



Briefing note for PCC election candidates

Topic: Heroin Assisted Treatment

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Information can be found in the three decision record forms relating to Heroin Assisted Treatment published on the PCC website:

[Decision 2019-153811 - Funding for Heroin Assisted Treatment Pilot Programme](#) (10 June 2019)

[Decision 2020-00198446 – Use of Proceeds of Crime Income to fund Heroin Assisted Treatment Programme](#) (6 March 2020)

[Decision 2020-00231608. Extension to Heroin-Assisted Treatment Programme](#) (1 July 2020)

Funding

For the first year of the Heroin Assisted Treatment project the funding allocation was as follows:

Cleveland OPCC

£131,287

Durham Tees Valley Community Rehabilitation Company

£45,000

Tees and Wear Prisons

£10,000

Total Funding Cost: £186,287*

*As part of the wider substance misuse service, South Tees Public Health provide 'in kind' resources to a value of £225,225, including staffing costs of £191,710 and facilities costs of £24,661.

For the second year of funding, the HAT scheme was funded as follows:

Proceeds of Crime funding (through Cleveland OPCC):

£238,123

Durham Tees Valley Community Rehabilitation Company:

£50,000

Total Funding Cost: £288,123*

*As part of the wider substance misuse service, South Tees Public Health provide 'in kind' resources to a value of £104,563, including staffing costs of £46,692 and facilities costs of £24,661.

The Proceeds of Crime Act creates a local fund from money seized from criminals operating in the Cleveland Police Force area.

The level of funding received via the Proceeds of Crime Act is unlikely to be sufficient to sustain the forecast level of costs associated with the Heroin Assisted Treatment Programme on a permanent basis and therefore if the early positive signs of this scheme continue then a longer term sustainable method of supporting this scheme will be required.

Retention

Many of the individuals identified as being suitable for the programme live chaotic and unstable lifestyles, with little notion of routine or the 'normalities' of day-to-day life. Therefore, HAT is not an easy treatment to commit to, as it requires attendance at the clinic twice a day, every day – including holidays like Christmas Day.

The Heroin Assisted Treatment Board (made up of agencies involved in the development of the scheme) recognised that the scheme would not be suitable for everyone and identified client retention as a key risk in their risk register.

When individuals did leave the programme, the multiagency approach allowed new participants to be identified as soon as possible.

Of the 14 individuals who have been on programme since it started in October 2019:

- 14% are on a temporary break from the programme
 - Health reasons – seeking treatment for unrelated health concerns
 - Mental health reasons
- 35.7% have exited the scheme permanently:
 - Custodial sentences
 - Voluntary departure
 - Left the area

Crime reduction

The majority of participants committed their first offence over 20 years ago, with the average 'offending career' of 19 years. In all of the years leading up to the HAT pilot, the group accounted for over 1092 detected offences, with a total cost of £4.3m to the local criminal justice system. The total accumulated prison time of this cohort prior to HAT spans over 52 years.

20% of participants completely ceased their offending during the HAT programme. For those individuals who did offend in the year prior to HAT, the majority (67%) reduced their re-offending behaviours during the HAT programme. The rate of offending per person reduced from three crimes per participant to 1.2 crimes per participant. Staff at the HAT clinic are also reporting greater compliance with probation services for those on the programme.

In addition to a reduction in police time spent dealing with offenders and investigating crime, this decrease in offending has saved the police and court system an estimated £97,800. This figure does not include the savings to prisons, probation services and the NHS – so this is likely to be a conservative estimate.

Life post-treatment

Clinically, the aim of the Heroin Assisted Treatment programme is to stabilise the health and wellbeing of participants by removing the significant health concerns caused by injecting street heroin (overdose, impure substances, needle infections etc) and breaking the pattern of chaotic daily heroin use. This is done through the supervised administration of individually tailored doses of diamorphine, twice daily. If participants respond positively to treatment, clinicians will consider the possibility of reducing dosage during their time on the scheme when the individual is in a position to do so.

In many cases clinicians are attempting to stabilise 20 plus years of problematic chaotic street heroin use. Evidence points to the community benefits of this stabilisation, which has a direct impact on the associated criminal behaviour attached to problematic street heroin.

Should clinicians feel satisfied that the participants have successfully conquered their need for street heroin, they will move to 'traditional' medications for opioid dependency, such as methadone. Each individual patient's journey is dictated by their own recovery goals, with strong evidence existing that setting time limit parameters doesn't improve, but actually hinders, potential positive outcomes.

It important to recognise that treatment outcomes such as 'life stability' are as significant as abstinence based goals with the benefits for the community as significant in both cases.

As examples, two participants have recently completed the HAT scheme following consistent negative tests for street heroin and are using alternative medications (methadone) to support them towards full abstinence. A further individual worked towards a residential rehab placement – and although the placement was unsuccessful, 12 months ago this individual was not engaging with any services, was committing daily crime and was as far away from considering rehab placements as is possible.

All current participants on the programme have broken the pattern of street heroin use, working towards 'life stability' and are no longer committing multiple daily crimes to fund their substance use.