

# How can opioid substitution therapy (and drug treatment and recovery systems) be optimised to maximise recovery outcomes for service users?

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The Government thanks the Advisory Council on the Misuse of Drugs (ACMD) for its advice of November 2014 and October 2015 on the questions the Government raised in relation to opioid substitution therapy (OST). I recognise the commission for this work fell outside of the annual commissioning process and I am grateful for the flexibility demonstrated by the council to progress this advice alongside existing commitments.

The Government has considered the ACMD's advice carefully and below set out the range of work we are taking forward to address it.

## **Introduction**

Helping people to recover from dependence on drugs is a principle that sits at the heart of the Government's balanced approach to drugs. In order to achieve this ambition, we will continue to shape national policies, support local commissioning, and encourage services to deliver the coordinated support that people need to fulfil their potential.

## **Opioid substitution therapy**

The Government recognises that the treatment and wider support that people receive needs to be tailored to an individual's needs and circumstances. For many people who have become dependent on heroin, the treatment journey at some point will include opioid substitution therapy (OST). OST has a widely-recognised and evidenced protective effect in helping to reduce deaths from overdoses, and in reducing other harms caused by drug use. OST has helped many people to recover from dependence on heroin. In order to help understand how OST can best contribute to a person's recovery, the Government commissioned advice from ACMD on time-limiting and optimising OST. The ACMD has produced unequivocal advice,

in line with the strong international evidence base, against time-limiting OST, which the Government accepts in full. Premature cessation of OST exposes more people to heightened risk of relapsing into heroin use, with a likely increase in crime, the spread of blood-borne viruses, and death. The Government is also grateful to the ACMD for its extensive review on how OST can contribute to helping people achieve recovery, and how it can be optimised to improve outcomes for all service users who are prescribed it.

OST is for many an important element of their pathway to recovery, which can be a long and challenging journey. For people to achieve and sustain freedom from drug dependence the Government recognises the need for high quality treatment interventions as well as wider recovery support, including stable employment and housing, to enable people to build and maintain their recovery and live a life free from drugs.

In addition, advice to clinicians working in drug services has been published alongside the Government Drugs Strategy. The **UK guidelines on the clinical management of drug misuse and dependence** have been reviewed and updated by an independent expert group, chaired by Professor Sir John Strang on behalf of the four UK Health Departments. The expert group has considered the issues raised by the ACMD and taken account of its advice in framing the guidelines for clinicians. Public Health England (PHE) has provided secretariat support to the expert group and is/will support the implementation of the Guidelines by local areas in England as part of its 2017/18 work plan.

### **Employment support**

As the ACMD has noted, improving employment outcomes will be fundamental to helping more people to achieve and sustain recovery. The Government commissioned Professor Dame Carol Black to undertake an independent review into how best to support benefit claimants with potentially treatable conditions, such as obesity or drug and alcohol dependency, back into work. Dame Carol's review was published on 5 December 2016. The report recommends further exploration into ways people dependent on drugs and alcohol can be helped to find work, and improved joined-up working between work and health services. It also looks at the

role of employers in helping secure good employment opportunities for people who have struggled with substance misuse and dependence. The recommendations are now being taken forward through *Improving Lives: Helping Workless Families*, published in April 2017.

In addition, the Government's **See Potential** campaign aims to showcase the talents and business benefits of hiring people from disadvantaged groups. These include ex-offenders, care leavers, people rehabilitating from drug or alcohol dependency and homeless people. It challenges negative misconceptions of people who face barriers to employment and encourages employers to recruit more of them. The Government's position is that those in treatment (including those on OST) can, and should, be supported into employment. For some people, this may mean engaging in some form of meaningful activity, such as volunteering, education and training, to develop experience and confidence before moving into employment if they are able to.

### **Future Challenges and Trends**

The ACMD's recommendation to undertake modelling to provide insight into **future challenges and trends** was taken forward by PHE, which was commissioned by the Department of Health to undertake a review of the evidence on what can be expected of the drug treatment and recovery system, and to provide advice to inform future policy. PHE published its evidence review in January 2017, and a specific component examined how the ageing heroin using population and changing patterns of drug use are likely to impact on how drug treatment will need to be configured and resourced over the next five years.

The Government is grateful to the ACMD for convening a working group to consider problems for older drug users. Once complete, this will inform policy and services in this regard. PHE is also developing guidance, in partnership with NHS England, to support local areas to effectively meet the needs of people with co-existing mental health and substance misuse problems, and they are planning to publish this guidance this summer. The ACMD's recommendations and the findings of its recently published evidence review have informed PHE's current and future work programme in relation to supporting the quality of OST.

The work outlined above highlights how central Government will develop national policies and support local areas with their recovery-orientated support in light of the ACMD's advice. Other relevant activity is highlighted below.

### **Public Health Grant and local authority commissioning**

The Government has confirmed the continuation of the Public Health Grant to Local Authorities (LAs) to 2018/19. The condition that LAs have regard to the need to improve the take up of, and outcomes from, drug and alcohol services will be maintained during this period. We are considering how to give effect to the ACMD's recommendations in relation to local investment and approaches to commissioning treatment services. It has not yet been agreed how current grant conditions and mandatory requirements will be transposed into new regulations that will operate in a full business rates retention funding model.

We agree with the ACMD on the need for transparency in relation to expenditure data. The Chartered Institute of Public Finance and Accountancy (CIPFA) has amended the financial information which LAs are required to provide on their use of the Public Health Grant for the Department for Communities and Local Government's local authority revenue expenditure and financing statistics. These changes will allow clearer identification of LA spend on drug treatment.

The Government welcomes the ACMD's advice to local commissioners. Local assessment of need is important in ensuring that services are designed to be appropriate to the local area. Commissioners have an important role in stimulating the market, promoting innovation and cost effectiveness, increasing the accountability of services, and promoting system redesign. Retendering the provision of services is an important tool in meeting local need, improving quality, safety and effectiveness, and can also lead to efficiencies through the consolidation of contracts. However, the process can be complex and in some instances it has not achieved desired outcomes quickly enough, sometimes generating unplanned consequences, as noted by ACMD. Whilst local areas must remain compliant with relevant regulations, commissioners also have a broad range of other mechanisms at their disposal to enhance quality and outcomes.

### **CQC, NICE and NDTMS reports**

The Government welcomes the ACMD's advice on the roles of the Care Quality Commission (CQC) and the National Institute for Health and Care Excellence (NICE) alongside the other work described above, to drive improvement in recovery-oriented OST. The CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety, and publishes the findings. The CQC can also take appropriate enforcement action. Its role is vital in maintaining the quality of healthcare and it continues to enhance its capacity in relation to substance misuse services, developing its expertise, providing more training and support to its inspectors and improving its intelligence on services. The CQC is working closely with PHE to develop its intelligence on services through more stakeholder engagement and data sharing with PHE to inform inspections.

PHE supports local areas through promoting evidence based practice and is working to make local areas' drug and alcohol treatment outcomes more transparent through the publication of accessible data on its [Healthier Lives](#) data platform. NICE is working to ensure that the vital set of guidelines to support drug treatment commissioning and practice is up to date and comprehensive. NICE is also working to ensure that its guidance is accessible to local authorities through its suite of local authority briefings. PHE, with the aid of feedback surveys, regularly reviews the data reports, including data packs for Joint Strategic Needs Assessments which it provides for local areas. It has also developed and launched "View It", a tool which allows services and commissioners to access data more easily and create bespoke reports to meet their specific needs. PHE is in the process of planning further development of "View It". PHE has also recently consulted with stakeholders as part of a review of the data reports it produces, to ensure that they appropriately meet their needs and is developing plans to respond to its findings.

### **Care pathways**

The Government welcomes the ACMD's advice on the design of care pathways so that an individual service user can access OST and abstinence-based treatment as appropriate at different stages of their journey to recovery. The Government is clear that access to abstinence-based pathways, including residential rehabilitation, is an

essential part of local treatment systems and should be available to people who need it. Many people with alcohol and drug problems need access to this type of treatment and these services have a good track record in helping people to recover from dependency. Intensive rehabilitation programmes are available through the development of locally commissioned recovery houses and non-residential rehabilitation programmes, and many local authorities are making these available to people in their areas with alcohol and drug problems.

### **Social Impact Bonds**

Through the Life Chances Fund, up to £30m of funding has been made available to help tackle dependency using social impact bonds. Since its launch in July 2016, the fund has supported the continued development of twelve projects on drug and alcohol dependency and a final decision on which projects will be funded will be taken this year. More broadly, we know that there are a range of charities and social enterprises that are developing and delivering innovative ways of tackling drug and alcohol dependence. We want to partner with those organisations that have real evidence that these interventions can have an impact.

### **Wider local systems (including prisons)**

Post-treatment recovery support is important for many people in helping them to sustain their recovery. PHE has developed advice for local areas on facilitating access to mutual aid and made changes to the National Drug Treatment Monitoring System to better capture recovery support, both during and after structured treatment.

In November 2016, the Government launched a white paper on Prison Safety and Reform and it remains committed to ensuring that treatment pathways for offenders are of the same high quality as for those people who are not in contact with the criminal justice system. We recognise that people are particularly vulnerable in the period immediately following release from custody and will continue to seek improvement in the continuity of care during these periods of transition. PHE is working with criminal justice partners and treatment providers to develop a diagnostic tool that supports a systematic approach to identifying weakness in the

substance misuse continuity of care pathway between custody to community, to improve post-release treatment engagement.

## **Research**

The Government fully acknowledges the importance of research in developing a better understanding of effective recovery orientated interventions, and we have funded a number of research studies on aspects of treatment and recovery in recent years, through the National Institute for Health Research (NIHR) which supports applied evaluative research with the aim of improving patient and user health and the care that they receive. Research funded by the NIHR generates evidence to support decision making by professionals, policy makers and patients. Researchers with an interest in investigating effective recovery orientated treatment are all welcome to apply to the NIHR for research funding. All funding applications to the NIHR are rigorously assessed on the basis of competition and independent peer review. In addition, the UK is participating in the European Research Area Network on Illicit Drugs, through which the Department of Health has made funding available to UK researchers.

## **Conclusion**

The ACMD's thorough exploration of the issues in relation to optimising OST has been most valuable, both in highlighting the roles and responsibilities of the various agencies and organisations involved and in helping to map what needs to be done if we are to empower everyone in treatment to realise their full potential.