drug related burden on society: drug litter, open drug use, visibility of local drug problem
- Reduction of future financial burden through **Invest to Save** approach



# Enhanced Harm Reduction: Treatment overview

- Clinical guidelines: Evidence based intervention
- Opiate substitution therapy:
- Methadone Buprenorphine
- PSI (phased and layered approached)
- Recovery Interventions
- Treatment has protective factors



# Failure to benefit from treatment

“Heroin addiction is commonly treated with oral methadone maintenance substitution, but about 5–10% of people addicted to heroin who remain in treatment fail to benefit and continue to inject heroin on a regular basis.”

Byford 2013



# Impact of failing to benefit from treatment

## Results in poor outcomes for individuals:

- Increased risk death
- Ill health
- Chaotic use of multiple substances
- Initiation of drug use in others
- Inability to meet basic needs: food, clothing

## Negative social impacts:

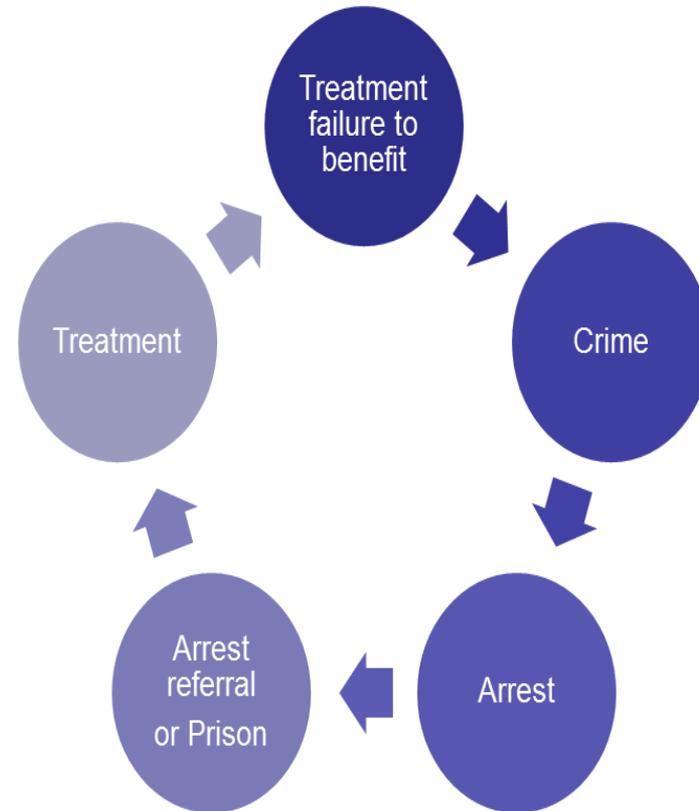
- Crime - OCU 45% of acquisitive crime
- Drug litter
- Visible drug problem
- Begging
- Socio- economic image

## Acute and sustained pressure on public services and budgets:

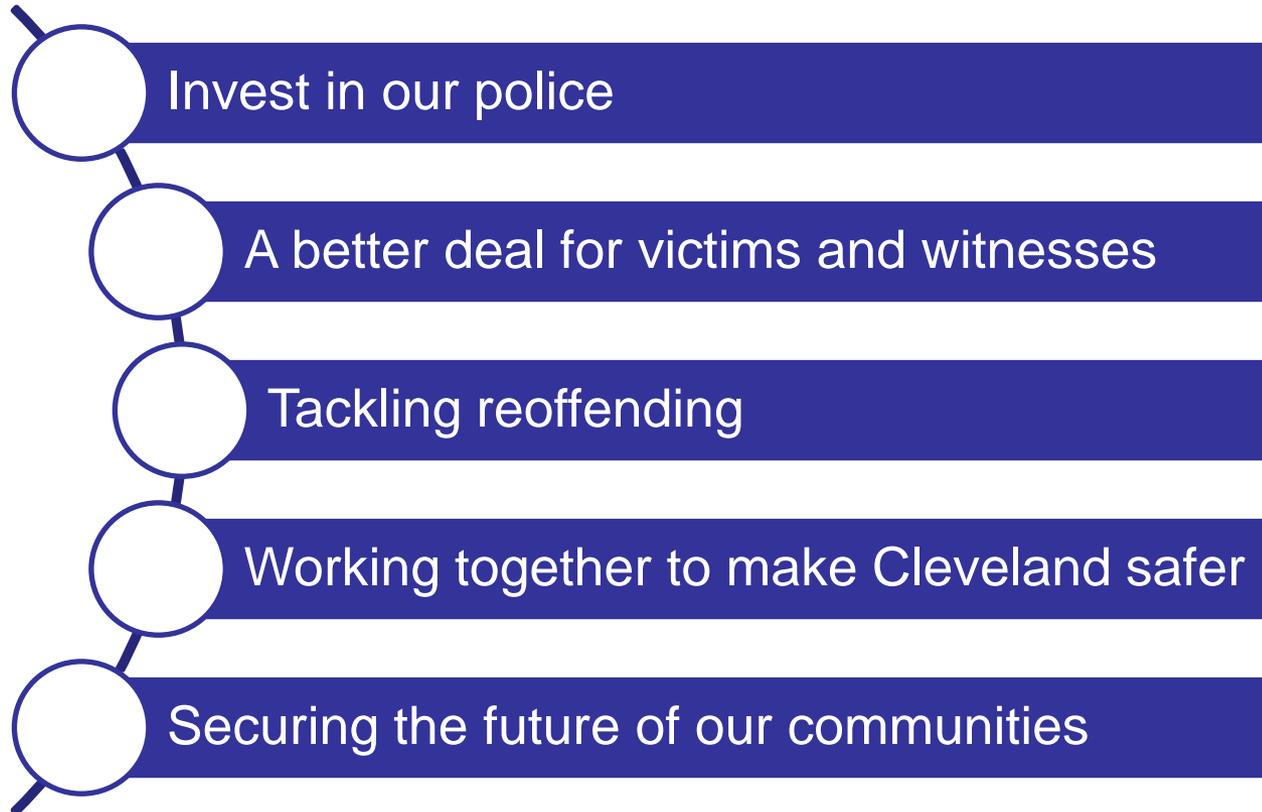
- Hospital
- Police
- Probation
- Prison
- Drug services
- Social services

# Impact of failing to benefit from treatment

- Current strategy for this cohort is ineffective, expensive and failing Middlesbrough.



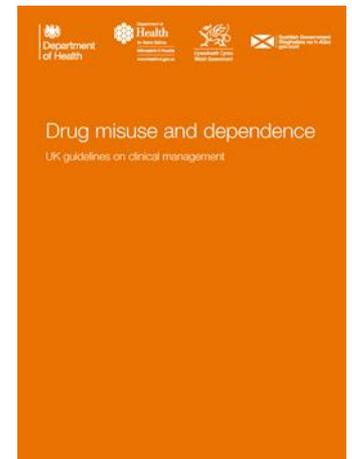
# PCC Objectives: Objectives of police and crime plan:



# Responding to failure to benefit from treatment: The Evidence Base

”For this chronic group who persistently fail to benefit from conventional treatments, evidence exists to support the effectiveness of treatment with supervised medicinal heroin (diamorphine) as a second-line treatment for chronic heroin use”

Byford 2013



# Responding to failure to benefit from treatment: The Evidence Base

- Multiple sources of evidence this is effective:

Rehm 2001, Van de Brink 2003, Strang 2010.

- Systematic reviews of evidence concur:

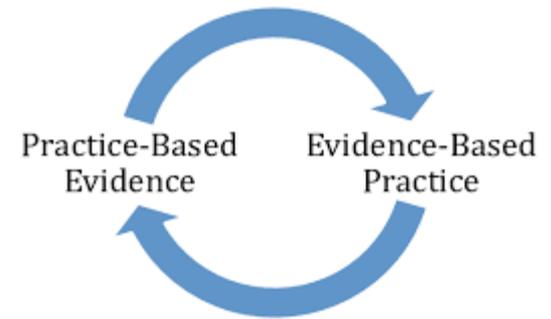
Ferri 2011, Strang 2015

- Cost effective:

Byford 2013/ NICE

- Research has been undertaken in UK RIOT Trials (2010):

Confirmed intervention is effective.



# Responding to failure to benefit from treatment: The Evidence Base

- Widely used standard treatment option in:  
Switzerland  
German  
Holland  
Denmark  
Canada
- Powerful results: Holland and Portugal drug policy's inc IOT has seen closure of 19 prisons and lowest prison population ever recorded.
- Many other areas in UK are pushing hard to introduce:  
Durham, West Midlands, Glasgow.

# Responding to failure to benefit from treatment: PCC views

“The report demonstrates the critical role of the pcc; By investing in drug and alcohol treatment and by taking a public health approach to people trapped in the cycle of crisis and crime the can help save lives”

Christina Marriott



# Middlesbrough: Leading the way

- History of being innovative, progressive, pragmatic and brave, not an area that's shy's away form tackling difficult problems.
- Middlesbrough is known for its ground breaking approach to drug treatment:

1<sup>st</sup> specialist GP prescribing service

1<sup>st</sup> and only clinically linked DRR team which saw much higher than average engagement with DRR programmes than any other area.

1<sup>st</sup> to issue Naloxone in North East

1<sup>st</sup> to successfully integrate recovery and clinical service effectively



# Introducing Injectable Opioid Treatment

- Providing supervised medicinal injectable opiates to those who fail to benefit from treatment will:

## Crime

- Reduce acquisitive crime
- Reduce officer time
- Reduce court time
- Reduce short stay sentences,
- Improve public perception

## Health

- Reduce death,
- Reduce ill health,
- Reduce OD's
- Reduce A and E visits,
- Reduce ambulance call outs

## Social:

- Reduce visible drug use,
- Reduce begging,
- Improve community cohesion

- Aligned with Middlesbrough's vision of a fairer, safer, stronger town.

# IOT Aims



- Swiss experience “Patients have gone from committing crime to being invited to the local fiesta; They are members of the community”

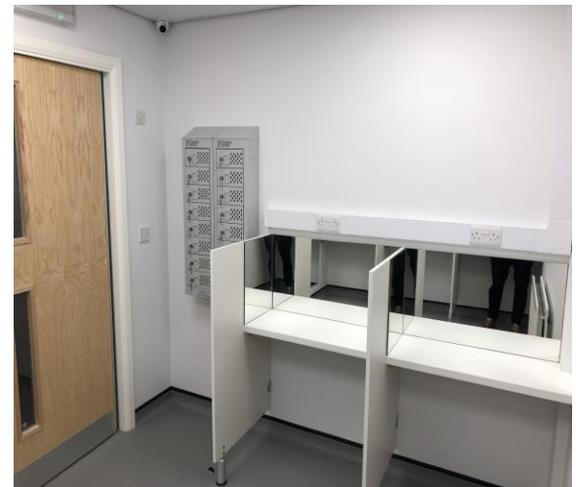
# Collaboration

- Commitment to explore further
- Financial commitment
- Invest to Save
- Level of provision is funding specific
- Cost effective: Cohort of 10 to 15 people
- Open and transparent funding



# IOT Preparation

- Expert group RIO trials
- Evidence
- Connections
- Field visits
- Martindale backing
- Ready to go
- Conference 3/9/18



A ground-breaking event by [foundations](#)

## YOU CAN'T RECOVER IF YOU'RE DEAD

ENHANCING HARM REDUCTION,  
REDUCING DRUG RELATED  
DEATHS AND IMPROVING  
COMMUNITY SAFETY

[#YCRIO](#)

📅 3/9/18: 10AM - 5PM  
📍 JURY'S INN MIDDLESBROUGH

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# IOT Model: From Chaos to Recovery

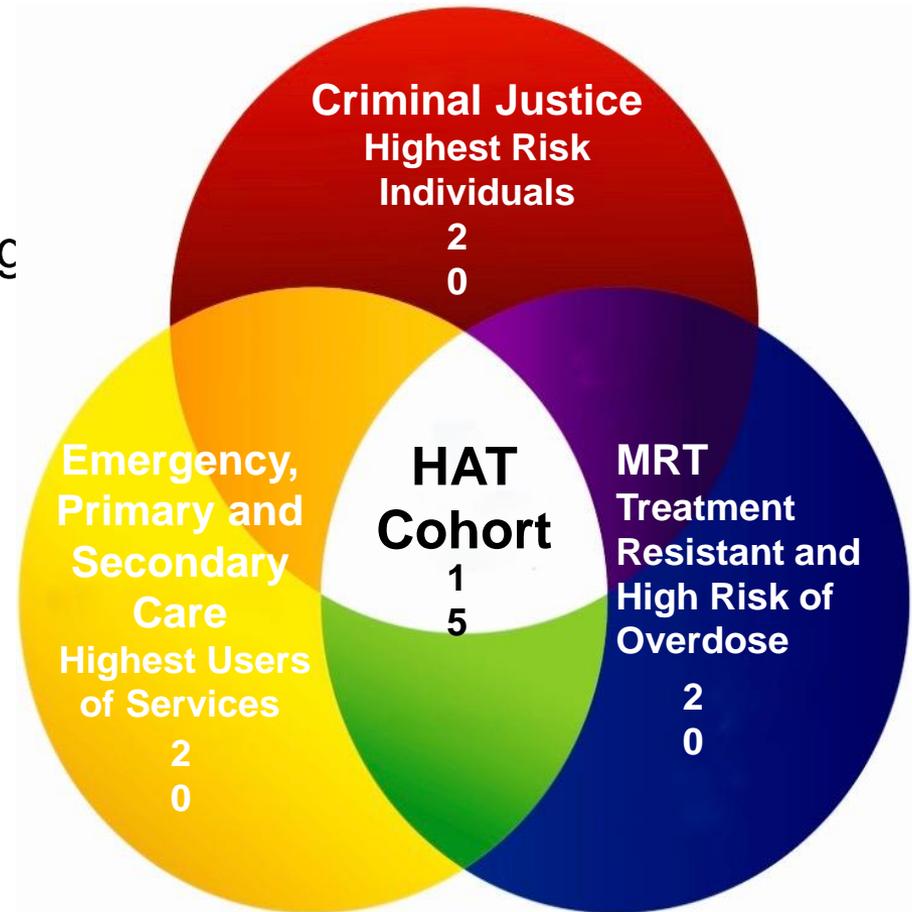
- Structured Day
- Seven days a week; up to twice daily attendance
- Supervised injectable opioids – no take home injectables
- MRT Recovery Coordinator/Plan
- Intensive psychosocial interventions (PSI)
  - Group work and Individual keyworker sessions
  - Carer and family member involvement
  - Access to local PSI, housing, education, job centre and support.

# IOT Model: From Chaos to Recovery

- Exit plans discussed at the outset of treatment
- Recovery Orientated Drug Treatment Model
  - 1. Engagement and Stabilization Stage
  - 2. Change Stage
  - 3. Recovery Stage
- Visible Recovery
- Transition into less intensive MRT provision or rehab

# Identifying The Target Cohort: Risky 60

- Patients:
  - Engaged in treatment in Middlesbrough Recovering Together (MRT)
  - With chronic injecting heroin dependence
  - Standard treatment has not been successful



# IOT Team

- Consultant addiction psychiatrist supervision
- General Practitioner Special Interest
- Advanced nurse practitioner
- Non Medical Prescriber
- Specialist nurses
- MRT support worker
- Recovery ambassadors
- Pharmacy support
- Expertise from patients, carers and commissioners.

# Stages of Treatment Journey

	STAGE	AIMS
1	Engagement and Stabilisation	Patient to identify recovery goals for future, Stop Street Heroin Use, Stop problematic Substance Use, Stop injecting, Start PSI, Testing for Hepatitis and HIV, Vaccinations Hep B
2	Change	Continue above + Increase intensity of PSI, Start reduction of injecting frequency, Access local services for housing/support/education/employment
3	Recovery	Continue above + Reduce frequency of injecting gradually to once weekly, Prepare for transfer to wider MRT provision – Transfer all injectables to Oral, Transfer safely within MRT/Rehab

# Daily Schedule

Time	Activity
AM	Injecting Clinic
AM	MRT Keyworking session
Midday	MRT Group Work, Meetings, Training & Peer Support
PM	Injecting Clinic
PM	MRT Keyworking session

# Exit Plans

- Patients are supported throughout their recovery journey and have options for exiting IOT:
  - Transfer to oral opioid antagonist treatment or oral opioid substitution treatment
  - Pharmacologically assisted detoxification.
  - Community aftercare or residential rehabilitation (via internal/external MRT referral pathways).
  - Use of local support services for recovery.
  - For patients where specified outcomes have not been achieved, despite intensive support, a careful review may lead to injectable opioids ceasing and conversion to oral opioid treatment with a safe transfer to wider MRT services.

# We can make a difference

- “If you always do what you have always done you always get what you have always got.” Einstein
- Together we can introduce evidence based interventions that make a difference to individuals, public services and our community.

