

Diamorphine Assisted Treatment (DAT)

A NEW GROUND-BREAKING TREATMENT FOR
LONG-TERM HEROIN USERS IN MIDDLESBROUGH

Diamorphine Assisted Treatment – Why Now, Why Middlesbrough?

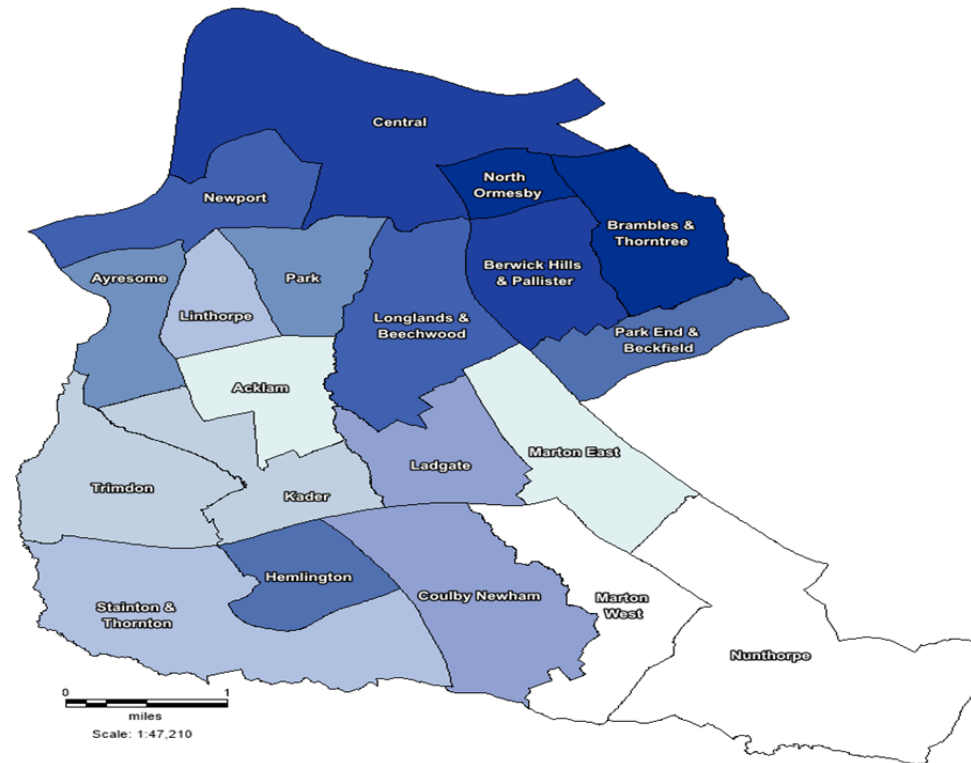


Middlesbrough Local Authority is the most deprived local authority in England

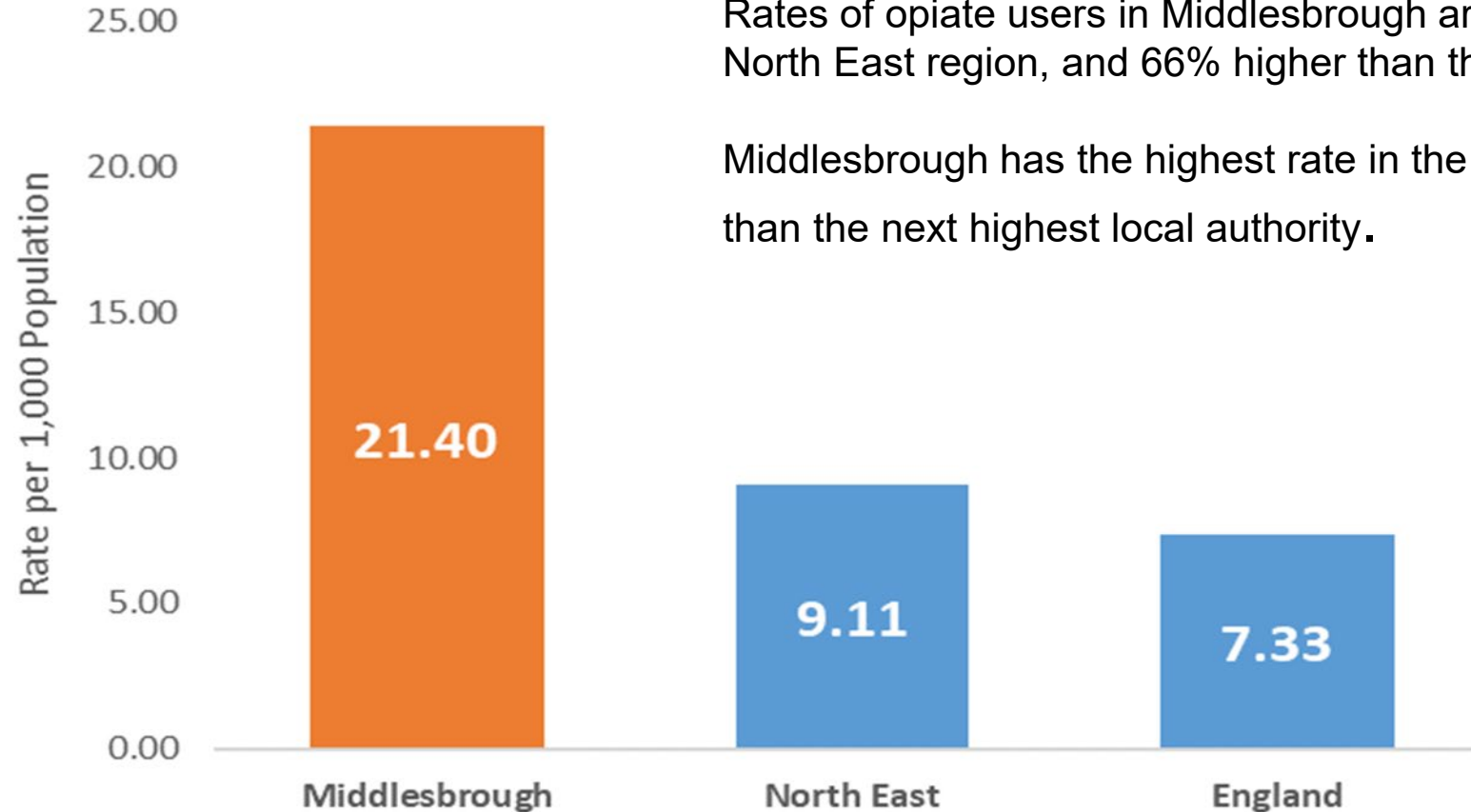
Middlesbrough is the Local Authority containing the highest proportion of areas which are considered the 'most deprived'.

Of the wards in Middlesbrough, North Ormesby is the most deprived, and is the second most deprived in England.

49% of areas in Middlesbrough fall into this 'most deprived' category.



Heroin Use in Middlesbrough



Rates of opiate users in Middlesbrough are 57% higher than in the North East region, and 66% higher than the England rate.

Middlesbrough has the highest rate in the country – 21% higher than the next highest local authority.

Drug Related Deaths



	2016-18	Numbers	Rate
1	Blackpool	69	17.7
2	Norwich	52	13.6
3	Barrow-in-Furness	24	13.4
4	Hartlepool	34	13.1
5	Middlesbrough	48	12.8
6	Burnley	30	12.4
7	Liverpool	151	11.5
8	Scarborough	28	10.7
9	Gosport	25	10.3
10	Gateshead	60	10.1

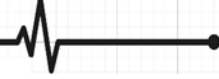
Stockton-on-Tees	56	10
Redcar and Cleveland	35	9.4

	2017-19	Numbers	Rate
1	Blackpool	73	18.9
2	Middlesbrough	60	16.3
3	Hartlepool	39	15.5
4	Scarborough	32	11.9
5	Stoke-on-Trent	82	11.5
6	Norwich	44	11.4
7	Barrow-in-Furness	20	11.1
8	Liverpool	145	11.0
9	Redcar and Cleveland	40	11.0
10	Gosport	25	10.6

13	Stockton-on-Tees	57	10.1
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Health problems

YOU CAN'T RECOVER
IF YOU'RE DEAD



- Average age of patients is registered is 38
- Asthma 200% above the national average
- COPD 225% above the national average
- Mental health 193% above the national average
- Stroke/TIA- 50% above the national average
- High levels of Hepatitis C
- Palliative care 211% above the national average

Health problems



Evidence based practice – Failure to benefit

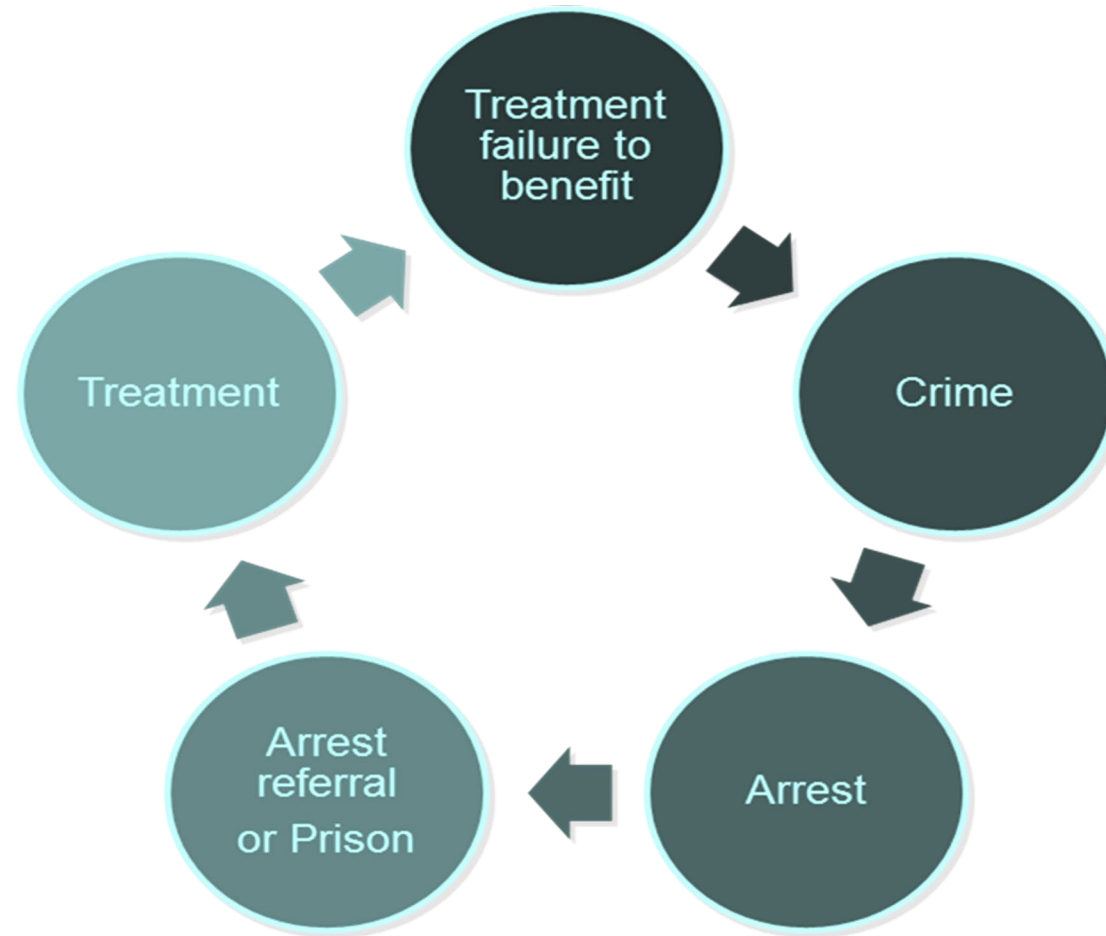


“Heroin addiction is commonly treated with oral methadone maintenance substitution, but about 5–10% of people addicted to heroin who remain in treatment fail to benefit and continue to inject heroin on a regular basis.”

Byford 2013



Evidence based practice – Failure to benefit



Evidence based practice – Responding to failure to benefit

”For this chronic group who persistently fail to benefit from conventional treatments, evidence exists to support the effectiveness of treatment with supervised medicinal heroin (diamorphine) as a second-line treatment for chronic heroin use”

Byford 2013

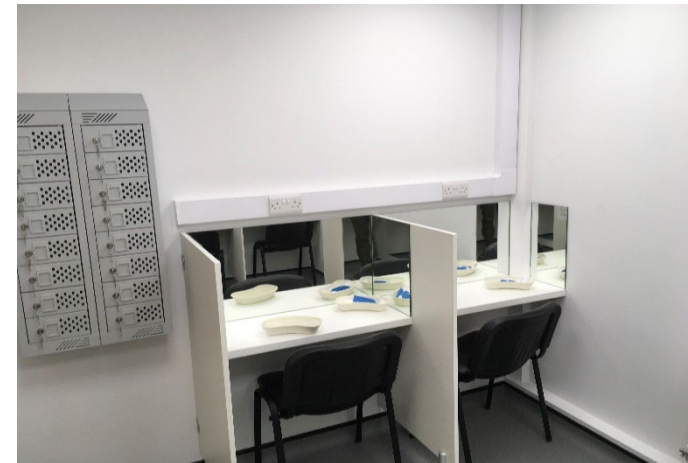


Diamorphine Assisted Treatment: Aims and Outcomes



Programme Outline

- Integrated programme
- Go Live Date – 15th October 2019
- Over 3 years operating
- Patients attend twice daily for administration of medication
- Wrap around support



Diamorphine Assisted Treatment Walk Through



Diamorphine Assisted Treatment: Research



DAT – Yr 1 Independent evaluation



1. Engagement and retention
2. Street drug usage
3. Biopsychosocial outcomes
4. Crime
5. Impact of the COVID-19 pandemic



DAT – Engagement and Retention



High Levels of Engagement

- A high level of attendance was observed for all sessions (97%)
- The majority of individuals (9 out of 14) attended the clinic daily

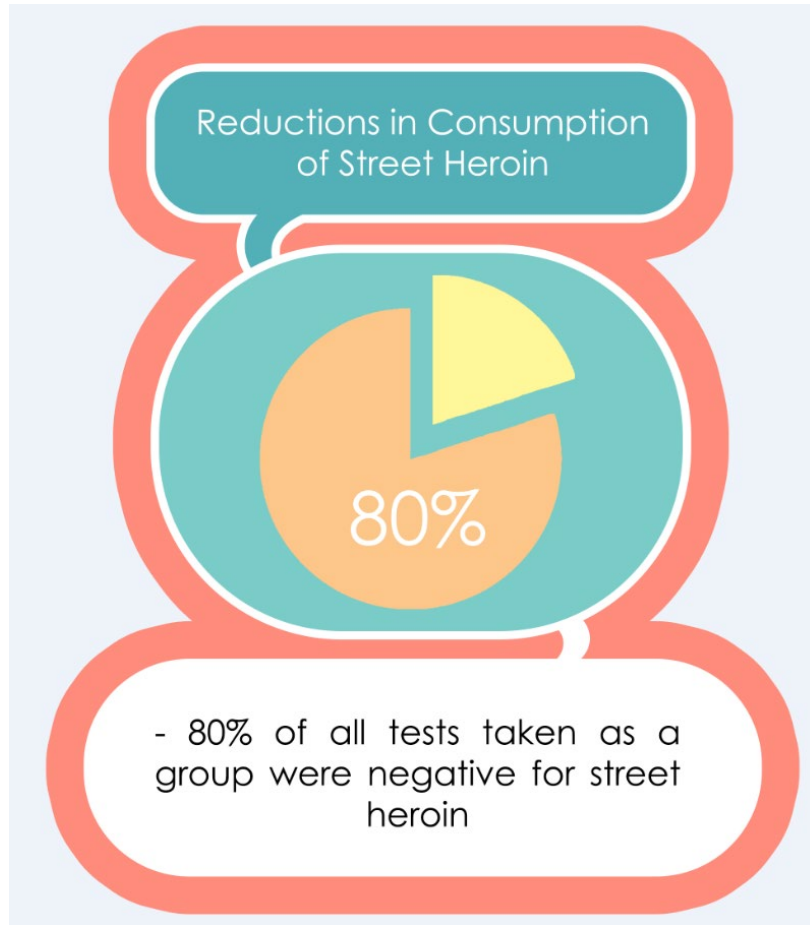


Reduction in Need for HAT

- Some individuals have already moved to reducing dose of diamorphine

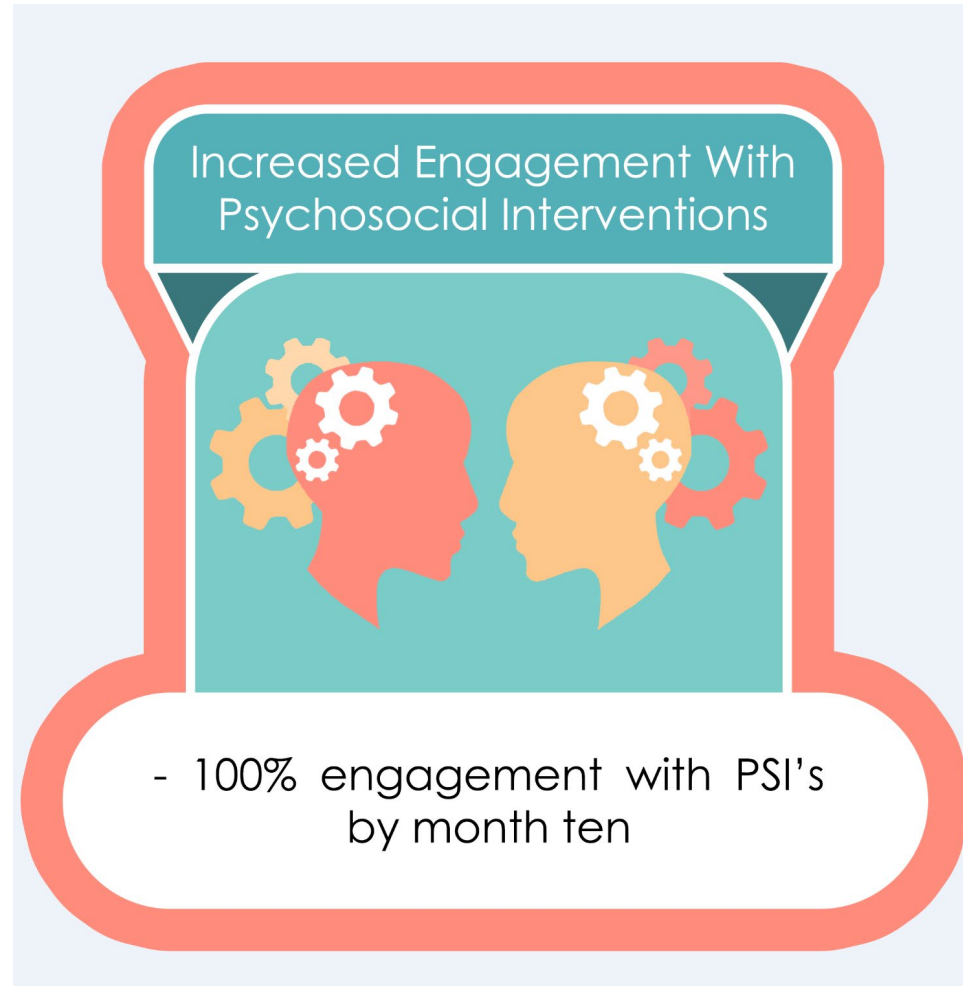


DAT – Street Drug Use



- **No Drug Related Deaths**
- **Many individuals completely abstinent** from street heroin for large periods of time: four that have been on pilot for 12 months.
- **Reduction in harm** from poor injecting practices: on entry 3 individuals reported visiting hospital for a new wound or infection in the previous 4 weeks, which reduced to 0 throughout the pilot
- Some individuals engage well but return some positive street heroin tests, but then **reduce their consumption overall.**

DAT – Psychosocial Outcomes



DAT – Psychosocial Outcomes



Improvements in Physical and Psychological Health

- For year-long participants, wellbeing scores (SWEMWBS) increase by over 91%, from 'probable depression' to 'above the average population'



Improvements in Physical and Psychological Health

- Marked increases also seen in self-reported physical health, psychological health and quality of life scores, which increased by month 12 by (100%, 261% and 218%, respectively)

DAT – Psychosocial Outcomes



Improvements in Secure Housing

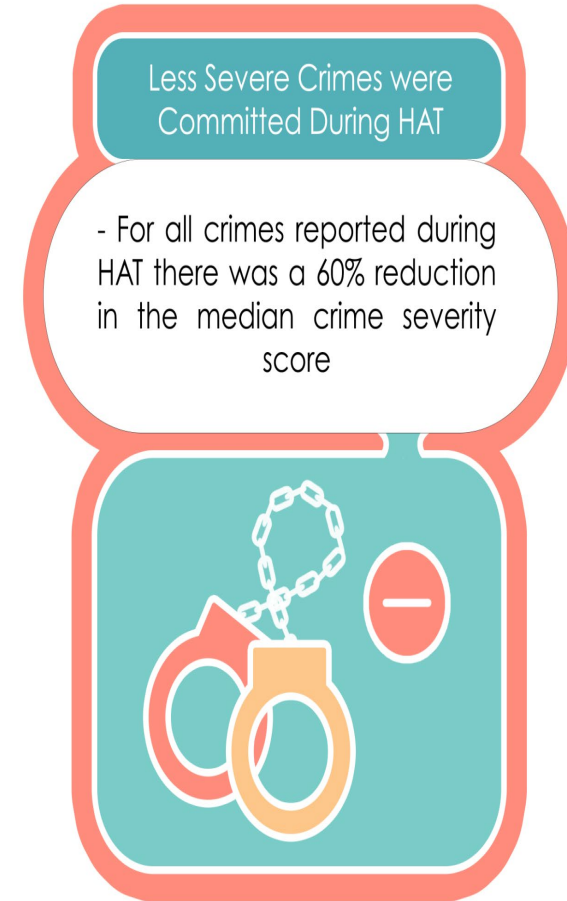


- The majority of individuals reporting being in secure accommodation, with no individuals reporting sleeping rough

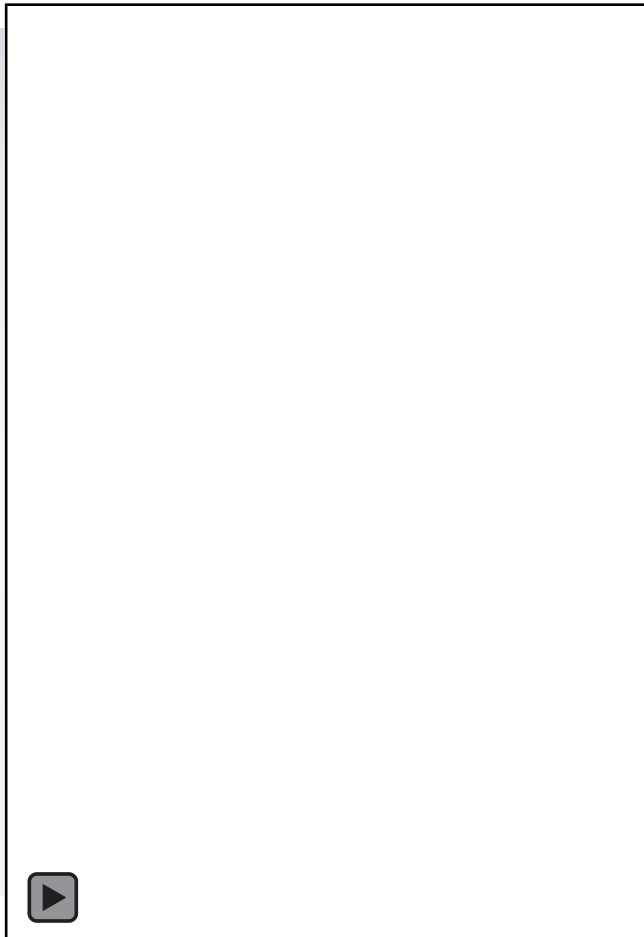
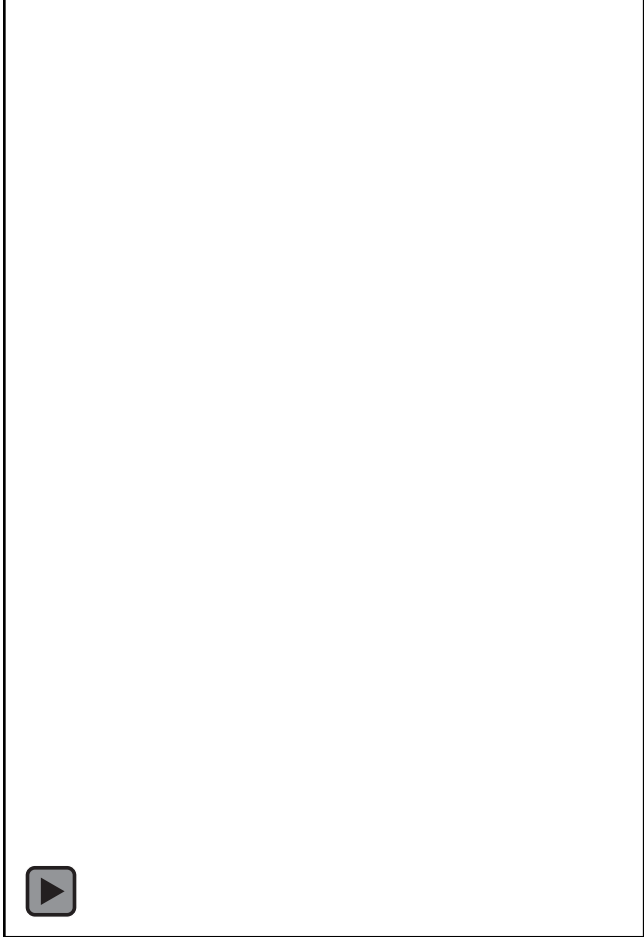
DAT – Crime



- This group was characterised by long term, entrenched offending behaviour.
- Average ‘offending career’ of 19 years
- Total accumulated prison time of 52 years



Participants feedback



DAT – Its too expensive?



- £16.50 per person per day for the medication
- Approx £6.5k per year per person for medication
- Approx £30k per person per year
- Approx £300k per year for 10 people



FAILURE!