RUSSELL WEBSTER

AN ASSESSMENT OF THE DRUG AND ALCOHOL NEEDS OF MEDWAY (FINAL REPORT)
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Introduction

The Commission

Medway Drug and Alcohol Action Team (DAAT) commissioned Russell Webster to undertake an assessment of the drug and alcohol treatment needs of adults (people aged 18 years and over) in Medway. There were four primary aims of this needs assessment, which were to examine:

1. The scale of alcohol misuse and drug dependency in Medway
2. What services and interventions are in place in Medway
3. The evidence base for these services and interventions compared to the range of services recommended by the National Treatment Agency
4. Stakeholder views on gaps and priorities for services for drug and alcohol misuse and associated problems

The needs assessment was commissioned at this time in order to inform the re-commissioning of the drug and alcohol treatment system which is scheduled for the current financial year with implementation envisioned for Spring 2013.

The fieldwork for this report was undertaken between March-May 2012.

Organisation of the report

This report is organised in a straightforward manner. Chapter One sets out the methodology used to undertake the needs assessment. Chapter Two provides a demographic profile and examines the most common substances of use of people in drug and alcohol treatment in Medway. Chapter Three describes patterns of substance misuse in Medway, drawing on a range of data sources and the views of service users and stakeholders collected in this study. Chapter Four describes treatment provision in Medway on a service-by-service basis and takes a closer look at the users of each service. Chapter Five presents the views of service users and stakeholders on the appropriateness of this provision, with a particular emphasis on
gaps and unmet need. Finally, Chapter Six makes conclusions about the fitness for purpose of the current model of drug and alcohol provision in Medway and sets out priorities for the re-commissioning process. Appendix One provides a list of all the provider and other professional stakeholders consulted for this study.
1. Methodology

Three main areas of work were undertaken with the information gathered from each area triangulated to inform the findings of the needs assessment:

Data analysis
Data were kindly provided by a wide range of agencies. Medway DAAT supplied National Drug Treatment Monitoring System (NDTMS) data on those attending local treatment agencies, and those funded by the borough to attend residential treatment elsewhere. The drug and alcohol treatment providers also supplied their own monitoring information. Caring Hands, Kent Probation Trust and Medway Supporting People also kindly provided their in-house monitoring data for this study.

Interviews with service users
The views of approximately 50 local drug and alcohol service users were key to this study, both in terms of identifying substances and patterns of use and in the range of, and access to, treatment services.

These views were gathered via three methods:

1. The DAAT Service User Involvement Co-ordinator convened a meeting which was attended by 20 service users.

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1. Some service users may have completed an online questionnaire as well as giving their views face-to-face.
2. She also invited three other service users who were unable to make this meeting to a separate small group interview.

3. The researcher designed two online questionnaires (one about different substances used, the other about awareness of treatment agencies) which Kent Probation Trust and MUST (the peer-led service user group) encouraged service users to complete either online or in hard copy. Twenty nine individuals completed the treatment questionnaire and 28 the substance one.

Service users were asked questions about the following key issues:

- Patterns of local drug and alcohol use
- Knowledge of where to access help
- Experience of helping services
- Their views on local priorities for drug and alcohol services

**Interviews with key stakeholders**

The researcher also interviewed a number of key stakeholders including commissioners and providers of treatment services and other key agencies working with groups at risk of developing drug and alcohol problems. He interviewed a total of 58 individuals from 32 services. Eighteen individuals were interviewed face-to-face on an individual basis; 28 were interviewed in small groups with their colleagues and twelve were interviewed over the telephone. Full details are provided at Appendix A.

Stakeholder interviewees were questioned about the following key topics:
Patterns of local drug and alcohol use

Which groups are in treatment?

Which groups are not in treatment?

What gaps are there in the local system of care?

What are the priority areas to address?
Chapter 2 – Medway residents in treatment

Overview

This chapter looks at the numbers of adults (aged 18 years +) in drug treatment in Medway before describing them in terms of their demographic profile and the substances they misuse. It then goes on to look at those in alcohol treatment.

Medway residents in drug treatment

There were 795 Medway residents in drug treatment during the financial year 2011/12 with 516 in treatment on 31st March this year according to the National Drug Treatment Monitoring System (NDTMS) figures. A total of 333 individuals started a new drug treatment journey in the calendar year 2011\textsuperscript{2}. Figures 1a, 1b & 1c shows these three key indicators for the last three years\textsuperscript{3}.

Figure 1a Treatment starts in Medway 2009/2012

\textsuperscript{2} Latest figures available from NDTMS 4\textsuperscript{th} quarter return 2011/12.
\textsuperscript{3} Owing to changes in data collection procedures, the number of drugs users in treatment at end of 2009/10 was not available.
It is clear that performance on all three measures has been steady over this time period.
The next section provides a profile of all the 795 drug users who were in treatment in this financial year and compares them with the two previous years.

**Gender**

Almost three quarters (\(\frac{585}{795} = 74\%\)) of the drug users in treatment in 2011/12 were men, compared to 71% in the previous year and 72% in 2009/10. This compares with a national average across England of 73% drug users in treatment being men.

**Age**

The age of drug users in treatment is recorded in prescribed age groups as shown below in Figure 2

**Figure 2 Age of Drug users in Treatment 2009/12**
It can be seen that over the last two years, there has been a greater proportion of older service users in treatment. In 2011/12, 32% service users were aged 40 years or older compared to 24% in 2009/10. This compares to a national average of 29% of drug users in treatment being aged 40 years or older in 2010/11.

**Ethnicity**

A very large majority (94%) of people in drug treatment in Medway are White British, with 2% of individuals recorded as “white other”. This compares with 95% for the previous two years. The Office for National Statistics estimated that 91% of Medway’s population was White British in mid-2009 and 4% of the population came from Asian or Asian British backgrounds suggesting that these communities are under-represented in drug treatment – a total of just six individuals from Asian backgrounds are recorded as being in treatment in 2011/12.

**Drugs of use**

This section concludes by looking at the drugs used by those in treatment over the last three years. Up to three substances of use are recorded for NDTMS returns; Figure 3 shows the relative use of different drugs. The total for each drug reflects the number of times it is named by service users as a primary, secondary or tertiary drug of choice; it should be noted that alcohol is only recorded as secondary or tertiary drug since this cohort consists of individuals seeking treatment for illegal drug use. Only substances used by at least 1% of the treatment population are shown. [It should be noted that methadone refers to illicit methadone, not methadone prescribed as part of drug treatment.]
The table clearly shows that over three quarters (77%) of those in treatment in the last financial year used heroin. Almost one third (32%) used crack cocaine, although only 2% were recorded as reporting this as their first drug of choice. Over a third (36%) used cannabis and almost one quarter (23%) methadone. Five per cent of those in treatment in the last year used prescription drugs and the same proportion used amphetamines.
The proportion of drug users in treatment recorded as using cannabis as one of their first three drugs of choice has increased from 24% in 2009/10 to 36% in 2011/12. Conversely, the proportion of those recorded as using prescription drugs has dropped from 10% to 6% over the same period.

**Injecting**

In 2011/12 the injecting status was recorded for 332 drug users in treatment. Almost a quarter (77 = 23%) reported that they were currently injecting, nearly a third (101 = 30%) reported having injected in the past and just under half (154 = 46%) stated that they had never injected. This proportion of injectors – 54% – was considerably smaller than the previous year when 64% of drug users in treatment (whose injecting status was recorded) were either current (26%) or past (39%) injectors. However, the proportion of lifetime injectors in 2009/10 was 58% so no clear trend is apparent.

**Medway Residents in Alcohol treatment**

There has been a considerable increase in the number of Medway residents in alcohol treatment over the last three years as local treatment capacity has increased. Although the total number of residents in treatment over the course of the year has grown by just 9% from 419 in 2009/10 to 458 in the last financial year, the number of people entering treatment has increased by 36% from 273 to 371 over the same period. This represents increased throughput and not a worsening drop-out rate.

There has been a slight increase in the proportion of female service users from 34% in 2009/10 to 37% last year.

Figure 4 shows that there have been only slight changes in the age of alcohol users in treatment over the last three years. The proportion of those aged 55 years or older has dropped from 17% to 13%. Currently, a substantial majority (87%) of service users are aged 30 years or older.
The proportion of Medway residents in alcohol treatment from White British backgrounds has remained in the range 94-95% in the last three years despite the fact that only 91% Medway’s resident population is from this ethnic group, as referenced earlier.
Chapter 3: Drug & alcohol use in Medway

Introduction

This chapter starts by examining local data sources which record information about drug and alcohol users before considering the views of service users and provider and other professional stakeholders gathered for this study.

Data sources

Data were kindly provided by Kent Probation Trust, Medway Partnership Trust, and Medway Social Care Commissioning Team.

Offenders

Substance misusers supervised by Kent Probation Trust

Kent Probation Trust provided basic data on the number of offenders supervised on community orders under drug rehabilitation requirements (DRRs) and alcohol treatment requirements (ATRs).

In the financial year 2011/12 75 offenders commenced DRRs and 82 ATRs. The completion rate for the same year was 51% for DRRs (compared to 56% nationally for 2010/11) and 70% (compared to 74% nationally for 2010/11) on ATRs.

Additional information was provided by KCA who provide the treatment interventions of both DRRs and ATRs.

DRRs

Fifty one of the 62 offenders on DRRs seen by KCA in 2011/12 were men with an average (median) age of 31 years. More than half (34) were primary heroin users and over one quarter (16) primary cannabis users.

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6 KCA’s figure is lower than Kent Probation Trust’s for two reasons. Firstly, KCA figures refer to active users and KPT to commencements and secondly because some offenders may not have complied with the court requirements or have been re-arrested prior to starting their DRR.
ATRs
Sixty three of the 75 offenders on ATRs in 2011/12 were men with an average (median) age of 33 years. Ten offenders were recorded as using heroin as a secondary substance.

Offenders with drug and alcohol problems
All probation trusts keep detailed information on the drug and alcohol use of their offender via the OASys (Offender assessment) system. Kent Probation Trust were able to provide headline figures that 38% of offenders who had received an OASys assessment had been found to have drug problems related to their offending – a total of approximately 620 offenders who normally reside in Medway.

The equivalent figure for offenders assessed as having alcohol problems related to their offending is 49% - approximately 800 offenders who normally reside in Medway. It should be noted that there will be an overlap between these two groups, although Kent Probation Trust were unable to send detailed information as to its extent.

Accident and Emergency Admissions
There were a total of 156 recorded drug- or alcohol-related admissions to Medway Maritime Hospital via the Accident and Emergency Department in the calendar year 2011. The overwhelming majority of these admissions were alcohol-related with “only a handful” drug-related. Seven out of ten (70%) of these admissions were male. The average (median) age of these admissions was 41 years. Ninety five per cent of these admissions were White British. Only 65 of these admissions were recorded as normally residing in Medway; 34 in Chatham, 19 in Gillingham, 11 in Rochester and one in Rainham.

Supporting People
Medway Social Care Commissioning Team kindly sent data on the numbers of people in contact with Supporting People services who were recorded as having either a primary or secondary problem with drugs or alcohol.

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7 KCA’s figure is lower than Kent Probation Trust’s for two reasons. Firstly, KCA figures refer to active users and KPT to commencements and secondly because some offenders may not have complied with the court requirements or have been re-arrested prior to starting their TR.

8 Quote from data analyst supplying information.
56 individuals in 2011/12 were recorded as having a drug problem. This figure was down from 94 in the previous year, a reflection of the substantial cuts (the overall budget will be reduced from £4.5million to £2.5million by the end of 2012/13) in Supporting People provision rather than a reduction in the level of need. This group had an average (median) age of 30 years.

Seventy five individuals in contact with Supporting People provision were recorded as having an alcohol problem in the last financial year (down from 130 the previous year and 155 in 2009/10). This group had an average (median) age of 43 years.

The views of stakeholders and service users
This section is organised by looking at each main substance in turn, starting with the substance most commonly used by Medway residents who have sought treatment for their substance use in the last three years.

Heroin
Professional and service user interviewees agreed without exception that heroin was the most commonly used drug of dependent drug users in Medway. There was also a consensus that levels of heroin use were highest in Chatham. Twenty four of the 28 service users who completed the online survey stated that “a lot of people use this drug” while only one respondent thought it was used by “a few people”. Four people felt that use was more common than a year ago with no-one expressing the view that it was less common.

Interviewees stated that heroin was a long-standing problem in Medway going back several decades. There was agreement that injecting use was very common with some respondents expressing the view that local heroin users tended to progress to injecting more quickly than in other areas they had worked.

Again, there was agreement that although many individuals used both heroin and crack cocaine (see below), heroin was regarded as the more important drug. Service user interviewees maintained that the quality of heroin was very low and had deteriorated over the last 2-3 years which was also given as a reason for high levels of injecting.
The young people’s service was only seeing a handful of younger people using heroin, and these were all from the local Slovak and Czech communities and all were injecting users\(^9\).

The prevalence estimates commissioned by the National Treatment Agency in 2009/10 (based on capture-recapture and multiple indicator methods) estimated that there were between 1,103 and 1,367 opiate users in Medway. There were 685 heroin users in treatment in Medway that year (between 50% and 62% of the estimated total). The same data source estimates that 7.03 per 1,000 Medway residents aged between 15-64 years used opiates compared to a South East average of 5.56 per 1,000 and a national average of 7.70.

**Alcohol**

The fact that alcohol is so commonly used amongst the general population makes it difficult to assess trends in use on a local basis. However, there was a clear consensus amongst both drug and alcohol providers that a significant proportion of their client groups used both illegal drugs and alcohol.

Some interviewees expressed concerns about street drinking – particularly on the benches in New Road (around the corner from the Salvation Army off Chatham High Street). Staff from the 423 Joint Working Hub had recently (March 2012) undertaken an informal 90 minute scouting expedition which found 24 people drinking alcohol in the streets and involved in general antisocial behaviour.

**Crack cocaine**

Interviewees agreed that crack cocaine was commonly used by dependent heroin users, but that primary crack users were comparatively rare (a view supported by the drug treatment data where only 16 individuals were recorded as primary crack users). Nineteen online survey respondents thought that “a lot of people” used crack with five expressing the view that “only a few” used it. However, six respondents thought that crack use was more common than a year previously with none thinking that it had become less common.

\(^9\) The number of young (under 18 years old) heroin users in treatment has increased from 2 in 2008/9 to 8 in 2011/12 but the numbers are too small to provide evidence of any actual increase in use.
There was agreement that the practice of speed-balling, (injecting heroin and crack combined) was increasingly common with interviewees again attributing this to the low quality of both drugs.

The prevalence estimates commissioned by the National Treatment Agency in 2009/10 estimated that there were between 728 and 1,110 crack users in Medway. There were 288 crack users in treatment in Medway that year (between 26% and 40% of the estimated total). The same data source estimates that 5.15 per 1,000 Medway residents aged between 15-64 years used crack cocaine compared to a South East average of 3.81 per 1,000 and a national average of 5.37.

**Cannabis**

Cannabis was regarded as the most widely used drug in Medway. Interviewees agreed that by far the most common form of the drug was high strength *skunk*. Several interviewees stated that much of the cannabis available was home grown. A number of interviewees noted the increase in the number of primary cannabis users entering drug treatment via the criminal justice system. The proportion of drug users in treatment recorded as using cannabis of one of their three main substances increased from 24% to 36% from 2009/10 – 2011/12. Similarly, just over one quarter (16/62) active DRR offenders seen by KCA in 2011/12 were primary cannabis users.

**Methadone**

Despite the high numbers of heroin users in treatment who are prescribed methadone, no interviewees expressed concern about the use of non-prescribed methadone. While eight online survey respondents thought that “a lot of people” used non-prescribed methadone, 12 thought it was used by “a few”. Four people felt that use was more common over the last year and one that it was less common. Two interviewees stated that there did seem to be a local market for illicit suboxone with some individuals requesting prescriptions with the apparent intent of selling it on.

**Prescribed medication**

The majority of interviewees noted the high levels of misuse of prescribed medications, particularly benzodiazepines. A substantial number of heroin users
were described as poly users who typically drank alcohol and used benzodiazepines (and often crack cocaine as well). Some people were reported to have misused benzodiazepines for many years, sometimes after an initial legitimate prescription. Some interviewees felt that there were a number of local GPs who inappropriately prescribed benzodiazepines on a long term basis. However, other interviewees felt that this culture had changed substantially over recent years with instances of poor prescribing habits much rarer. Service users reported that they were often approached in the street with requests for “pills”.

In addition to long term poly users, several interviewees commented that there were a number of local young people who were routinely using benzodiazepines with alcohol in order to become as intoxicated as possible.

**Cocaine powder**

The use of cocaine powder in a social setting, mainly in pubs and clubs on weekend evenings, was regarded by many interviewees as normalised behaviour. Sixteen online survey respondents stated that “a lot of people” used this drug whilst six regarded it as being used “by a few”. Three respondents felt that cocaine use was more common than a year earlier. However, the number of cocaine powder users in treatment is low (just 24 primary users in 2011/12).

**Amphetamine sulphate**

Although the number of Medway residents in treatment for amphetamine use is relatively low - just 40 individuals mentioned it as one of their three main drugs of choice in the last year - a significant number of interviewees stated that there are a considerable number of *speed* users locally, with many of these injecting. Amphetamine use was said to be particularly common in Chatham. There were mixed views from the online survey with 11 respondents stating that amphetamine was used by “a lot of people” while nine thought it was only used “by a few”. Five individuals thought that amphetamine use was more common than a year ago.

**Other drugs**

There was a consensus that there was recreational use of Ecstasy, Ketamine and LSD locally although no interviewees raised particular concerns about this use. A number of interviewees noted the popularity of “legal highs”. Neither
methamphetamine (“Crystal Meth”) nor mephedrone were regarded as being particularly popular locally. Several interviewees noted that the pattern of illegal drug use in Medway had remained fairly static over recent years whilst other substances had become more popular in other areas of Kent.

**Steroids**

Limited information is available on the use of steroids in Medway. However, monitoring data from Turning Point from March 2011 (the service is now closed) shows that 53 of the 210 (25%) individuals using both fixed site and pharmacy syringe exchange services at that time, whose drug of use was recorded\(^\text{10}\), were steroid users.

\(^{10}\) This information was available for 210 out of 323 individuals.
Chapter Four – Current Treatment Provision

Introduction

This chapter presents a brief summary of the work of each treatment agency accompanied by the views of stakeholders and service users of its effectiveness. The agencies are organised in order of their size – in other words, the provider with the highest number of service users is discussed first.

KCA Drug Treatment Service

KCA started providing drug treatment services in Medway in 2007 when it delivered prescribing services and a structured day programme. The Day Programme was discontinued when the premises from which it operated was no longer available and a new generic model of provision was initiated in July 2011. This is a large service with 25 staff; it operates at Tier 3 and provides a range of different, mainly structured psycho-social interventions:

- Advice and information about substance misuse
- Alcohol Treatment Requirements
- Blood borne virus testing and vaccination
- Community Detox
- Drug Rehabilitation Requirements
- Groupwork
- Harm reduction
- Intensive key working
- Prescribing of substitute medication
- Recovery Coaching
- Safeguarding/ Hidden Harm Service
- Service user development
- Windmill clinic for pregnant service users

The service operates on a hub and spoke model with most individual and groupwork interventions delivered from a range of venues (mainly Healthy Living Centres and GP Surgeries) across Medway.
Groupwork provision includes groups for those supervised by the courts on Alcohol Treatment Requirements (ATRs) and Drug Rehabilitation Requirements (DRRs) as well as stabilisation, solution-focused and relapse prevention groups. The number of groupwork sessions is limited by the lack of regular availability of large enough rooms in sufficient venues.

KCA is developing a range of services supporting recovery including recovery coaches (the two current posts are filled by ex-service users); a SMART Recovery Group and a Football Project for recovering substance misusers. The service also hosts two Narcotic Anonymous meetings per week.

Although most appointments are made in community venues, service users can attend the Kingsley House centre if they miss these appointments or to see a duty worker.

KCA provided monitoring information which gives more detail than NDTMS data on the demographic profile of service users. The service saw 844\(^\text{11}\) clients in 2010/11 (the last year from which data were available), 73% of whom (612) were men. Service users were aged between 18 and 65 years with an average (median) age of 35 years. Ninety five per cent of service users were from a White British ethnic background. Just under half (45%) service users were from Chatham with approximately one fifth (21%) from Gillingham and one tenth each from Rochester and Strood (both 11%).

NDTMS data have been analysed to explore the drug using profile of the 768 individuals recorded in treatment in the same (2010/11) financial year. Eighty five per cent (n= 654) of all service users were recorded as using heroin as their first (610), second (30) or third (14) drug of choice. Just over one third (280 = 36%) used crack as their first (14), second (226) or third (40) drug of choice. Just over one fifth (162 = 21%) were recorded as using cannabis. Almost one in seven (n = 104) were recorded as using benzodiazepines, with 6% (44) using prescribed medications and 5% (35) amphetamines. Figure 5 provides details:

\(^{11}\) KCA internal figures do not tally exactly with NDTMS returns.
According to interviewees, KCA has been specifically commissioned to orientate its service delivery towards recovery with a mandate from the DAAT to tackle the Medway culture of long-term prescribing of methadone. Commissioners and providers agreed that KCA had been successful in encouraging existing service users to consider different treatment options including abstinence and to set recovery objectives for new service users from their initial contact with the service.

The latest Diagnostic Outcomes Monitoring Report (DOMES) from the National Treatment Agency issued in May 2012 confirmed progress in this area with a 6% growth in successful treatment completion for opiate users and a reduction in the proportion of service users in treatment for two years or longer. However, the DOMES report notes that 21% opiate users who were recorded as having successfully completed treatment, re-presented to treatment agencies in 2011/12. It is a concern that one fifth of those recorded as having successfully completed treatment quickly relapsed and are in need of treatment again.

Twenty six of the 29 respondents who completed the online survey about treatment services in Medway stated that that they would go to KCA if they were concerned about their drug use. A large majority of interviewees spoke positively about the

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**Figure 5 Substances used by KCA service users 2010/11 (n = 768)**

![Bar chart showing substances used by KCA service users](chart.png)

- Heroin: 654
- Crack: 280
- Cannabis: 162
- Alcohol: 121
- Benzos: 104
- Prescription drugs: 44
- Cocaine powder: 55
- Amphetamine: 35
- Prescription drugs: 44
- Cocaine powder: 55
- Benzos: 104
- Alcohol: 121
- Cannabis: 162
- Crack: 280
- Heroin: 654

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KCA service, particularly over the last 12 month period when it was felt that the quality and direction of provision had improved.

Some areas of concern were noted:

- Several interviewees noted that it typically took two weeks or longer for new service users to receive substitute prescribing from KCA (with the exception of those referred via criminal Justice pathways). As we shall see later in this report, this gap in provision can be more properly attributed to commissioners rather than KCA who are not commissioned to provide a low threshold prescribing service.

- A number of interviewees reported that some service users with complex needs, often including homelessness, who had been prescribed methadone for several years had expressed concerns about having their scripts withdrawn. There were no actual reported incidents of this but it is clear that this client group are aware of the change in culture away from long-term prescribing.

- Interviewees at the DIP stated that they were unclear about the range of services provided by KCA and often found it difficult to engage their criminal justice client group within this service\(^ {12} \).

**KMPT Alcohol Treatment Service**

Medway’s alcohol service is provided by Kent and Medway Partnership Trust. The service operates at Tiers 2 and 3 and has expanded over the last year. The service comprises eight staff and has been operating out of premises in Chatham High Street since 12 March 2012.

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\(^ {12} \) Although all providers do attend regular 6-weekly multi-service manager development meetings.
The alcohol service provides a range of different interventions:

- Advice and information about alcohol misuse
- Alcohol Education Group
- Brief Interventions
- Community Detox
- Intensive key working
- Tier 2 work on Satellite basis
- Support groups
- Windmill clinic for pregnant service users

The move to new premises has allowed the team to deliver services from a central base whilst continuing to provide interventions from the healthy living centres across Medway. The service provides Tier 2 interventions on a satellite basis at AMAT, Caring Hands, the Drugs Intervention Programme and Kent Probation.

Like the drug treatment service, the alcohol service has been commissioned in a way that ensures throughput of service users. The service offers structured brief interventions up to a maximum of six sessions and structured psycho-social interventions are generally limited to 18 sessions (3 x 6 week sessions with a review after every six weeks) although some service users with complex needs may be retained in treatment for longer.

The alcohol service has tried to develop a GP shared care approach to community detoxification for service users with less complex needs. They have found some GPs very willing to participate in this approach, while others have been reluctant. In the latter cases, the alcohol service is able to organise its own community detoxification via the consultant psychiatrist who works one day per week for the service.

The service nurse links in with a number of wards on a weekly basis at Medway Maritime Hospital providing advice and information and encouraging referrals. In addition, one worker attends the Windmill Clinic run by a local consultant for pregnant women with substance misuse problems.

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13 There is no formal protocol for this work at the moment but there is currently a Medway Maritime Hospital Alcohol Pathway Steering Group, chaired by the Senior Commissioning Manager, Public health, from which a clear pathway and agreed protocol should emerge.
Monitoring data show that the alcohol service worked with 458 service users in the financial year 2011/12 and that 371 of these (81%) were new service users. A total of 302 individuals left treatment in that year.

Almost two thirds (63%) of the service users were men. The average (median) age of the service users was between 40-44 years. Ninety four per cent of service users where ethnicity was recorded were from a White British background (information was not recorded in 22% of cases).

Just over half (53%) the service users had drunk alcohol on every single day in the month prior to their assessment and a further fifth (21%) had drunk on between 15 – 27 days in the previous 28. Three quarters (75%) had drunk 200 units or more of alcohol in the previous month and more than half (53%) had consumed 400 units or more.

Data were only recorded on whether service users used additional substances in 48% cases. Within this sub-group of 218 service users, one in six (17%) was recorded as using cannabis and one in nine (11%) as using cocaine powder. Fifteen (7%) individuals were recorded as using amphetamine and thirteen (6%) heroin.

Interviewees generally, and service users in particular, expressed concerns about the lack of alcohol treatment capacity. Some service users voiced their disappointment about the closure of the Equinox Alcohol Service, particularly the loss of the day programme and drop-in. However, there was a consensus amongst most provider and professional interviewees that the Equinox service had been under-performing. There were no criticisms of the KMPT Alcohol Service. The DIP found it particularly easy to engage service users in treatment, since both services now operated out of the same premises. Over three quarters (78%) of those completing the online services survey had heard of the service.

**Drugs Intervention Programme**

The Drugs Intervention Programme (DIP) is delivered by CRI through a seven person team (with a full time equivalent workforce of 5.6 staff). The team seeks to engage drug and alcohol using offenders from the custody suite Monday – Friday and also provides a service at the Magistrates’ Court two mornings per week. The team also

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14 On 11 July 2012, there were 208 open cases. The Service Level Agreement stipulates individual case loads of a maximum of 40 clients, current average is 35.
provide a case management service for drug using offenders including those released from custody to return to Medway. They also provide a service on probation premises once a week to engage into treatment offenders who are not supervised via Drug Rehabilitation Requirement (DRRs) or Alcohol Treatment Requirements (ATRs).

CRI provided data about their service users, there is likely to be some over-counting as the data refers to the number of contacts made, although it is likely that contact is made several times in the same year with some individuals. In the 2011/12 financial year, the DIP made 346 contacts with drug using offenders. Unsurprisingly, a large majority (295/346 = 82%) of these were men. Ninety four per cent of contacts were with forms were completed on White British people.

Three fifths (60%) stated that heroin was their first drug of choice, while a further fifth (21%) were primary cannabis users with one in 12 (8%) mainly using powder cocaine. Just under half (44%) were contacted in the custody suite and just under one third (30%) were referred from prison. Over one quarter of this group (28%) were current injectors while more than two fifths (42%) had never injected. Just under half (47%) were referred into Tier 3 treatment services.

The main drug of use of this cohort is shown below:

Figure 6 Main drug of use of Medway Arrest Referral Contacts (n = 346)

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16 The ages of service users was only recorded in the format of their date of birth and could not be provided without extensive demands on the provider.
There were also four primary users of alcohol, and two each of methadone, Ecstasy and benzodiazepines; information was missing in only one case. Thirty seven percent of contacts also misused alcohol.

It is very clear that DIP mainly makes contact with primary heroin users who comprise 60% of all contacts. Over one third (37%) of these contacts were recorded as also using alcohol.

This low level of activity can partly be accounted for by the fact that Medway does not operate "test on arrest" where all individuals arrested for offences of dishonesty are automatically tested for illegal substances. The total number of contacts for 2011/12 represents an 8% reduction from the previous year when 376 contacts were made.

The DIP were able to provide more detailed information on these 376 contacts seen in 2010/11 who consisted of 170 individual drug using offenders, 125 of whom were added to the caseload. The main reasons for the other 45 not engaging in the DIP were: already in treatment and did not want to engage in DIP (12), primary alcohol users (11) and refused to engage (9).

Two thirds (67%) of those completing the services online survey had heard of the DIP.

Interviewees from KCA commented that the referrals they received from the DIP were frequently not appropriate for a Tier 3 service because the drug using offenders referred were either not acknowledging drug problems neither/nor motivated to address them.

**Criminal Justice Services – DRRs and ATRs**

Seventy five offenders were placed on DRRs and 82 on ATRs in the financial year 2011/12.

It was difficult to get a clear picture of the provision provided to drug using offenders and alcohol using offenders who were mandated to attend treatment as a condition of their community sentence under the aegis of DRRs and ATRs respectively. This was because the form of provision was undergoing substantial change for three principal reasons:
1. There had been difficulties in finding suitable locations to deliver interventions after previous rooms were no longer available. (This issue has now been resolved and as of October 2012 interventions are being delivered at AMAT in Chatham.)

2. A substantial increase in the number of primary cannabis users now placed on DRRs (historically DRRs and their predecessor, DTTOs, had been targeted at heroin and/or crack cocaine users whose offending was related to their substance misuse).

3. The fact that the processes of assessing suitability for treatment orders has changed. Probation staff use a jointly agreed screening tool but the fact that most DRRs are made following same-day “stand-down” reports means that it is rarely possible for KCA to undertake a thorough assessment prior to an order being made.

Currently provision consists of a range of individual and group work interventions delivered once or twice per week. There are three main groups: one for cannabis/recreational drug users, one aimed at service users wishing to stabilise and reduce their consumption and a third which focuses on cognitive and behavioural skills. Service users on DRRs and ATRs may also attend KCA’s after-care and peer support groups if they so wish. There are also plans to develop a joint DRR/ATR group for offenders who use heroin and/or methadone and alcohol.

**Care Management Service**

There are two care managers in this service which is responsible for operating the care pathway to in-patient detoxification and residential rehabilitation services and has also focused on trying to develop a social care service for individuals with substance misuse and mental health problems.

Very low numbers of Medway residents access inpatient detoxification or residential rehabilitation services. In 2009, 40 individuals accessed these services, 38 in the following year and just 36 in 2011. Budgets for these services have been considerably under-spent; in 2011/12 only £41,240 of a budget of £119,970 was spent. This is roughly equivalent to six individuals spending a typical 13 week stay in a residential rehabilitation unit.
Both provider and other professional and service user interviewees stated that it was difficult to access these services and, when they did, aftercare provision was not available.

**Needle exchange**

The discontinuation of the Turning Point Tier 2 service in March 2011 resulted in the closure of the only fixed site syringe exchange in Medway and the loss of a key entry point to drug treatment. The service was decommissioned because of poor performance.

There are five pharmacy based syringe exchange schemes in Gillingham, Rainham, Rochester, Strood and Walderslade. Although the DAAT provided monitoring data from these five sites, the form of this information (in most cases hand-written forms, electronically scanned into 50 page documents) could not be analysed within the resources available for this study.

The DAAT made available information for the year to March 2011 provided by Turning Point, who used to manage a fixed site syringe exchange scheme and the five pharmacy schemes. However, these data seem unreliable since they record a total of 206 individuals using the schemes (87 using the fixed site and 119 the pharmacy-based schemes) but only a total of 323 visits – or 1.6 visits per injecting drug user.

**MUST**

MUST is a peer led group offering support to current, ex- and potential users of substance misuse services and their families/carers. MUST was established several years ago and in 2008 there were three members who held meetings on a monthly basis, the group was supported by Turning Point. The Service User/Carer Involvement Co-ordinator started working with MUST at the beginning of 2009 and the membership increased to 11 by March 2010, to 17 by March 2011, to 39 by March 2012 and currently\(^\ref{17}\) stands at 43 members.

In 2011 MUST started running a drop-in at The Hub, 423 High Street, Chatham, at the request of service users due to the closure of the drop-in at Equinox and to enable MUST to continue to develop peer support services.

\(^{17}\) 24 May 2012
The drop-ins are held on Tuesdays and Wednesdays from 10:00 a.m. to 2:00 p.m. and an average of 10-12 people attend each session.

There are plans to start running SMART Recovery groups from the beginning of July 2012.

Wraparound Services

There are a number of other key services in Medway which, although they do not provide substance misuse treatment, work with substantial numbers of drug and alcohol users and contribute towards the range of services needed for the development of a recovery oriented substance misuse treatment system. Brief details of these key agencies are provided below.

AMAT

Ashdown Medway Accommodation Trust (AMAT) manages 420 bed spaces across Medway including a direct access hostel. Most of this accommodation is in Chatham and Gillingham. 370 of these beds are direct access and AMAT provide different forms of support to 270 of the total 420 units. AMAT operates a range of other services including a dedicated resettlement team and a specific project providing accommodation and support for offenders (many of whom have substance misuse issues).^{18}

Caring Hands

Caring Hands is a Christian charity working with homeless and disadvantaged people in Medway. It provides a drop-in centre for local homeless people which provides a wide range of services including:

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^{18} AMAT did provide some data relating to the substance misuse of residents but this was not over a sufficient period of time nor in sufficient detail to include in the report.
Both KCA and the Alcohol Service run weekly satellite services from the drop-in centre. A substantial proportion of the centre’s regular users are individuals with complex needs, typically including drug and/or alcohol dependency.

**Dual Recovery Anonymous**

Dual Recovery Anonymous\(^{19}\) (DRA) is an independent, confidential and anonymous self-help organisation for individuals with substance misuse and mental health needs. It operates on a 12 step model and there is a weekly group attended by 8–10 people in the Medway area.

**The Hub (423 High Street)**

The Hub is a multiagency\(^{20}\) one-stop shop established in 2011 under the leadership of AMAT which targets Medway residents who have multiple needs. The service is based in Chatham high Street and provides a wide range of services including:

\(^{19}\) Further details are available at: [http://www.dualrecoveryanonymous.org/](http://www.dualrecoveryanonymous.org/)

\(^{20}\) Member agencies include AMAT, MUST, DIP, KCA, probation, police, West Kent Lifeways, Family Mosaic and Porchlight
The Hub kindly provided monitoring data which shows that in 2012 they are seeing an average of 100 individuals per week, 59% of whom present with a drug misuse problem and 30% with alcohol misuse.

**Open Book**

Open Book\(^{21}\) is a charitable organisation which aims to encourage academic ambition and promote access to higher education. Based at Goldsmiths College in London, it has recently developed a presence in Medway and delivers maths and literacy sessions at the MUST drop-ins.

**Windmill Clinic**

Pregnant drug and alcohol users are frequently a high need group who are very difficult to engage in effective treatment. However, in Medway the multiagency service co-ordinated around the Windmill Clinic (with input from both KCA and the Medway Alcohol Service) was regarded by all interviewees as an outstanding, high quality service. The service no longer keep outcome data so it is not possible to confirm this view.

**Overall performance**

NDTMS data suggests that the treatment agencies in Medway are performing well. There has been a steady increase in treatment completions from 41 in 2005/6 to 126 in 2010/11. Ninety six percent of service users waited less than three weeks to access treatment in 2010/11 (down from 98%) in 2009/10.

The NDTMS treatment exits trend data for 2011/12 show that 46% of service users leaving treatment in Medway were recorded as having successfully completed treatment compared to a regional average of 42.9% and a national average of 46.7%. The same data source shows even better performance for opiate users with 38% of service users leaving treatment in Medway recorded as having successfully completing treatment compared to a regional average of 32.5% and a national average of 36.1%. However, these data must be treated with some caution given the high re-presentation rates cited [earlier in this chapter](http://www.gold.ac.uk/outreach/open-book/).

\(^{21}\) Further details are available at: [http://www.gold.ac.uk/outreach/open-book/](http://www.gold.ac.uk/outreach/open-book/)
Chapter Five explores the Unmet Needs in the Current Substance Misuse Treatment System.
Chapter 5: Gaps and Unmet Needs

Introduction

The previous chapters have examined the patterns of substance misuse in Medway, described existing treatment services and provided a picture of who is using them. This chapter looks at the gaps in treatment provision and different groups whose needs are not currently being met.

Gaps in treatment provision

The National Treatment Agency does not make definitive recommendations about the range of treatment interventions that should be available in every area. However, it is possible to identify the main modalities via the updated Models of care\textsuperscript{22} and Commissioning for recovery\textsuperscript{23} publications.

The researcher has developed a table of the key treatment interventions from these two documents in order to provide a quick reference summary of the current state of the substance misuse treatment system in Medway. From the analysis of data combined with the views of professional and service users stakeholders, the researcher has made a broad assessment of the availability of each intervention using the classic traffic light approach.

1. Green signifies that the intervention is in place, that there is reasonable local capacity and that access to the service is straightforward.
2. Amber signifies that the intervention does exist in Medway but that there is a lack of capacity and/or access to the service is problematic.
3. Red signifies that this intervention does not currently exist locally.

The table demonstrates that the present substance misuse treatment system in Medway is far from comprehensive. The different interventions are grouped into three main groups and discussed in more detail after the table:

1. Low threshold services
2. Structured treatment
3. Services promoting recovery

\textsuperscript{22} National Treatment Agency for Substance Misuse (2006) Models of care for treatment of adult drug misusers
\textsuperscript{23} National Treatment Agency for Substance Misuse (2010) Commissioning for recovery.
**Figure 7: Substance Misuse Interventions in Medway**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>In place</th>
<th>Access Poor/ Lack of Capacity</th>
<th>Non-existent</th>
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<tbody>
<tr>
<td>Outreach Services</td>
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<tr>
<td>Needle Exchange</td>
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<tr>
<td>Advice/Support Safer injecting</td>
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<tr>
<td>BBV advice &amp; vaccinations</td>
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<tr>
<td>Drop-in Low Threshold Service</td>
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<tr>
<td>Rapid access prescribing</td>
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<tr>
<td>GP/Shared care prescribing</td>
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<tr>
<td>Structured Day Programmes</td>
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<tr>
<td>Psycho-social interventions</td>
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<tr>
<td>Community Detox</td>
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<td></td>
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<tr>
<td>In-patient Detox</td>
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<tr>
<td>Residential Rehabilitation</td>
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<tr>
<td>Aftercare</td>
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<td></td>
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<tr>
<td>Services promoting recovery</td>
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</tbody>
</table>

**Low threshold services**

The single largest group of problematic drug misusers in Medway are heroin users, a large proportion of whom regularly inject, some using shared needles. Since the closure of the Tier 2 service provided by Turning Point, there is little targeted activity aimed at engaging this group in treatment. There is no outreach service, no static needle exchange, no drop-in service and no access to rapid prescribing. Interviewees reported that access to prescribing took typically between 2-4 weeks although KCA are currently in the process of streamlining what is currently a three stage prescribing process (Triage Assessment – Comprehensive Assessment – Doctor’s appointment).

Although there are five pharmacy-based needle exchange schemes, it is unlikely that many new service users will be engaged in treatment from these sites as they do not provide healthcare for abscesses and problematic injecting sites nor are they staffed by drug workers trained in motivational skills.
KCA provide advice and vaccinations for Blood Borne Viruses - 45 individuals received Hepatitis B vaccinations in the first nine months of 2011/12 and 60% of all individuals who had injected at any time have received a Hepatitis C test. However, the lack of a Tier 2 service means that KCA is not able to access large numbers of individuals in need of these services.

Both KCA and Medway Alcohol Service were aware of a number of communities not using treatment services (further details in the next section of this Chapter). Both services lack the resources to target these communities via a dedicated, proactive outreach service.

**Structured treatment**

Most interviewees expressed positive views about the quality of interventions delivered by workers at both KCA and Medway Alcohol Service. Commissioners felt that both providers were responding to requests to maximise throughput of service users and it was generally felt that both providers were usefully extending the range of their interventions.

Both providers deliver most of their interventions at the Healthy Living Centres or GP surgeries which most service users said that they liked for two main reasons:

1. Service provision was very local to them.
2. They preferred to attend a generic service which afforded them some degree of confidentiality and anonymity.

It has already been stated that the DIP complained that it was difficult to engage their service users with KCA. Conversely, KCA interviewees felt that many of the referrals from the DIP were inappropriate for a Tier 3 service. The researcher's assessment is that the fault lies with neither agency but can be attributed to the lack of a Tier 2 Open Access service which would normally be the most appropriate service with which to engage drug users identified via the criminal justice system who were not actively seeking treatment.

Although both providers deliver a range of group work provision, they are both constrained by the lack of appropriate venues.

In fact, the range of structured treatment options for Medway's drug and alcohol misusers is severely constrained.
There is no structured day programme for alcohol and/or drug users.

There are reported to be very few local options for counselling. Local IAPT provision is reported not to accept people who disclose substance misuse problems. Cruse provides a service for individuals to help deal with their experience of bereavement although the waiting list currently stands at between three to six months. There is reported to be some counselling support for people experiencing domestic violence.

Access to inpatient detoxification and residential rehabilitation is difficult and the budget for these forms of treatment was mainly not utilised in 2011/12.

The researcher has identified a number of contributory factors:

- Medway has a culture of heroin users being placed on long term methadone prescribing.
- There has been no culture of recovery until very recently and therefore there is no visible recovery community to encourage and support change. Service users – and indeed providers – spoke in interview about “detox” as a standalone intervention, rather than the more typical view of it being a necessary (for some) first step in a treatment package including residential rehabilitation and tailored aftercare.
- Access to detoxification and rehabilitation services has been very strictly gatekept with very tightly defined criteria. Most interviewees felt that it was very difficult to find service users who met both the competing criteria of having a sufficiently serious dependency and were able to demonstrate significant motivation to change over a sustained period of time.
- The fact that applications were regularly rejected led to a substantial drop in referrals as keyworkers did not want to “set clients up for failure”.

The DAAT and providers have agreed a plan of action to try to address this situation but little substantive progress appears to have been made yet.
**Services promoting recovery**

Medway is a very long way from having a recovery-oriented treatment system and it will require a significant investment in resources and strong leadership over a period of three-five years to tackle the historical culture of “parking” service users on methadone for very long periods of time.

There is no visible recovery community and interviewees commented on the low expectations of many Medway residents across a range of social and economic domains.

However, there are a number of positive recent developments which could contribute towards any new recovery-oriented treatment system:

- KCA has revolutionised its approach to service users, discussing recovery options with them from first contact.
- KCA has recruited two recovery coaches to enable those service users who wish to gain abstinence to achieve it.
- The Air Football scheme has succeeded in engaging a substantial number (50-60) of service users in regular, healthy activity which promotes positive support networks.
- The number of service users participating in MUST is growing steadily.
- Both KCA and MUST are in the early stages of establishing SMART Recovery programmes.
Open Book are developing a local service designed to raise the aspirations of local service users.

The final chapter makes recommendations for how these components can be harnessed to contribute to a more recovery-focused local treatment system.

Having discussed the gaps in service provision, this chapter now focused on different groups of individuals whose needs are currently unmet.

**Dual Diagnosis**

There was a very strong consensus amongst all interviewees (commissioners, providers, partners and service users) that it was extremely problematic for individuals with a dual diagnosis of substance misuse and mental illness to access any help from mental health services.

Provider interviewees consistently reported that it was extremely difficult to get any substance misusing service users accepted by Medway Access Service – the main gateway into mental health care. They felt that only a tiny proportion of individuals met the criteria of being in very high need and at very high risk. There was some sympathy for the Access Service as they were known to be short staffed, but considerable frustration at being unable to access mental health services for drug and alcohol users. One interviewee described the Access Service as being "like a fortress".

A number of different initiatives have been tried to co-work with local mental health services, but none have proved successful. Kent and Medway Partnership Trust has recently developed a protocol for working with individuals with dual diagnosis, although most interviewees doubted that the protocol by itself would drive any improvements in practice.

Medway Alcohol Service does have a dual diagnosis worker who provides a direct service to a small number of service users. There is also a small weekly support group run by Dual Recovery Anonymous.

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24 The researcher made 4 attempts to gain the views of the manager at MAS without success.
BME Communities

Although Medway's population is predominantly White British, there are growing communities of Asian British and East European people who are not yet represented in treatment services – although a small number of Czech and Slovak young people are accessing the young people's service. Different interviewees cited the unmet needs of Roma gypsies and Polish and Ukrainian alcohol misusers.

Geographical areas

Service providers were aware that they had few people in treatment from some locations in Medway. There were particular concerns about the Isle of Grain. Several interviewees also mentioned that there was a high concentration of individuals with multiple problems, typically including substance misuse, in a small area of Chatham, predominantly in accommodation provided by AMAT. There were concerns that it was very difficult for individuals living in these areas to make any progress with their substance misuse problems while living in such an environment.

Sex workers

Several interviewees expressed concerns about the small number of sex workers accessing treatment services. Most stakeholders agreed that the Safe Exit project had been a successful multiagency approach to street sex work, although there was no formal outcome evaluation to underpin these views. However, it was felt that the short-lived project had been more successful at resolving the public nuisance aspects of the sex trade than in engaging substantial numbers of working women in effective substance misuse treatment. There was a consensus that the local sex market had moved off the streets but that there were still significant numbers of drug dependent local sex workers. Two interviewees reported hearing about young women being injected with heroin in the groin by older men working as pimps with the aim of entrapping them into sex work.

Long-term drug users on substitute prescriptions

Although the recent impetus to deliver more recovery-focused services has been seen as a very positive development, there are a substantial number of individuals with complex needs who have been prescribed methadone for many years who are extremely anxious about the possibility of this prescription being discontinued.
Currently, Caring Hands is providing a “safety net service” for large numbers of this client group who are frequently homeless and sometimes roofless.

**Young adults**

Many interviewees were concerned about the lack of services for young people aged 18 – 24 years old. Many people of this age were developing problems with a combination of alcohol, cannabis, cocaine powder and ecstasy (termed ACCE by Prof Howard Parker²⁵). However, the Medway young people’s service is only available to those aged under 18 years and it was not felt appropriate to mix these ACCE users with the dependent drug users attending KCA. Similarly, it was felt that there was no user-friendly service targeted at those who were starting to smoke heroin and that most individuals would inevitably have progressed to injecting before they were engaged in treatment.

²⁵ See for example: [http://www.fead.org.uk/video28/Howard-Parker-on-Young-People-and-the-ACCE-Profile.html](http://www.fead.org.uk/video28/Howard-Parker-on-Young-People-and-the-ACCE-Profile.html)
Chapter 6: Conclusions & Recommendations

Conclusions

Despite the fact that interviewees shared the view that the main treatment providers in Medway are performing at a high level, the overall conclusion of this needs assessment is that Medway does not currently have a treatment system which meets the needs of its main group of problem drug users – those who inject heroin.

There are a number of key treatment interventions which either do not exist locally or which are difficult to access.

There are also a number of groups whose needs are not being addressed – particularly those with a dual diagnosis, people from BME communities, sex workers and the Isle of Grain.

However, the two main substance misuse treatment providers, KCA and Medway Alcohol Service, both deliver good quality services with a growing range of interventions which are increasingly focused on long-term recovery.

The "Windmill" service for pregnant drug and alcohol users demonstrates that effective multi-agency partnerships can be developed within Medway.

There was a strong consensus amongst interviewees that there is a lack of a clear vision of what a modern, recovery-oriented treatment system for Medway should look like and no roadmap to guide the journey.

This lack of strategic vision can be attributed to the fact that Medway took over responsibility for the local commissioning of drug and alcohol treatment services in 2009 and there has been no consistent, full-time DAAT coordinator over the last three years.

Recommendations

The purpose of this needs assessment was to inform the re-commissioning of a substance misuse treatment system for Medway starting in 2013. Therefore, this report ends with a series of recommendations to inform this re-commissioning process. These recommendations are divided into two sections. First, there is a series of recommendations concerning specific issues which need to be addressed
in the tender specification. Secondly, the researcher sets out a number of recommendations on structural and cultural issues which it is suggested should be actively considered during the re-commissioning process.

**Specific issues**

*It is recommended that* a low threshold, rapid access prescribing service is included within the specification and that consideration is given to basing both a static needle exchange and proactive outreach team within this service.

*It is recommended that* any outreach service targets the key communities identified in this report as not currently accessing treatment services (particularly BME communities, residents of the Isle of Grain and sex workers).

*It is recommended that* a wide range of recovery-oriented structured interventions are included within the specification; specifically structured day provision and counselling services.

*It is recommended that* any new treatment system streamlines access to detoxification and residential rehabilitation services. Commissioners may wish to consider allowing key workers to be the prime assessors of suitability for these services with access determined by a swift panel decision. It is suggested that service users are represented on any new panel.

*It is recommended that* after-care services and the development of individual and community recovery capital are key components within the specification for a new drug and alcohol treatment system.

*It is recommended that* although commissioners may wish to prioritise throughput of service users, it will be important that contractual and payment mechanisms do not encourage the premature termination of services to individuals who are recorded as having successfully completed treatment only to relapse and return to services within a very short period of time, as reported *earlier in this study*.

*It is recommended that* a short review is conducted of drug and alcohol treatment services targeted at those involved in the criminal justice system. Any review would need to be conducted in the context of potential plans to extend "test on arrest" to Medway and the fact that the Home Office component of the DIP budgets will be determined by Kent's new Police and Crime Commissioner from April 2013.
However, currently, there is considerable confusion about the nature and range of provision for those on ATRs and DRRs and the present DIP team appears to have a high staff complement in relation to its caseload.

*It is recommended that* the current approach of providing Tier 3 services via healthy living centres and GP surgeries which are extremely accessible and attractive to service users should be maintained. *An associated recommendation is that* active consideration is given to driving the expansion of shared care so that more service users are prescribed by local GPs.\(^{26}\)

*It is recommended that* the needs of young adult drug and alcohol users (aged 18 – 24 years) are taken into account and that consideration is given to commissioning a specific service for this ACCE group. It may be useful to consider whether this service would be most appropriately delivered by the Young People’s Service.

*It is recommended that* the commissioners of the new treatment system take full responsibility for ensuring that there are appropriate premises from which treatment services can be delivered. Premises will need to have sufficient large spaces from which drop-in and group work services can be delivered. There also needs to be informal space where a range of providers and service users can congregate to plan and develop a wide range of activities which support recovery.

**Structural and cultural issues**

**Commissioning**

*It is recommended that* careful consideration is given to the commissioning structure and process. Given the lack of commissioning capacity locally, it is understandable that commissioning responsibility is likely to be transferred back to Kent DAAT. However, it is clear that the patterns of substance misuse in Medway have remained mainly constant and are substantially different\(^ {27}\) from those in the rest of Kent. In addition, the active involvement of a wide range of local statutory and community partners will be a prerequisite to developing a truly recovery-oriented treatment system. If commissioning responsibility does return to Kent, it will be vital that accountability for commissioning decisions remains in Medway.

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\(^{26}\) Only 32 drug users were in shared care provision at the time of this study.

\(^{27}\) One interviewee disputed this perception.
Recovery

The development of a recovery-focused treatment system in Medway is unlikely to come about simply as a result of appropriate commissioning. Before setting out detailed recommendations, it may be helpful to set out the key components of a recovery-oriented treatment system.

What does a recovery-oriented treatment system look like?

Recovery-oriented treatment systems are, by their very nature, particular to their time and place of operation. However, they are easily typically recognised by a number of key components:

- All service users are encouraged to consider recovery as a goal at their first point of contact.
- Recovery systems are responsive to individual needs and prioritise personalised packages of care.
- Service users are encouraged to determine their own goals and care plans with a wide range of support.
- There is a dedicated focus on developing individual and community recovery capital.
- Mutual aid networks are key to sustaining recovery.
- There is need for a holistic approach which addresses education and employment opportunities, housing needs and community acceptance.
- The concept of Recovery and the range of support services needed to underpin it are actively championed locally.

It is recommended that consideration is given to developing and communicating a strategy for raising expectations and aspirations around recovery and general economic and social success in order to combat the long-standing culture that endemic heroin use is to be expected, tolerated and facilitated by long term substitute prescribing patterns. In order for such an approach to be effective there will need to be strong leadership on both a political and executive level.

The change to a recovery-focused treatment system will need substantial investment of time and resources which is probably most effectively achieved via a grassroots approach championed and led via a specifically funded programme. The

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28 Many of which are to be found in NTA (2010) Commissioning for recovery and NTA (2012) Drug treatment in England: the road to recovery
concept of Asset-Based Commissioning is likely to be particularly valuable – building on the capacity, skills, knowledge, connections and potential in Medway’s communities rather than seeking to fix problems.

There are a number of examples of recovery-oriented treatment systems nationally, but it is probably most appropriate and practical to examine the current pilot project delivered by the Royal Society of Arts in West Kent to assess its replicability in Medway.

It will be important to build on the existing recovery work which has recently been developed by KCA, MUST, Air Football and Open Book.

*It is recommended that* service users are placed at the centre of the process for determining the nature of a local recovery-focused approach.

*It is recommended that* the needs and concerns of local opiate users who have been the recipients of long-term methadone prescribing are fully considered in the development of the new treatment system.

**Dual diagnosis**

*It is recommended that* a high priority is placed on addressing the currently unmet needs of the large number of local people with both substance misuse and mental health problems. Although this requires a co-ordinated approach on the part of both commissioners and providers from both sectors, the key responsibility lies with the Kent and Medway Partnership Trust.

*It is recommended that* local political and executive leaders jointly approach KMPT in order to address this issue. It is possible that the recent appointment of a new Chief Executive and the fact that KMPT are seeking foundation status may create opportunities to tackle this long-standing failure.

**Social exclusion in Chatham**

Many interviewees were keen to express the view that the recent concentration of high numbers of individuals with multiple needs in accommodation operated by

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30 The RSA approach is set out in Daddow & Broome (2010) Whole person recovery: a user-centred systems approach to problem drug user. RSA
AMAT in a small geographical area within Chatham had exacerbated local difficulties and made effective recovery even more challenging. It is clear that the substantial reduction in Supporting People funding has contributed to these difficulties since the level of advice and support available to AMAT tenants has been greatly reduced.

Access to affordable accommodation is a major unmet need in many localities. Medway is fortunate in having such a large provision of such housing, but it is clear that its concentration within Chatham is also bringing considerable extra problems.

*It is recommended that* local political and executive leaders open a constructive dialogue with AMAT in order to address this issue. In the medium to long term, it will be important to develop a visible recovery community within Chatham. However, in the short term it is equally important to maximise the opportunities for Chatham residents to achieve their individual recovery goals.

**Concluding Priorities**

In the researcher’s view, it is important to focus on the commissioning of a *system* of drug and alcohol treatment rather than on its separate components. However, given the current deficits in Medway, there is value in highlighting some local key priorities as requested by commissioners:

- An easy access rapid prescribing service
- A needle exchange facility in Chatham
- Greatly improved service for people with dual diagnosis
- An extended range of structured treatment options
- Improved access to residential treatment and aftercare
### Appendix A – List of Stakeholder Interviewees

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Type of interview</th>
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</thead>
<tbody>
<tr>
<td>Richard Adkin</td>
<td>Service Manager, Mental Health</td>
<td>Group</td>
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<tr>
<td>Janeen Allbridge</td>
<td>Princes Trust</td>
<td>Individual</td>
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<tr>
<td>Joe Baden</td>
<td>Open Book</td>
<td>Individual/Group</td>
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<tr>
<td>Susie Bailey</td>
<td>Regional Secure Unit (based in custody)</td>
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<tr>
<td>Cat Bloomfield</td>
<td>423 (The Hub)</td>
<td>Individual</td>
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<tr>
<td>Marty Brogan</td>
<td>Caring Hands</td>
<td>Individual</td>
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<tr>
<td>Jacky Brown</td>
<td>KCA</td>
<td>Individual</td>
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<td>Heidi Butcher</td>
<td>KCA</td>
<td>Individual</td>
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<td>Ralph Coventry</td>
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<td>Mark Cuss</td>
<td>KCA</td>
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<td>Julie Davies</td>
<td>Job Centre Plus</td>
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<td>Jo</td>
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<td>Mark</td>
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<td>Sam</td>
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<td>Louisa Floyd</td>
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<td>Jane Gallacher</td>
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<td>Aeilish Geldenuys</td>
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<td>Ben Gladstone</td>
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<td>Neil Howlett</td>
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<td>Debra Ivison</td>
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<td>Tracey Jones</td>
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<td>Rob Lawrence</td>
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<td>Richard Pike</td>
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<td>Coletter Pinion</td>
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<td>Ian Sandwell</td>
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<td>Amanda Simmons</td>
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<td>Gavin Steadman</td>
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<td>Rupert Turpin</td>
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<tr>
<td>Bryan Ward</td>
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<tr>
<td>Suzanne Whitlock</td>
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<td>Corinne Williamson</td>
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<td>Gayleen Winn</td>
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