

Drug & Alcohol Treatment Service for Adults and Young People – re-procurement

Proposals for service change via procurement

Context

- Evidence base to support the need for an integrated substance misuse service
- Current levels of unmet need and activity for adults and young people
- What works well in our current service, what needs to improve
- How the procurement strategy and new model will help to address the gaps

Croydon's 2021 Needs Assessment

- There are an estimated 5,300 dependent drinkers and users of opiates and / or crack in Croydon. Almost 80% of these are not currently known to treatment.
- More than half of adults entering treatment also have a need for mental health treatment
- One in every four adults entering treatment had a housing issue and 71% were not in work, either due to unemployment / economic inactivity or being on long-term sick or disabled.
- Approximately 250 children are living with adults who entered treatment during 2018/19, over a third of these children had some contact with early help or social care.
- Males have much higher rates of hospital admissions and mortality due to drugs and/or alcohol than females. Croydon has higher rates of under 18 admissions due to alcohol and admission episodes owing to drug poisoning
- Croydon has comparatively high levels of drug crime and domestic abuse than other areas of London
- Croydon adults in treatment fall mainly into two groups; opiate users who stay in treatment for some time (61% over 2 years compared to 49% nationally), and new presentations to treatment who are just as likely to be alcohol-only clients as opiate clients.
- Treatment outcomes are good, particularly in males who make up the majority of those known to treatment.

National Drug Treatment Monitoring System

Adults –not in treatment

- Opiates/Crack – 67% (Nationally 54%)
- Alcohol – 84% (Nationally 82%)

Total numbers in treatment as a rolling number: 1284,
broken down into:

- 551 – using opiates
- 368 – using non opiates
- 365 – drinking alcohol

Young People

- Numbers in treatment – 89
- This has reduced over the last year as an impact of Covid and schools closing
- Some YP who are engaged report preference for support through digital platforms
- Referrals mainly through Children's and youth justice services (since closure of schools)
- Main substances used are cannabis and alcohol, with a recent trend of increased use of Xanax through the internet

What works well:

- Rapid prescribing for people who use opiates
- Outreach to street drinkers
- Links with CUH and mental health services
- Working with schools and pupil referral units
- Transition for young people to adults service
- Peer mentoring

What needs to improve:

- Pathways with CAMHS
- Retention in treatment of individuals using non-opiates and/or alcohol to successfully complete treatment without re-presenting within 6 months
- Wider presence in the community, hostels
- Closer links with GPs
- Links with the criminal justice system
- More robust aftercare options to maintain recovery

Service changes proposed – model

Greater focus on:

- Working with Early Help to support families
- Providing support through digital platforms
- Delivering a trauma informed approach
- Aftercare and peer mentoring support
- Widening presence in the community/hostels

Service changes proposed – sub contracting

Additional elements for the Provider to contract with directly either at contract start, or as a phased approach:

- Needle Exchange Programme – pharmacies
- Supervised Consumption – pharmacies
- Shared Care – GPs
- Local Peer Support Group

Impact of changes:

- Provider responsibility to manage pharmacy provision will lead to better engagement with people before problems escalate and make it easier for rapid re-engagement for people who drop out of treatment
- Closer shared care with GPs for patients using drugs and alcohol will increase provision of community alcohol detoxification
- Improved management of concurrent mental health
- Development of peer support network and more visible recovery to sustain positive gains made in treatment

What is Recovery ?

OUR PEOPLE

Improved
finances

Stability

Abstinence

Structure
and routine

Better health –
mental and
physical

Keeping
appointments

Better
relationships

Moving
forward

Employment

Stop
offending

Hopeful
future

Self awareness

Getting life
back

Taking
control

Working out