

REVIEW OF DRUG TREATMENT AND REHABILITATION SERVICES: SUMMARY AND ACTIONS

1. INTRODUCTION

1.1 Review Process

A “Partnership for a Better Scotland” committed the Scottish Executive to reviewing and investing additional resources in drug treatment and rehabilitation services across Scotland. This reflected our concerns about a continuing rise in drug related deaths and unacceptable waiting times for services as well as our determination to ensure that the Executive’s additional investment of £34m in treatment and rehabilitation services over the 3 years to 2003-04 was helping people to become and remain drug free and cutting the levels of drug related crime on our streets.

The Executive consulted widely with external stakeholders including Scotland’s 22 Drug Action Teams and leading voluntary groups in the drugs field in identifying the issues and opportunities faced by treatment and rehabilitation services. The consultation was supplemented by data from the 2004/5 corporate action plans of the Drug Action Teams, a National Prevalence study commissioned from Centre for Drug Misuse Research at the University of Glasgow and an analysis of the Scottish Drug Misuse Database (1998/9 – 2003/4).

1.2 Scope

The ultimate aim of drug treatment and rehabilitation is to help individuals sustain drug free lives. The treatment process to achieve this goal can however vary and involve a wide range of interventions in both community and residential settings. These may often be offered in combination with each other and include:

- *Residential Crisis / Respite care:* offering emergency intervention in short-stay accommodation for people who may have particularly dangerous and chaotic lifestyles and who may be suffering from a wide-range of physical and mental health problems.
- *Residential Rehabilitation:* usually lasting anywhere between three months to one year and typically involving intensive psycho-social support. Programmes vary in their philosophy, duration and intensity and may include interventions such as 1 to 1 counselling, group therapy, relapse prevention and cognitive behaviour therapy.
- *Community Rehabilitation:* delivering packages of support delivered within communities on family, social, housing and financial issues as well as the process of preparing individuals for education, training and employment.
- *Substitute Prescribing:* administering medication to a drug-dependent person to encourage them to cease intake of dangerous, illicit drugs and, wherever possible, to reduce high-risk poly-drug misuse and injecting behaviour. Substitute drugs used in Scotland include methadone, buprenorphine, dihydrocodeine and naltrexone.

- *Self-help Programmes*: approaches such as the 12 steps programme used by Narcotics Anonymous that can be provided in both community and residential settings. Addiction is regarded as a disease, which can be arrested but not cured and the process aims to rebuild self-esteem and self-worth and to use spiritual strength as a way of countering the effects of drug misuse.

Detoxification services offer a gateway to long term care programmes aimed at ensuring long term abstinence and takes place in both community and residential settings. Detoxification can be supported by drugs such as naltrexone, lofexidine, methadone and buprenorphine. In addition to these treatment approaches, Scotland has a long history of providing needle exchange, sterile paraphernalia and advice aimed at reducing the spread of both HIV, and other blood-borne viruses, notably Hepatitis C. These services are ostensibly about reducing harm but they are regarded as a primary route to attract the most problematic drug misusers into more mainstream treatment interventions.

2. TREATMENT WORKS

2.1 The Treatment Journey

An individual's drug misuse may co-exist with a range of mental health problems, physical health problems and issues such as homelessness, unemployment, social and financial problems. Each individual will have different motivations and aspirations, different patterns and levels of drug misuse and each will respond differently to treatment and rehabilitation interventions.

The treatment journey can be long and complicated given the range and severity of the problems faced by many drug users. Despite the care they are given and their motivation to rid themselves of their drug habits, many of those who enter services will drop out of their care programme or may be prone to relapse once that programme has been completed, often because the range of associated problems have not been addressed. International evidence on community detoxification programmes for example suggest relapse rates of between 19 % - 83 % and a pattern of unsuccessful attempts to come off illicit drugs is often common before long term abstinence is achieved successfully. Continuing support within the community, whether a client is undertaking community based treatment or returning to the community following a residential programme is essential in helping to sustain long term abstinence.

2.2 Evidence Base

There is a large international evidence base supporting different types of treatment. The Executive has taken a lead in identifying this evidence and disseminating to practitioners across Scotland in a series of publications including:

- *Integrated Care for Drug Users: Principles and Practice* , September 2002
- *Mind the Gaps: Meeting the Needs of People with Co-occurring Mental Health and Substance Misuse Problem*, October 2003
- *Moving On Update: Education, Training and Employment for Recovering Drug Users*, October 2003
- *Getting Our Priorities Right: Working with Children and Families Affected by Substance Misuse*, February 2003

2.3 Outcomes

The Drug Outcome Research in Scotland (DORIS) study, undertaken by the University of Glasgow Centre for Drug Misuse Research follows a cohort of 1007 drug users, interviewed on an 8 monthly cycle, to see what progress they are making once they have contacted drug treatment and rehabilitation services. The findings show that at both the 8 and 16 month stage following initial treatment, the percentage of respondents using heroin, cannabis, crack cocaine, cocaine, ecstasy and amphetamines had all fallen and there were significant reductions in high risk injecting behaviour, improved periods of abstinence from illicit drugs and marked improvements in drug misusers perceptions of improvements to their health. The study also reported a reduction in all the forms of criminal behaviour on which the researchers collected data and some early encouraging signs about employment and accommodation status. On the down side however, there was little reported change in terms of alcohol problems.

3. DRUG TREATMENT IN SCOTLAND

3.1 Treatment services

Figures from the Scottish Drug Misuse Database show that 12,657 “new clients” entered treatment services in the year to end March 2004. This represents an 8 % increase over the previous year and a 21 % increase since 1999-00. People reporting to services came from a wide range of age groups and ranged from those that had started experimenting with drugs fairly recently, through to individuals with long histories of chaotic, poly drug misuse.

The number of both residential and non residential treatment services in Scotland has expanded significantly over the past few years on the back of the additional investment by the Executive. In 2003/4 there were 238 non residential services, of which 41 % are found in the Argyll and Clyde, Greater Glasgow and Edinburgh City Drug Action Team areas. These offer a range of services from low intensity advice and support through to high intensity crisis management and detoxification services and included services designed for particular social groups. Since 1999/00, there has also been a gradual expansion of shared care, the joint participation of drugs services, GPs and community pharmacists in the care of drug misusers with 676 GP practices and 829 pharmacies signed up to the local shared care schemes by 2003/04. A total number of 198 needle and syringe facilities in 2003/04 were reported in 2003/4, a considerable increase on previous years.

In 2003/4 there were 29 residential services across Scotland, a 38 % increase since 1999/00, of which 64 % have a remit covering both drugs and alcohol. Services were reported in 12 of Scotland’s 22 drug action team areas but all but 5 drug action teams reported sending clients to residential rehabilitation services outside of their immediate area. Residential services can vary from dedicated facilities such as Castle Craig in Peeblesshire to residential beds within acute psychiatric units.

3.2 Funding

In 2003 /4 the Executive provided £28.8 million of direct funding to support drug treatment and rehabilitation services. This comprised:

- £17 million “ring fenced” treatment funding through NHS Boards
- £6.8 million for drug rehabilitation within the GAE for local authorities
- £ 2 million to support criminal justice treatment interventions in the community
- £ 3 million for prison based treatment

In addition to this, the 2003/4 Corporate Action Plans from the Drug Action Teams estimate additional spend on treatment and rehabilitation services of some £13.5 million by NHS Boards and around £13 million by local authorities, although some of this will focus on tackling both drugs and alcohol misuse. £2.2 million was also made available for local projects to encourage drug users back into training and employment

3.3 Challenges

Despite this generally positive picture of service expansion, the Review has identified a series of challenges for the future development of drug treatment services across Scotland.

Access to services It is clear that much more needs to be done to help those who want to be helped to obtain rapid access to appropriate and on-going treatment and rehabilitation. Many services are already operating at full capacity and waiting times remain unacceptably high in some parts of Scotland. There is also a danger that in some areas waiting times may increase, at least in the short term, if GPs chose not to offer an “enhanced service” for drug users under the terms of their new contract

Treatment Options Since there is no such thing as a “one size fits all” approach to drug treatment, it follows that drug users in all areas should be able to access a broad range of services including community and residential services where these are judged appropriate to clinical and individual need. There are relatively few crisis/respite beds and we need to ensure that we address concerns about the availability of psychiatric services given the evidence that psycho-social support can improve the effectiveness of community based treatment programmes. Treatment services will also need to ensure that they are able to cope with the growth in cocaine and crack usage and the increasing numbers of older drug users who may have serious and multiple medical and other problems in addition to substance misuse.

Integration of services Further and faster progress needs to be made in the delivery of integrated care. Whilst good progress is being made in areas as contrasting as Glasgow and the Western Isles, there is still more to be done to bring services closer together so that they can deliver effective person centred care. Training, education and employment opportunities in particular offer real incentives for recovery and reintegration into communities and we need to ensure that such opportunities are made available as an integral part of the treatment process. Families play a key role in treatment and rehabilitation and we need to seek innovative solutions for involving them in sensitive ways in the delivery of drug treatment programmes.

Quality of services If a drug user accesses treatment anywhere in Scotland we need to ensure that the care offered reflects appropriate, evidence based practice. Clinical decisions must be taken locally on the basis of individual need, but we need to ensure that clinical and other guidance continues to reflect best practice and provide the necessary support in order to deliver consistent standards of care across the country

Drug-related deaths Although drug related deaths fell back in 2003, there can be no room for complacency. Effective treatment services can play a significant part in reducing this tragic loss of life but these will also need to be underpinned by a continuing commitment to acting upon the evidence base and targeting high risk situations such as release from custody. We also need to ensure that we continue to respond to the health risks of blood borne viruses and provide the information, advice and support that can help reduce risks of transmission amongst chaotic users who continue to engage in high risk injecting practices

Accountability We need to ensure that current and future investment gets through to frontline services and produces results. The lines of accountability between the Executive, Drug Action Teams and local service providers have become blurred and whilst our

information systems have improved recently with the introduction of a national approach to monitoring waiting times we have further to go in making them fully fit for purpose as a reliable basis for effective performance management at both national and local level.

4. ACTION TO DELIVER

Strategic Framework

The choice of treatment must remain a matter for clinical judgement based upon the assessed needs of the particular client. However, the Executive has a clear role to play in helping people end their use of illegal drugs:

- Setting the clear strategic framework and the standards and outcomes expected from the financial investment it makes;
- Ensuring that best practice guidance is available to support such standards;
- Agreeing the plans made by local service commissioners to deliver improvements over a clear and specific timeframe;
- Assessing the effectiveness and value for money from current and future investment of public funds.

Meeting this challenge will require effective partnership working with key local and national organisations, in order to deliver effective, high quality treatment services, challenge inappropriate differences in the priority accorded to tackling drug misuse and deliver best value for our significant investment in this area. The following plan sets out the actions that are required to achieve this:

Action Plan

1. Improving Access and Increasing Options

- We will reduce waiting times through better service integration, information sharing and targeted investment on the back of local improvement plans for waiting times which commit drug action teams to bring forward for approval stretching but realistic timetables for ensuring that drug users are offered an assessment and are able to start the appropriate form of treatment within appropriate fixed timescales of their care plan having been agreed

We will widen and improve the range of interventions available locally so that there is more patient choice and introduce Service Level Agreements with local NHS Boards and local authorities which commit them to providing access to different types of community and residential services which reflect the needs of the individual drug users

- We will, as part of our forthcoming Criminal Justice Plan, fund the roll-out of Drug Treatment and Testing Orders to remaining courts to achieve Scotland-wide coverage by June 2005
- We will place more emphasis on intensive work within prisons in respecifying our current approach to addictions treatment and will further improve the links between community and prison based services on both admission and release.

2. Improving Service Quality and Consistency

- We will develop National Care Standards, including working as appropriate, with other UK Health Departments to update clinical guidelines on treating drug dependence in order to improve the quality and consistency of treatment interventions.
- We will carry out external audits of services, to provide an independent overview of service quality, delivery and integration the range of local providers.
- We will provide better training opportunities for practitioners at both generalist and more specialised levels in order to help retain staff, improve service quality and aid professional development.
- We will work with Drug Action Teams to monitor the roll out of alternative service models developed as a result of the new GP and pharmacy contacts in order to ensure they meet anticipated care standards.
- We will work with Drug Action Teams to shift the focus from the identification to the implementation of best practice guidance

3. Integrating Service Delivery

- We will improve links between treatment and services providing wider packages of social care including housing, debt counselling, children's services and services which prepare recovered and recovering users for "routes out" into education, training and employment
- We will promote innovative schemes to help recovering and recovered drug users back into employment working within the context of the Executive's overarching employability and health improvement strategies.
- We will support drugs services in identifying the potentially vulnerable children of drug misusing parents and support treatment services in meeting the challenges outlined in the Executive's response to "Hidden Harm".

4. Reducing Drug Related Deaths

- We will complete the current national investigation into drug related deaths and ensure that the lessons learned are disseminated widely to practitioners throughout Scotland
- We will develop a, targeted information campaign to highlight the serious risks from injecting
- We will monitor the impact of best practice initiatives in other countries and ask the Scottish Advisory Committee on Drug Misuse to consider the potential case for widening availability of Naloxone in order to counter the effects of heroin overdose.
- We will continue to support the First Aid training initiative recently announced by Scottish Drugs Forum

5. Increased Funding and Better Accountability

- We will invest an additional £6m per annum in treatment services from 2005/6 on top of the additional £2.25 million m p.a. introduced this year. This will bring direct Executive funding for treatment and rehabilitation services via NHS Boards and Local Authorities to £32.5 million p.a.
- We will link future funding allocations to clear improvements in treatment capacity and service quality
- We will reduce and refresh existing targets for treatment and rehabilitation to focus on service capacity, access and outcomes and invest in the information systems required to introduce and support such measurement
- We will review the work and impact made by Scotland's Drug and Alcohol Action Teams as part of our ongoing commitment to ensuring best value from our investment in tackling drugs in Scotland