



Sefton Drug and Alcohol Treatment System

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Substance Use Treatment System Challenges for Sefton

- 2010 Coalition Government Drug Strategy marked a departure from an established treatment system characterised by interventions aimed at reducing drug related harm
- 2011 Putting Full Recovery First scaled back harm reduction services establishing abstinence based recovery as the dominant treatment model
- Like many Local Authorities, Sefton faced challenging cuts to public service funding and its Public Health Grant. Writing in the Guardian, October 2017, Matty Edwards noted that Sefton experienced cuts of 51% to its drug and alcohol treatment budget between 2014 and 2016

Substance Use Treatment Population Challenges for Sefton

- Sefton had an ageing treatment population and experiences significantly high levels of drug and alcohol related harms
- Higher than average rates of drug related deaths
- Higher than average rates of hepatitis C and alcohol related mortalities
- Emergency hospital admissions for alcohol related liver disease above the national average

Substance Use Treatment Population Challenges for Sefton

- 37% of opiate users in treatment have been in treatment for over 6 years
- 53% of opiate users entering treatment have an identified mental health treatment need
- Treatment engagement rates for opiates and crack cocaine are above National average – 56% of estimated local prevalence
- Early unplanned exits (within first 12-weeks) from treatment higher than National average 23% (18%)



Substance Use Treatment Population Challenges for Sefton

Proportion of adults drinking more than 14 units per week higher than National average 29.9% (25.7%)

2011 – 2014 Health Survey for England

Public Health England estimate that around 74% of problem drinkers are not in contact with treatment services (82% Nationally)

Number of alcohol only clients in treatment 2018 – 19 = 672

49% of adults who entered treatment 2018 – 19 were identified as having a mental health treatment need

Successful Treatment Outcomes (Adults)

1,668 people who use drug in structured treatment 27% Female 73% Male

Majority are in the age range 30 – 59 years

Successful treatment completions as a proportion of the total number in treatment 14.4% (14.1%)

1,201 people who use alcohol and other drugs in structured treatment

672 people who only use alcohol in structured treatment

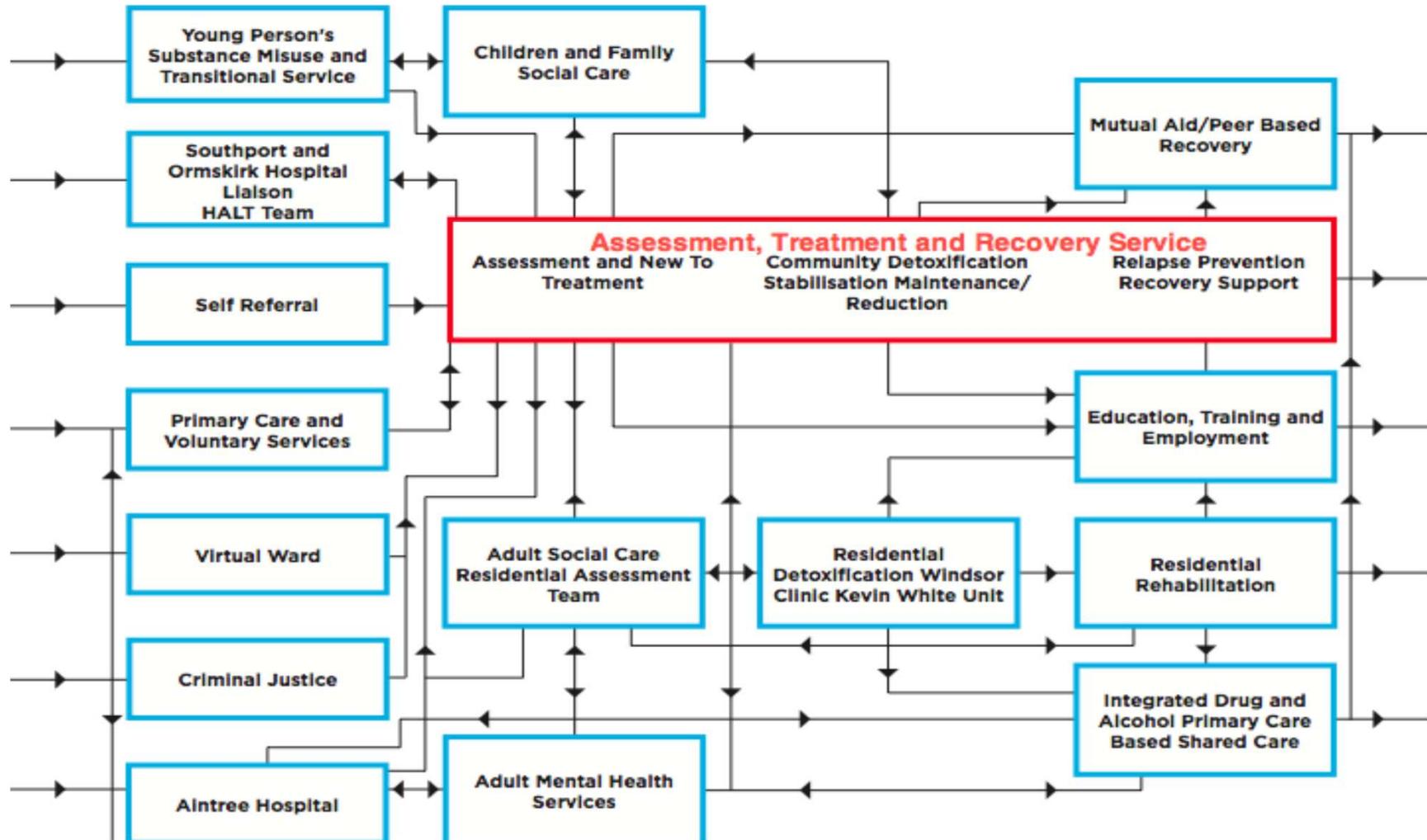
Successful treatment completions as a proportion of the total number in treatment (alcohol only) 32% (39%)



Sefton Drug and Alcohol Treatment System

- Young People and Family Substance Use Service (Addaction)
- Adult Community Substance Use: Assessment, Treatment and Recovery Service (Mersey Care NHS Foundation Trust)
- Medically Managed Residential Detoxification Service (Mersey Care NHS Foundation Trust)
- Residential Rehabilitation Placements (Adult Social Care)

Sefton Integrated Drug and Alcohol Pathway



Better Treatment Through Collaboration

- Housing Options Team collaboration including clinical outreach with Rough Sleeper Project and hostel in-reach
- Community hepatitis C treatment project collaboration with Royal Liverpool University Hospital
- Community Substance Use Treatment collaboration with Life Rooms
- Sexual Health Community Substance Use Treatment Services collaboration
- LJMU Public Health collaborative research on drug related deaths

Better Treatment Engagement Through Stronger Collaboration

- In 2019, testimony from the Councils' commissioned Rough Sleeper Project, confirmed that out of 13 individuals using a night shelter facility, around 11 had significant drug use issues and were not engaged with local treatment services.
- Rapid re-engagement' clinics were established as part of a clinical outreach collaboration meaning that where a rough sleeper was contacted through the street outreach and was not engaged with treatment services, s/he could be given an appointment to attend clinic the same day where an appropriate course of treatment could be established.

Increasing Access to Effective Hepatitis C Treatment

- In 2017 Public Health Commissioners established innovative collaboration between Mersey Care NHS Trust Ambition Sefton and the Royal Liverpool University NHS Trust to provide community based hepatitis C treatment
- Between 2017 – 2020 the service has provided successful and completed courses of treatment to 115 individuals
- Current developments include exploring the feasibility of Ambition Sefton Southport acting as a treatment centre for individuals not in treatment as part of the National Hepatitis C eradication Programme

Reducing Drug Related Deaths

- In 2017, data published by the Office for National Statistics showed a sharp increase in the annual rate of drug related deaths. Across Merseyside drug deaths had almost doubled with Liverpool and Sefton having among the highest rates of drug related deaths per 100,000 population.
- A collaborative research project was established with LJMU to better understanding patterns of substance use and risk factors associated with drug deaths
- Independent multi-disciplinary panels have been established to review each and every drug related death known to treatment services or the coroner and feedback to the treatment system any lessons learnt

Reducing Drug Related Deaths

- When the Public Health LJMU research collaborative commenced in 2017 the rate of drug related deaths in Sefton was 6.9 per 100,000 population compared to a North West rate of 6.1 per 100,000 and an England rate of 4.2 per 100,000
- ONS data released in 2019 show there were 4,359 drug related deaths in England and Wales in 2018, the highest number and the highest annual increase (16%) since records began in 1993
- Public Health Outcomes Framework data for 2018 show increases in rates of drug deaths for both England, 4.5 per 100,000 population and the North West 6.5 per 100,000 population but a decrease in Sefton, 5.8 per 100,000 population

Drugs, Alcohol and Justice Cross-Party Parliamentary Group Recommendations

- Invest in treatment, including mandating drug and alcohol services within Local Authority budgets
- Provide Financial Support to Local Authorities to offer heroin assisted treatment programmes
- Support the use of medically supervised drug consumption rooms
- Extend naloxone coverage
- Expand Outreach services
- Explore policy reform, such as decriminalisation of drug possession for personal use