

Rotherham CGL Drug & Alcohol Treatment and Recovery Service

Presented by
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Date: 29/11/2018



Our goal is to help service users regain control, change the direction of their lives, grow as a person and live life to its full potential.

Successful Opiate completions



Defined by Public Health England as:-

 drug free, alcohol free or occasional user (not opiate/crack) discharges in the previous 12 months as a proportion of all clients in treatment in that period (latest treatment journey used)

Representations defined by Public England as:-

all drug free, alcohol free and occasional user (not opiate/crack) discharges 6-12 months ago who have represented within 6 months as a proportion of all drug free, alcohol free and occasional user (not) discharges 6-12 months ago (latest treatment journey used)

Rotherham's performance



Since April 2018 – Contract commencement

Month	Opiate successful exits	Representations
April	5	2 (June & Sept)
May	7	0
June	1	0
July	4	0
August	1	0
September	2	0
October	9	0

Our Approach: Evidence based optimised prescribing



- Staff training and education events Using data and service information
- Medication dose review for all service users Highlighting those on 30ml
 Methadone or less daily or 6mg Buprenorphine or less daily and not using illicitly on top
- Reduction and detox options discussed with service users
- A number of models of detox and reduction- Service user lead and clinically safe – Our primary detox offer is a 2 week front loaded buprenorphine detox with intensive wraparound PSI and clinical support – Detox takes 12 weeks from commencement to completion
- Engagement with Shared Care Practices Same offer with GP's offering the detox or a reduction (less then 12 weeks) – this is supported by the Shared Care worker in the practice
- A clear offer for sustained recovery through Foundations of Recovery and support from peer mentors, Mutual Aid and the recovery service



To continue to support service users through a range of clinical and Psychosocial interventions aimed at supporting individuals to successfully exit patterns of addiction and ongoing prescribing into sustained and positive recovery and abstinence from opiates and medication.

To deliver on Rotherham's ambition to pull the rate of recovery from opiate dependance up to that in comparable areas of England—1.5% year on year is the improvement needed to do this — but starting from a challenging position.



Any Questions?



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