A Summary of Phoenix Futures

DRUG RELATED DEATHS STRATEGY; HOPE AND OPPORTUNITY

PHOENIX FUTURES

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HOPE AND OPPORTUNITY:
EXEC SUMMARY

The following report describes the creation of Phoenix's Drug Related Deaths Strategy over the last 6 years. We have highlighted the influences, principles and key strategic actions of our bio-psycho-social approach.

KEY STRATEGIC ACTIONS INCLUDE -

1) At Service level

- Care Standards
- Co-existing mental health
- Treatment Models
- Outcome monitoring and analysis

2) Organisation level

- Data systems
- Capturing data
- Governance
- Naloxone
- Inclusivity
- Aftercare

3) Society level

- Addressing stigma

INTRODUCTION

This report is a brief summary of Phoenix's strategy to protect people at risk of drug related death. It is a preventative approach informed by the lived experience of people who have lost their lives to addiction, and people in recovery.

For more than 50 years Phoenix has helped people, families, and communities recover from drug and alcohol problems. As a psychosocial provision specialist, we have a particular focus on the interrelation of social factors, and thoughts and behaviours, that could lead to harm.

This psychosocial focus does not mean that we disagree with any other evidence-based strategies to reduce the harms of addiction, rather we have developed a strategy that focuses on what we can do within our core expertise and influence.

The causes of drug related deaths are complex, but there is plenty of insight and data within the addiction sector, and beyond, that means immediate action can be taken that will prevent harm and save lives.

We believe that addiction is treatable and every death from addiction is a tragedy. Engagement of people in treatment and support, whether formal or informal and in any form that works for them, is vital. As the name of our strategy indicates we believe hope is a life-saving factor. As a society we must create genuine opportunity for all people affected by addiction to live happy and healthy lives.

Our strategy defines some of the key actions we believe foster hope and opportunity.

We have been working to this strategy for the last 6 years and we make it public now in order to add to the shared knowledge on this issue.

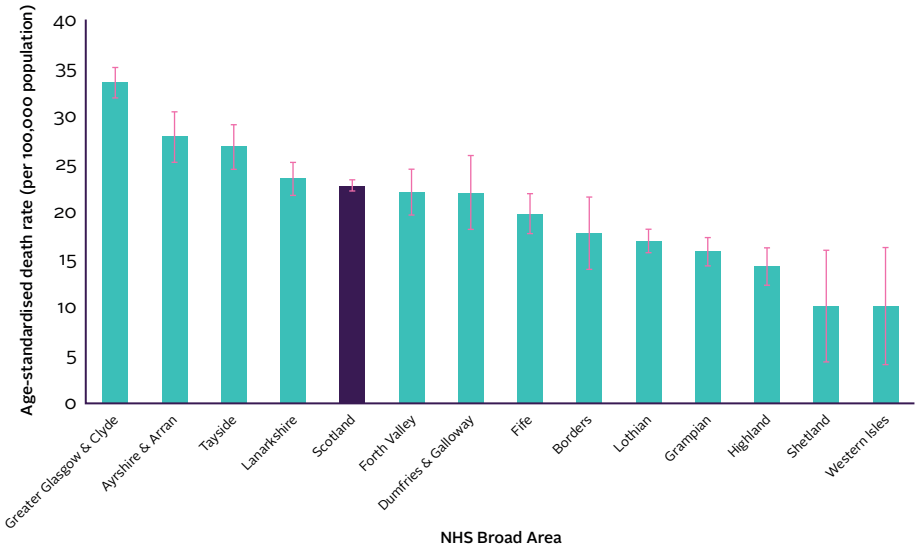
CONTEXT

The severe cuts to national drug treatment funding throughout the austerity period have exacerbated drug related deaths and diminished the capacity of the drug treatment sector. The covid pandemic further increased health inequality and social isolation. With drug related deaths at record levels we now face a psychosocial crisis driven by the cost of living crisis.

The overall bleak picture of record high national drug related deaths can be clarified by looking at who is at greatest risk.

In summary, there are clear regional variations across and within UK nations. As can be seen in the variance in deaths per 100,000 population across NHS Boards in Scotland.

Drug misuse deaths for selected NHS Scotland Board Areas, age-standardised death rates per 100,000 population, 2017-2021.



Source: National Records of Scotland

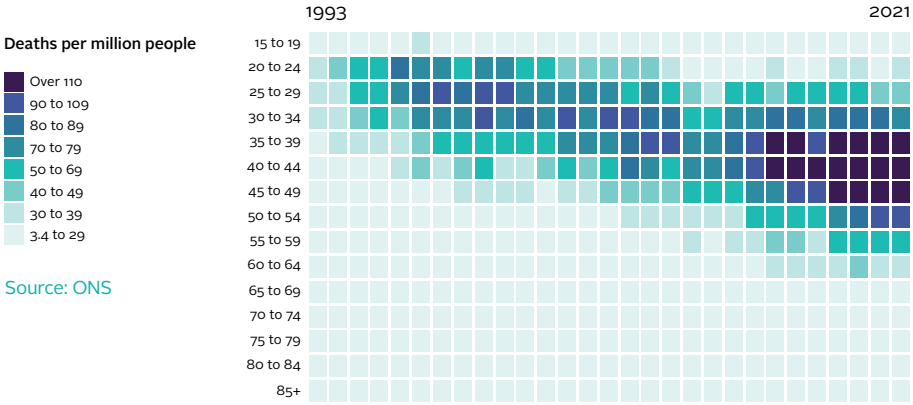
And furthermore, in England's marked north/south divide.

Source: Office for National Statistics - Deaths related to drug poisoning in England and Wales

As a multi-local provider, Phoenix is well placed to target people at increased risk on a hyper-local basis. In practice, this means empowering our local teams to innovate and collaborate freely to understand and target people with defined risk characteristics.

Within these high-risk areas, social and demographic insights further illustrate the risk, for example highlighting that at especially high at risk are men aged 45 to 49. As see in the table below.

Age-specific mortality rates for deaths related to drug misuse, by age group, England and Wales, registered between 1993 and 2021.



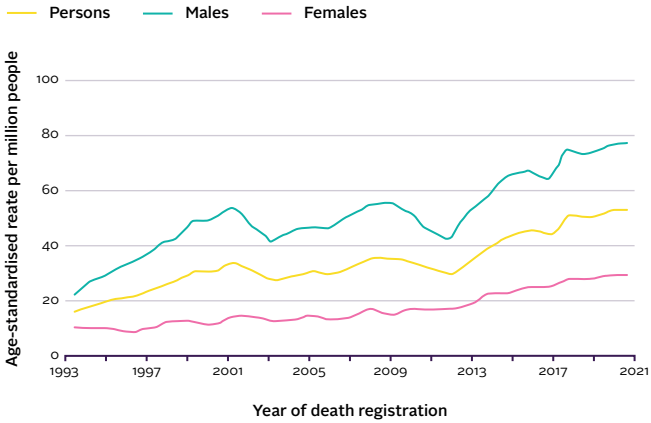
Source: ONS

As the table above illustrates people born in the 1970s are are at highest risk from death related to drug misuse. It should be noted that drug dependence and poisoning also accounted for 1 in 6 of deaths among people in their 20s and 30s. The graph below shows that whilst men are at highest risk, there has also been a steady growth in the number of women dying per annum since the late 1990s.

Rates of drug misuse deaths increased in 2021

Age-standardised mortality rates for deaths related to drug misuse, by sex, England and Wales, registered between 1993 and 2021.

Source: ONS



Furthermore, a range of research has given further insight into risks related to drug use, health, life stage, life events, social and treatment journey factors.

Example Indicators of Enhanced Risk	Factors related to risk
Drug use	Drug type, poly drug use risks, using alone, previous overdose
Health	Co-existing mental health, generally poor health, self-care, nutrition
Life stage and Life event	ACES, trauma, bereavement, child separation, ageing, relationship breakdown, loss of employment
Treatment journey	Delays to accessing treatment, regional variations in treatment availability, new to treatment, moving between settings
Social factors	Housing, employment, social networks, family influences

The regional variations in drug related deaths mirror areas of entrenched deprivation and poor health. Post-industrial cities in Scotland and northern England and coastal areas across England being areas of particular risk.

CASE STUDY 1: DERBY CITY

Having identified a high risk of drug related deaths in Derby amongst women who have experienced multiple traumatic experiences Phoenix have worked in partnership to develop a specialist approach to supporting women at risk.

The approach typically supports those women who meet several of the following criteria; experience of domestic violence, chaotic drug use, history of multiple adverse childhood experiences and experience of child removal.

There is a sliding level of intensity of delivery according to risk factors such as safeguarding concerns, homelessness/insecure housing, domestic abuse risk, mental health needs, self-care and engagement with services.

The approach is supported by dedicated roles with capped small caseloads including:

- Women at Risk Worker - providing a mixture of practical and emotional regulation support. The worker ensures end-to-end care coordination for women by working in partnership with key stakeholders.
- Specialist Pregnancy Worker - providing specialist support to pregnant women and up to 6 months post-natal.
- Women's Criminal Justice Worker - whose role is to improve continuity of treatment from custody and prison into community treatment supporting people up to 6 months post-custody.
- Women's Worker - focuses on women with drug issues who do not meet the thresholds of higher intensity support, but who nonetheless require additional support due to their socio-economic position.

This work is coordinated by specialists in women's treatment with a dedicated Women's Treatment Co-ordinator within a defined programme of psychosocial support.

One of the outcomes of this approach has been creating an improvement in women's Quality of Life (as measured by the score on the Treatment Outcomes Profile) on par with the national average, despite these women starting off with a significantly lower quality of life score.

EFFECTS OF FUNDING CUTS

We have been dismayed to see that over the last 10 years funding cuts have disproportionately affected; a) the highest risk areas of the country, b) people at greatest risk from severe harm and c) the most protective treatments.

This has been evidenced in our Making Rehab Work report*, whereby taking residential treatment as a clear (but not exclusive) example, we can see the wide disparities in availability of treatment for people with more complex and multiple disadvantage. Put simply, whilst we know who is at greatest risk, the streets on which they live and the support that will save lives, the will to save lives has not been evident in government policy.

This is now changing. In England, the Dame Carol Black report and the 2021 UK Drug Strategy 'From Harm to Hope' have started to address these issues. As has the national mission to address drug related deaths in Scotland launched by the First Minister of Scotland.

There is now a geographically and demographically defined target for national action. We are pleased to see that these latest policies seek to end the postcode lottery of treatment availability and quality. We believe treatment and harm reduction should be available, attractive and effective for all. Furthermore, as a society me must recognise that people affected by addiction have as much right to life saving healthcare as people affected by any other health condition.

We look forward to the promised increase in funding and focus in the drug treatment sector leading to a reduction of historic health discrimination.

DEVELOPING OUR STRATEGY

In 2016 we profiled our treatment population using the population segmentation tool Mosaic. In conjunction with our own treatment data this enabled us to see variances in drug treatment need and outcomes by postcode.

We were able to rank all postcodes across the UK with a risk characteristic. This clearly showed the areas of lowest recovery capital represent the highest prevalence of addiction and the poorest treatment outcomes.

A timeline of our strategy:

- 2016 - Treatment population segmentation
- 2017 - Learning from NHS/CV report 'Improving Clinical Responses to Drug Related Deaths'
- 2018 - ONS Deep Dive Learnings
- 2018 - Phoenix launch drug deaths action plan
- 2019 - Created Clinical Interventions department
- 2020 - Learning from 'Deaths of Despair'
- 2022 - Phoenix launch 'Drug related deaths strategy'

*Report available at www.Phoenix-Futures.org.uk

We followed up this work in 2017 with the publication of the Collective Voice and NHS report 'Improving Clinical Responses to Drug Related Deaths' and the updated 'Drug misuse and dependence: UK guidelines on clinical management'. In 2018 we revisited the strategy using the ONS deep dive data derived from coroners' records. Along with a number of supporting sources of data this led to our initial action plan to address drug related deaths.

In 2019 we created a Clinical Intervention department to develop our approach to trauma and co-existing mental health and in 2020 took inspiration from Deaths of Despair (Anne Case and Angus Deaton) which looked at the social and economic drivers of rising death rates among Americans from drug overdoses, suicide, and alcoholic liver disease.

CASE STUDY 2: THE COUNTY OF ESSEX

Working with Essex County Council we identified the need for a multi-disciplinary approach to identify and support people who are at increased risk. This includes people who were homeless, offending and had substance use issues, with mental health and poverty also being common factors.

Following a 12-month evaluated pilot this approach has now been rolled out across the 12 districts of the county.

The approach provides a dedicated team to support each person across all their needs, not just their substance use. The team act as the care co-ordinator ensuring people are supported to access the full range of services they need. In addition, a personalised fund allows the team to support the individual with basic essentials such as underwear, food, sleeping bags/bedding and clothing.

The team lead on multi-disciplinary meetings across the county bringing together substance use, housing, social care, physical health, mental health, well-being services and local charities.

This approach is supported by a commissioning approach whereby all services use the same case management system and county-wide information sharing agreements.

A dedicated prison link worker supports all people on prison release to Essex, both in-custody and post release. They provide support for all needs including support to register with a GP as well as accessing housing, mental health, physical health and social care needs.

Furthermore, using this approach

- Drug and Alcohol use reduced by approx. 70%
- Mental Health improved by approx. 70%
- Offending Behaviour improved by around 30%

HOPE AND OPPORTUNITY

Hope and Opportunity are key themes within our strategy. Our treatment population segmentation showed in 2016 a significantly higher prevalence of addiction within a defined segment of people who were more likely to agree with the statement;

"little can be done to change life"

If we define hope as;

'an optimistic state of mind that is based on an expectation of positive outcomes with respect to events and circumstances in one's life or the world at large'.

Then, it is clear that the support we offer must make hope possible for people at greatest risk of the harms of addiction.

A key focus of our service provision is therefore the development of self-efficacy.

"the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations."

Key principles of our strategy are:

- Treatment saves lives every day
- We will expand access to treatment
- We aim to make treatment attractive continuously improve our quality of care
- We believe addiction is a Bio-psycho-social condition and therefore our approach to reducing drug related deaths must be Bio-psycho-social in nature
- All our services should offer hope through supporting the development of self-efficacy
- Improve partnership working with the wider health and social care system

CASE STUDY 3: NEW OAKWOOD LODGE

Traditionally residential drug treatment services have had limited capability to support people with co-existing mental health and substance use needs.

We know this combination of needs puts people at increased risk of drug related death. 92% of residential treatment clients have a mental health need and 67% a diagnosed mental health condition.

This has meant that people who find it difficult to access the care they need in the community, were also missing out on the opportunity to access residential treatment. A well-planned residential treatment pathway reduces risk, increases well-being and overall health outcomes for people with more complex and multiple needs.

Therefore, in consultation with referrers, commissioners and people who use community and residential services we developed an Enhanced Therapeutic Community model. This approach supports people with co-existing mental health and substance use with a dedicated team of therapeutic workers and counsellors, in an environment purposefully designed to support mental wellbeing.

SUMMARY STRATEGIC ACTIONS

The follow actions are not exhaustive but give an indication of the key steps we are taking to reduce the risk of drug related deaths.

1) At Service level

Care Standards - We have created a set of 40 detailed standards of care that are aligned to the UK Guidelines on Clinical Management and evidence of measures shown to reduce drug related deaths. All services have been assessed against the standards to ensure compliance.

Co-existing mental health – We provide enhanced assessment and support for people with co-existing addiction and mental health.

Treatment Models – All treatment models are developed with input from Phoenix's Clinical Interventions department and co-production groups, to ensure psychological expertise and lived experience are represented.

Outcome monitoring and analysis – We have created and are piloting a bespoke outcome monitoring tool that better enables analysis of treatment outcomes against an evidence-based set of defined criteria.

2) Organisation level

Data systems - We are reviewing the process for flagging people who may be at higher risk from drug related deaths, so that enhanced support can be offered through proactive outreach and enhanced care coordination.

Capturing data - We have updated our death review process to capture information about any joint death reviews, learning across local partnerships and enhanced root cause analysis training to maximise learning from deaths.

Governance - We have created defined workstream to support practice development and learning throughout our Clinical Governance structure.

Naloxone - We have ensured each service has a documented Naloxone provision plan covering supply and training.

Inclusivity - We have identified variances variances in treatment outcomes by characteristics of people who use services in order to identify under-served and under-represented populations.

Aftercare – We are seeking to develop an enhanced aftercare support for all services including evidence-based techniques for re-engagement in treatment.

3) Society level

Addressing stigma – We are working with partner charities to develop a stigma reduction campaign that uses lived experiences of good and poor practise to improve access to the resources that support health and wellbeing.

*Report available at www.Phoenix-Futures.org.uk