Addiction and Substance misuse pathways

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Gordon Morse – statement of interests

• Sole employer Turning Point
• Some unpaid advisory work to the Hepatitis C coalition which lobbies for increased adoption of HCV treatments, sponsored by Pharma.
1. The scope of substance misuse within the UK and within the UK’s medical services
2. Where treatment is available
3. How to access it
4. What treatment is
5. Treatment effectiveness
6. Questions

....all in 30 minutes
1. Scope

- The size
- The cost to health and health services
• In 2015/16 there were 8,621 England hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders.

• There were 15,074 hospital admissions with a primary diagnosis of poisoning by illicit drugs.

• In 2015 there were 2,479 registered deaths related to drug misuse. (England and Wales) Deaths related to drug misuse are at their highest level since comparable records began in 1993.
....and Alcohol....

(Alcohol Concern)

- In the UK, in 2015 there were 8,758 alcohol-related deaths (around 14 per 100,000 people). The mortality rates are highest among people aged 55-64.
- In England, there are an estimated 595,131 dependent drinkers (>30 per GP), of whom only 108,696 are currently accessing treatment.
- Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year-olds in the UK, and the fifth biggest risk factor across all ages.
- Alcohol harms are estimated to cost the NHS around £3.5 billion annually.
Alcohol misuse damages health

- Heart disease or irregular heartbeat
- Stroke
- Depression and anxiety
- Cancer of the mouth, throat, oesophagus or larynx
- Breast cancer in women
- Liver cirrhosis and liver cancer
- High blood pressure
- Reduced fertility
- Pancreatitis
- Harm to unborn babies
- Reduced fertility
- High blood pressure
Drug misuse damages health

- Poor vein health among injectors
- Lung damage from drugs and tobacco
- Depression, anxiety, psychosis and personality disorder
- Cardiovascular disease
- Overdose and drug poisoning
- Blood-borne viruses among injectors
- Arthritis and immobility among injectors
- Liver damage from undiagnosed or untreated hepatitis C
Alcohol and drug deaths

Alcohol misuse leads to many deaths

21,485 people died from alcohol-related causes in 2012

Deaths from alcohol-related liver disease have doubled since 1980

Deaths among heroin users are 10 times the death rate in the general population

Deaths involving new drugs and some prescription medicines are rising

A quarter of all deaths among 16-24 year old men are attributable to alcohol
The annual cost of alcohol-related harm

- Total cost to society: £21bn
- Crime in England: £11bn
- NHS in England: £3.5bn
- Lost productivity in UK: £7bn
The annual cost of drug addiction

Every year it costs society

£15.4bn

- Any heroin or crack user not in treatment commits crime costing an average £26,074 a year
- Every year drug misuse costs the NHS in England £488m
- Annual cost of looking after drug using parents’ children who have been taken into care is £42.5m
2. Where to get treatment
## Where to get treatment

| Voluntary agencies                                      | • advice  
|                                                         | • signposting  
|                                                         | • linking with benefits advice, housing, legal advice etc  
|                                                         | • 12 step fellowships  
| Primary Care                                            | • Health advice  
|                                                         | • Shared care  
|                                                         | • Brief interventions  
|                                                         | • Referral to acute care, mental health services, specialist substance misuse treatment providers etc  
| NHS physical and mental healthcare                     | • Crisis intervention healthcare  
|                                                         | • (limited) signposting and referral  
| Specialist substance misuse services                   | • (may have originally been voluntary/charity etc – increasingly LA funded)  
|                                                         | • “one stop shop” advice, harm reduction, signposting, abstinence maintenance, aftercare  
| Residential “rehab”                                     | • Almost always abstinence based  
|                                                         | • Usually independent (charitable or private)  
|                                                         | • Usually 12 step affiliated  
|                                                         | • Are a one-off event  

3. How to get treatment

Voluntary agencies
- Self referral

Primary Care
- Self referral
- Referred from other NHS body

NHS physical and mental healthcare
- A&E
- Referred by GP
- Referred from mental health to acute health or vice versa

Specialist substance misuse services
- Self referred
- Referred from anyone in the healthcare spectrum
- Referred by the Courts and/or police

Residential “rehab”
- Self referred if self funding
- Referred from specialist community services according to resources and referral criteria
3. How to get treatment

Voluntary agencies

Primary Care

NHS physical and mental healthcare

Specialist substance misuse services

Residential “rehab”
3. How to get treatment

Voluntary agencies

Primary Care

NHS physical and mental healthcare

Specialist substance misuse services

Patient (directed by the Courts or Social Services)

Residential “rehab”
4. What treatment is

Specialist substance misuse services
...a “one stop shop” where an individual or his/her family/carer should be able to get or access whatever help, support or evidence-based intervention that they need and/or are open to at the time, which solely aims at improving the health and wellbeing of that individual.
Who provide it

Specialist substance misuse services

• Every Local Authority is responsible (via PHE) for commissioning such a service
• Most are now provided by non NHS organisations on a commission lasting a few years, through competitive tender
• Subject to extreme scrutiny from performance data and CQC
• Specialist staff usually include doctors, psychologists, nurses, a range of trained specialist workers – and are supported by management teams
What it involves

Specialist substance misuse services

• **Assessment** (and re-assessment)
• Structured evidence-based interventions
• Co-working with other healthcare providers, social services, employment and housing agencies as appropriate
• Maintaining motivation and ambition for a healthier, more fulfilling and independent life
Alcohol interventions

- Advice
- Brief interventions

- Motivational enhancement
- Computer-guided CBT

- “sobriety sampling”
- Community detox
- Residential detox

- Abstinence support
- Engagement with mutual aid
- Limited prescribing
Opiate interventions

- Advice, sexual health, safer injecting etc
- BBV screening
- Needle exchange

- OST prescribing
- Naloxone
- Motivational enhancement and other PSIs

- Community detox
- Referral to residential rehab
- Referral to mutual aid
5. Treatment effectiveness
Investing in alcohol interventions saves money

- Every 5,000 patients screened in primary care may prevent 67 A&E visits and 61 hospital admissions
  - Costs £25,000
  - Saves £90,000

- One alcohol liaison nurse can prevent 97 A&E visits and 57 hospital admissions
  - Costs £60,000
  - Saves £90,000

- Every 100 alcohol-dependent people treated can prevent 18 A&E visits and 22 hospital admissions
  - Costs £40,000
  - Saves £60,000
Investing in drug treatment cuts crime and saves money

£1 = £2.50

Every £1 spent on drug treatment saves £2.50 in costs to society

Drug treatment prevents an estimated 4.9m crimes every year

Treatment saves an estimated £960m costs to the public, businesses, criminal justice and the NHS
Drug and alcohol interventions lead to better public health outcomes

- Successful completion of drug treatment
- Alcohol-related admissions to hospital
- People entering prison with substance dependence issues who are previously not known to community treatment

- Pupil absence
- First time entrants to the youth justice system
- Sickness absence rate
- Mortality rate from causes considered preventable
- Under-75 mortality rate from liver disease

- People presenting with HIV at a late stage of infection
- Self-reported wellbeing
- People in prison who have a mental illness or significant mental illness
- Statutory homelessness
- Re-offending levels
- 16-18 year olds not in education, employment or training

PHOF indicator domains
- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality
that’s enough

Questions?
Answers?