

戒毒輔導專業證書 -
英國戒毒治療服務的評估及實證為本”

Certificate Course in Drug Counselling

29th Oct 2013 (2:00 p.m. to 5 p.m.)

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Content

1. NHS Reform and Changing Landscape
2. Public Health Approach
3. Principles of New Drug Strategy 2010
4. Models of Care and Components of Effective Treatment Service
5. Alcohol Commissioning and evidence-based approach
6. Successful Critical Factors
7. Future Trends of Substance Misuse
8. Challenges

National Health Service Reform

- Reforms to the National Health Service, Criminal Justice and Benefits System
- A commitment to £81bn of public spending cuts
- Market Approach – competition & choice, procurement, contracting, accountability, value for money and payments by result
- Public Service Ethos – based on needs rather than finance
- Delay in progress during transition (i.e., 2 years)
- Preservation of standards, governance, expertise and corporate memories

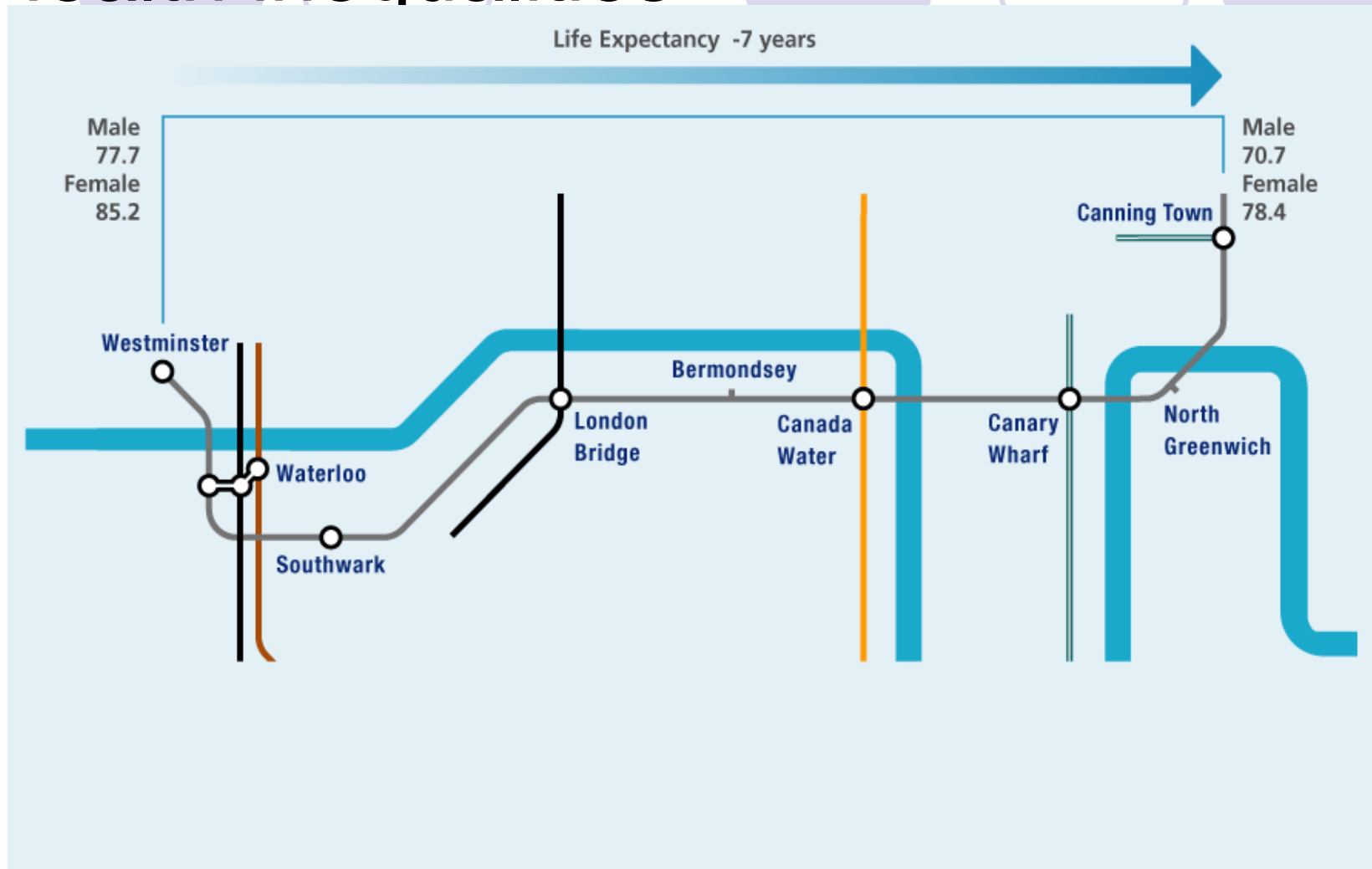
Changing Landscape

- NHS Reform 2010 and its implementation from April 2013
- Changes include:
 - NHS England Commissioning Board (NHSCB)
 - Public Health England (PHE)
 - Clinical Commissioning Group (CCG)
 - Local Government Taking Responsibility for Public Health
 - Centre for Health and Social Care Data

Map of London Boroughs



Health inequalities



Policy Changes: Public Health Strategy

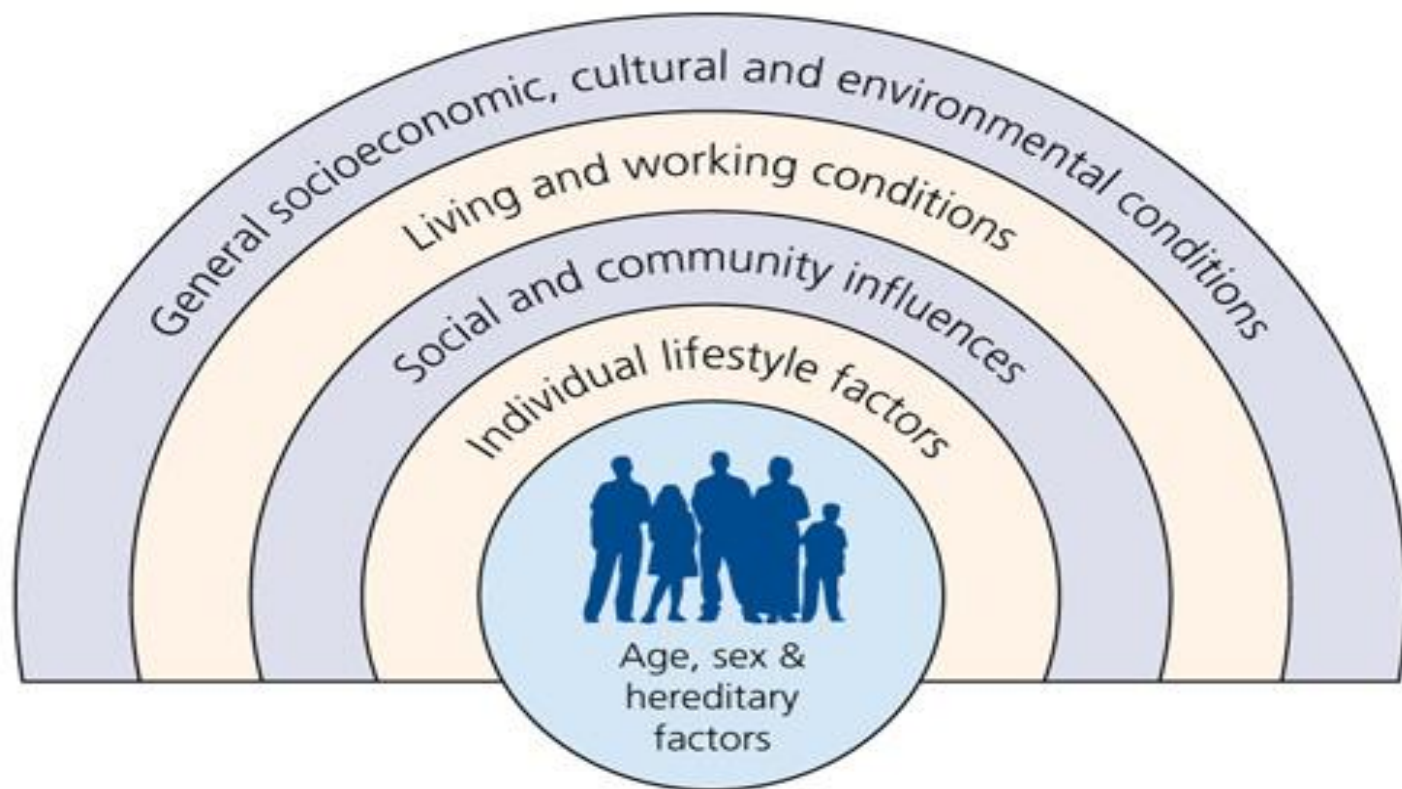


- Preventative Care in England
- Addressing issues of health inequality
- Health Promotion
- Health Improvement
- Commissioning Support – population study and evidence
- Ring-fenced public health budget
- Relocating to Local Authorities

Public Health Approach

- is population based
- emphasises collective responsibility for health, its protection and disease prevention
- recognises the key role of the state, linked to a concern for the underlying socio-economic and wider determinants of health, as well as disease
- emphasises partnerships with all those who contribute to the health of the population.

The determinants of health



Drug Policy: fundamental concepts

- War on Drugs Vs Health-oriented approach
- Harm Reduction Vs Recovery/ Abstinence
- Control Vs Care
- Needs Vs Market Approach

Policy Changes: New Drug Strategy 2010

- Focus on preventing drug and alcohol misuse in communities
- Put responsibility on individuals
- A holistic approach: taking account factors of offending, debts, benefits, employment and housing
- Building recovery in communities
- Stakeholder Engagement and Partnership
Working Payment by Results

Components of Effective Treatment Service

- Provide a package of care from access, intensive interventions to planned discharge
- Be sensitive to the person and his/her cultural, social and economic background
- Focus on the aspiration (i.e., recovery and social reintegration) and put service users at the heart of the services user-led support
- Multi-agency joint working and information-sharing protocols
- Be mindful of the complexity of the problems, interface with physical and mental health, criminal offence, families, housing, education and employment.
- Clinical governance, safeguarding, quality reassurance and Workforce Training

What constitutes Effective Treatment System?

- Integrated care pathways
- Clinical Governance and Monitoring Structure
- Safeguarding Vulnerable Adults, Children and Families
- Information Sharing Protocols and Consents
- Stakeholder Engagement and Effective Communication
- Empowering Service Users, Families and Carers
- Open Transparency and Accountability

Models of Care 2004/2009

- Provides the framework required to achieve equity, parity and consistency in the commissioning and provision of substance misuse treatment and care in England.
- Advocates a systems approach to meeting the multiple needs of drug and alcohol misusers.
- Reflects professional consensus of ‘what works best’ for drug misusers, resulting from an extensive consultative process.
- Based upon current evidence, guidance, quality standards and good practice in drug treatment in England.

Definition of Treatment

- *This term describes a range of interventions that are intended to remedy an identified drug-related problem or condition relating to a person's physical, psychological or social (including legal) well-being.*
- *Structured drug treatment follows assessment and is delivered according to a care plan, with clear goals, which is regularly reviewed with the client. It may comprise a number of concurrent or sequential treatment interventions.*



Four-Tier Treatment Services

- Tier 1: Non-substance misuse specific services interface with drug & alcohol Treatment (e.g. service provided by teacher, housing officer, police, GP, pharmacists)
- Tier 2: Open access drug and alcohol treatment services (e.g., advice & information, BBV testing and Needle exchange, A&E IBA).
- Tier 3: Structured community-based drug treatment services (e.g., prescribing, psychosocial interventions, day programme, counselling).
- Tier 4a: Residential services for drug and alcohol misusers
- Tier 4b: Highly specialist non-substance misuse specific services (e.g. liver disease, Hep C)

Commissioning Drug Treatment Services

- In 1997, Tony Blair declared that drug Use would be a policy priority for his government.
- Government's First 10 Year Drug Strategy 1998
- In 2001, the National Treatment Agency (NTA) has been set up to oversee the investment in drug treatment
- Over the past three years, the annual cost of drug treatment investment is around £400m in England.
- 149 Drug Action Teams in England
- Change of Government in 2010 – NHS Reform

Components of Effective Treatment Service

- Provide a package of care from access, intensive interventions to planned discharge
- Be sensitive to the person and his/her cultural, social and economic background
- Focus on the aspiration and user-led support
- Treatment is the beginning and recovery is the end
- Deal with complex issues, such as physical and mental health, criminal offence, poly substance misuse, social and emotional aspect, housing, education and work ability.
- Invest in front-line capacity and staff competency
- Forward looking, social inclusive, efficient and cost effective

Estimates of number of illicit drug users, 16-59 year olds

	Ever taken	Last year	Last month
Class A			
Cocaine (Powder cocaine, Crack cocaine)	2,838,000	813,000	365,000
Ecstasy	2,692,000	517,000	203,000
Hallucinogens (LSD, Magic mushrooms)	2,969,000	161,000	42,000
Opiates (Heroin, Methadone)	283,000	50,000	38,000
Class A/B			
Amphetamines (Amphetamines, Methamphetamine)	3,777,000	319,000	110,000
Class B			
Cannabis	9,912,000	2,152,000	1,250,000
Class B/C			
Tranquilisers	948,000	145,000	73,000
Class C			
Anabolic steroids	226,000	50,000	19,000
Ketamine	656,000	159,000	79,000
Not classified			
Amyl Nitrate	3,091,000	351,000	115,000
Glues	739,000	57,000	17,000

Source: Drug Misuse Declared: British Crime Survey 2009/10

Table 3: Drug Treatment budgets, activity and outcome data 2004/05 to 2008/09

	Adult	Local Funding	Total funding	Number of adults	Total treatment funding
	pooled treatment			in effective treatment ²	per adult
	Budget				in effective treatment
2004-05	£225m	£226m	£481m	134,000	£3,600
2005-06	£300m	£226m	£526m	145,000	£3,600
2006/07	£380m	£224m	£604m	164,000	£3,700
2007-08	£383m	£207m	£590m	183,000	£3,200
2008-09	£373m	£208m	£581m	195,000	£3,000

Drug treatment in England: a decade of achievement

- Overall drug use in England is down
- There are fewer heroin and crack users
- Fewer people are in treatment for drug use
- Average waiting times have plummeted
- More drug users are recovering from addiction
- Younger people are turning away from the most harmful drugs
- Drug-related crime is down

Our Boroughs so far

- Strategic Partnership between Director of Public Health, PH Consultants, Borough Commander, Assistant Chief Probation Officer, Prison, Head of Community Safety, Children and Young People Service,
- Ongoing Needs Assessment and Needs Analysis
- Put in place a range of 4-tiered community-based service over the past 8 years
- Open Access, Specialist Community Prescribing Service, Psychosocial Intervention, Dual Diagnosis Service, Needle Exchange, Pharmacist supervised consumption, Day care Service, Tier 4 residential detoxification and rehabilitation services, and Community Engagement Programme.

About Harrow

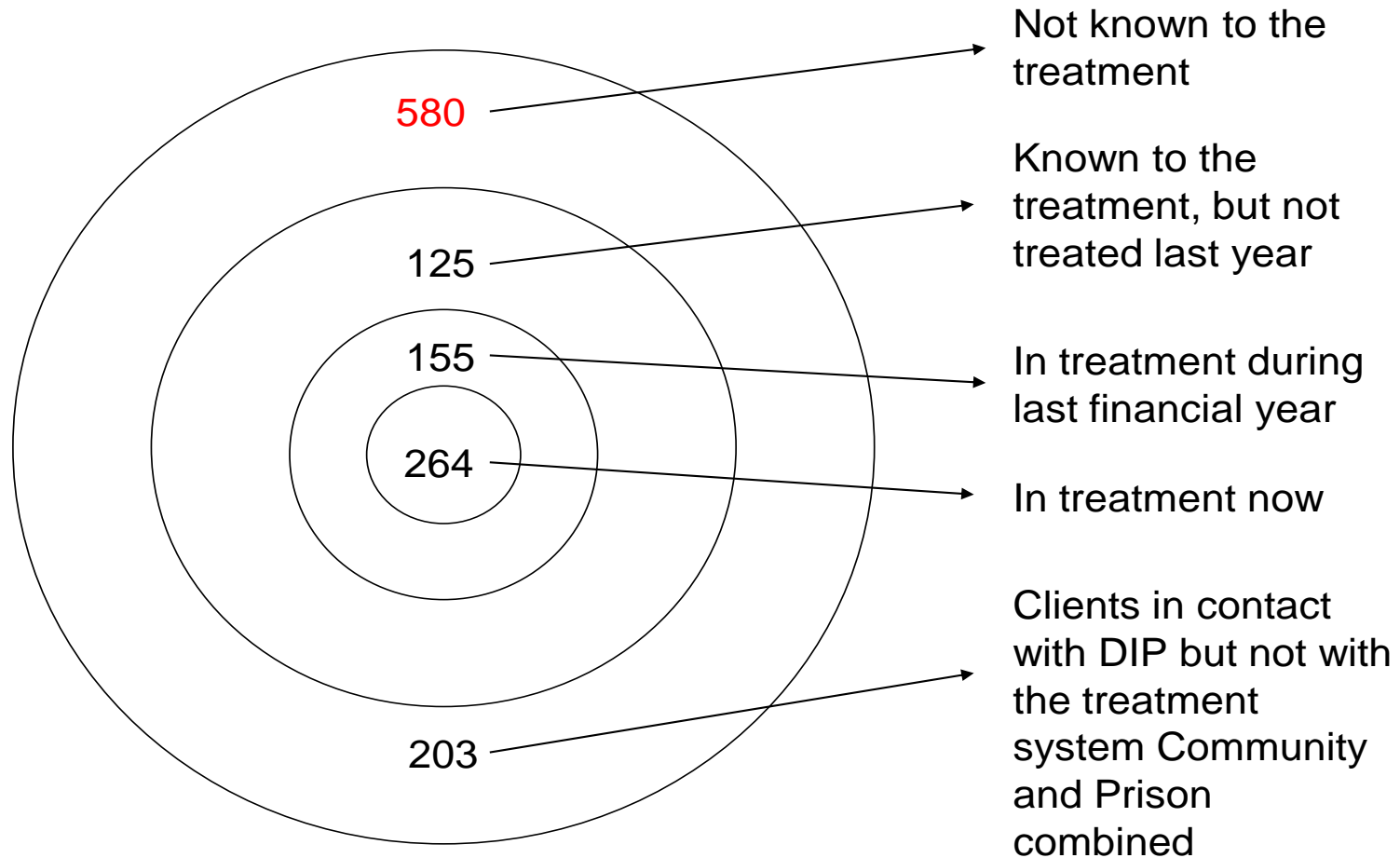
- Population: 240,500 (2011 estimate), forecasting 6% increase by 2016
- High proportion for those over 65s and 5-15 years old
- An increase in all other age groups, except the age group of 15-24 years old
- Ninth most ethnically diverse local authority
- 41 ethnic groups, people from 137 countries, 41% BMEG
- White British 50%, White Irish & other 9%,
- Asian Indian 22%, Asian Pakistani 2%, Asian Bangladeshi 0.5%, Asian other 5%
- Black Caribbean 3%, Black African 2.7%, and Black Other 0.5%
- Transient population for school children and over 50% from different countries

- Inequalities/ Deprivation in Harrow:
- Deprived areas: Roxbourne, Stanmore Park, Wealdstone, Rayners Lane (coincide with Council Estates)
- High % of home-owners, and lower housing stocks in comparison to London as a whole
- The “at risk” group are older people, people from lower SES and/or an Asian background, A8 nationals
- A record of 9,300 refugees and asylum-seekers in 2004, from Somalia, Afghanistan, Yugoslavia /Kosovo, Iran, Iraq and Sri Lanka. These vulnerable₂₃ groups pose challenges to the statutory and voluntary organizations.

A Comparison between Asian and Black Population (Harrow JSNA 2008)

Social indicators	Asian or Asian British	Black or Black British
Socio-economic Status	Those with Indian Origin with higher SES than those in other parts of London	Black Caribbean & Black Others as an upwardly mobile groups
Family Structure	Highest married couple households	Highest on lone parent households
Education/ Employment	High achiever/ high employment rate	More likely than White & some other ethnic groups to continue education & training More unemployed status for young people
Children in Need	Under-represented	Over-presented when compared to White
Areas of concern	Involvement in unsafe sex, self harm, & increasing use of drugs	Unemployed, children in needs, mental health
Criminal Activity	Under-represented	Over-represented (Young Black men)

Harrow Bullseye 2009/10



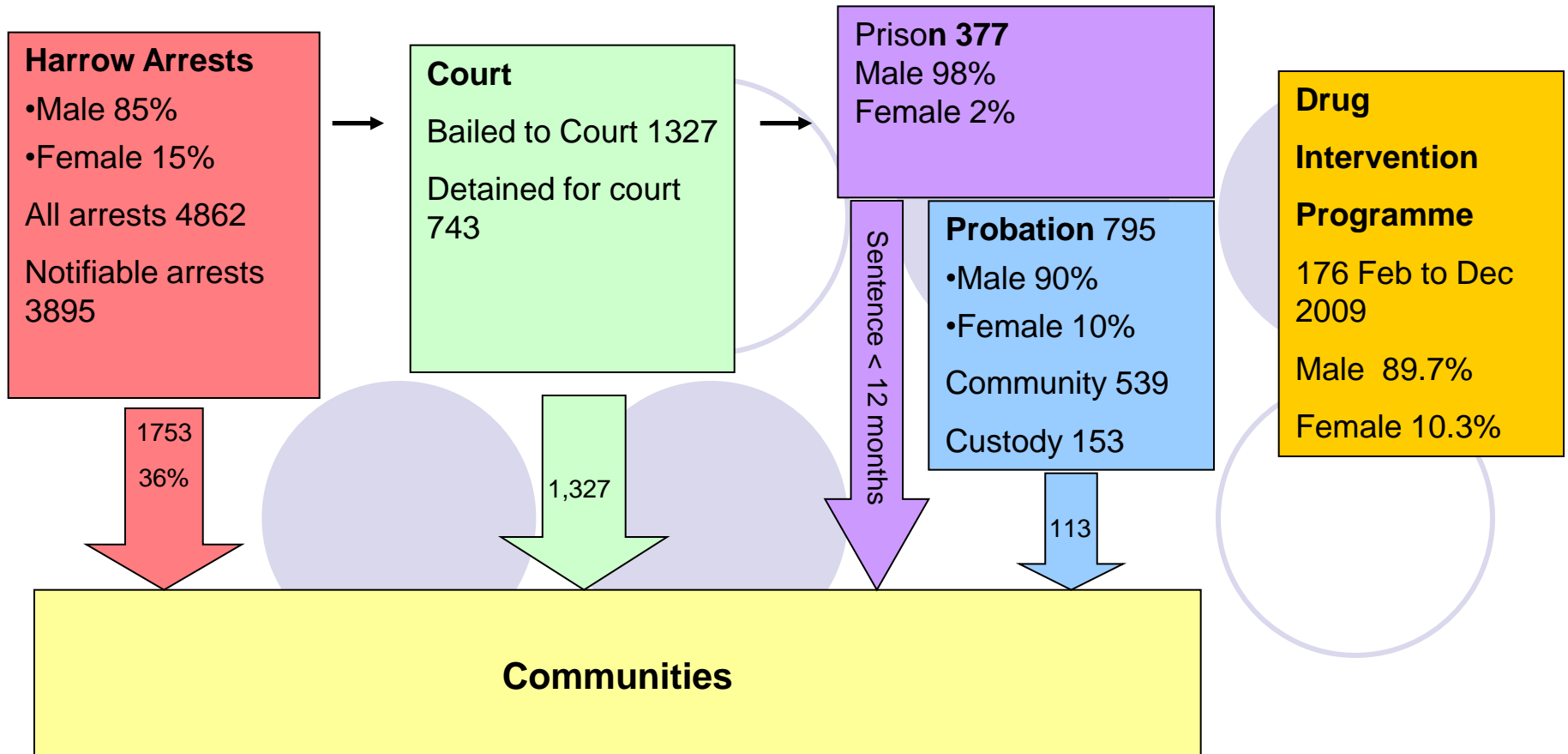
Problematic Drug Users Comparison

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
In Treatment	352	331	282	335	264
In Treatment during last financial year	41	47	132	124	155
Known to the treatment but not treated last year	103	64	70	110	125
Clients in contact with DIP but not with the treatment system Community and Prison combined	3	77	33	209	203
Not known to the treatment	443	300	402	320	580
Prevalence Estimate (Glasgow University)	939	742	889	889	1124

Link between Drugs and Crime

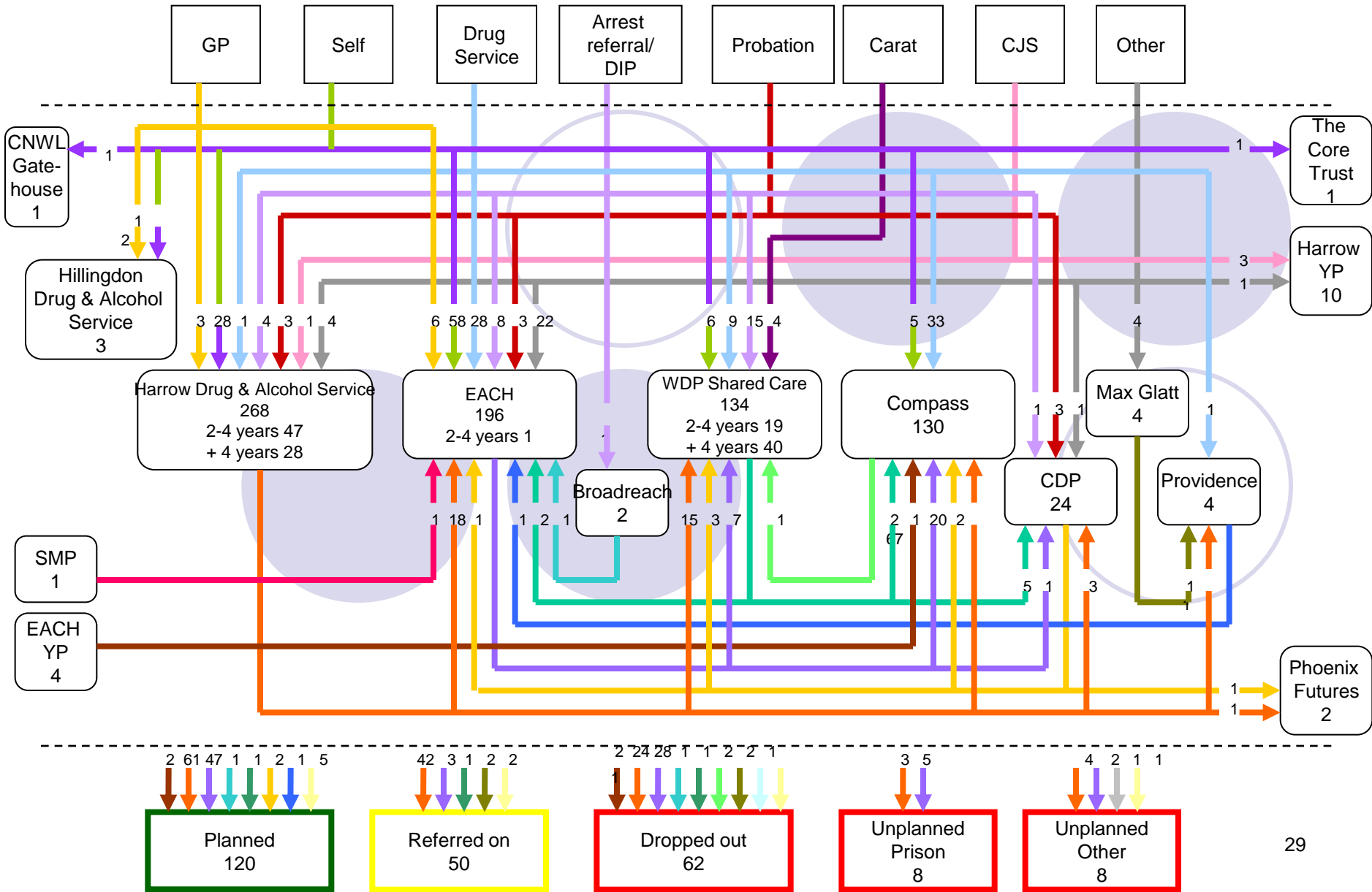
- Possession – personal use and supply
- Violence and Intimidation
- Acquisitive Crime
- Estimates suggest that drug misusers commit acquisitive crime

Harrow Criminal Justice Pathway Data 2009-2010



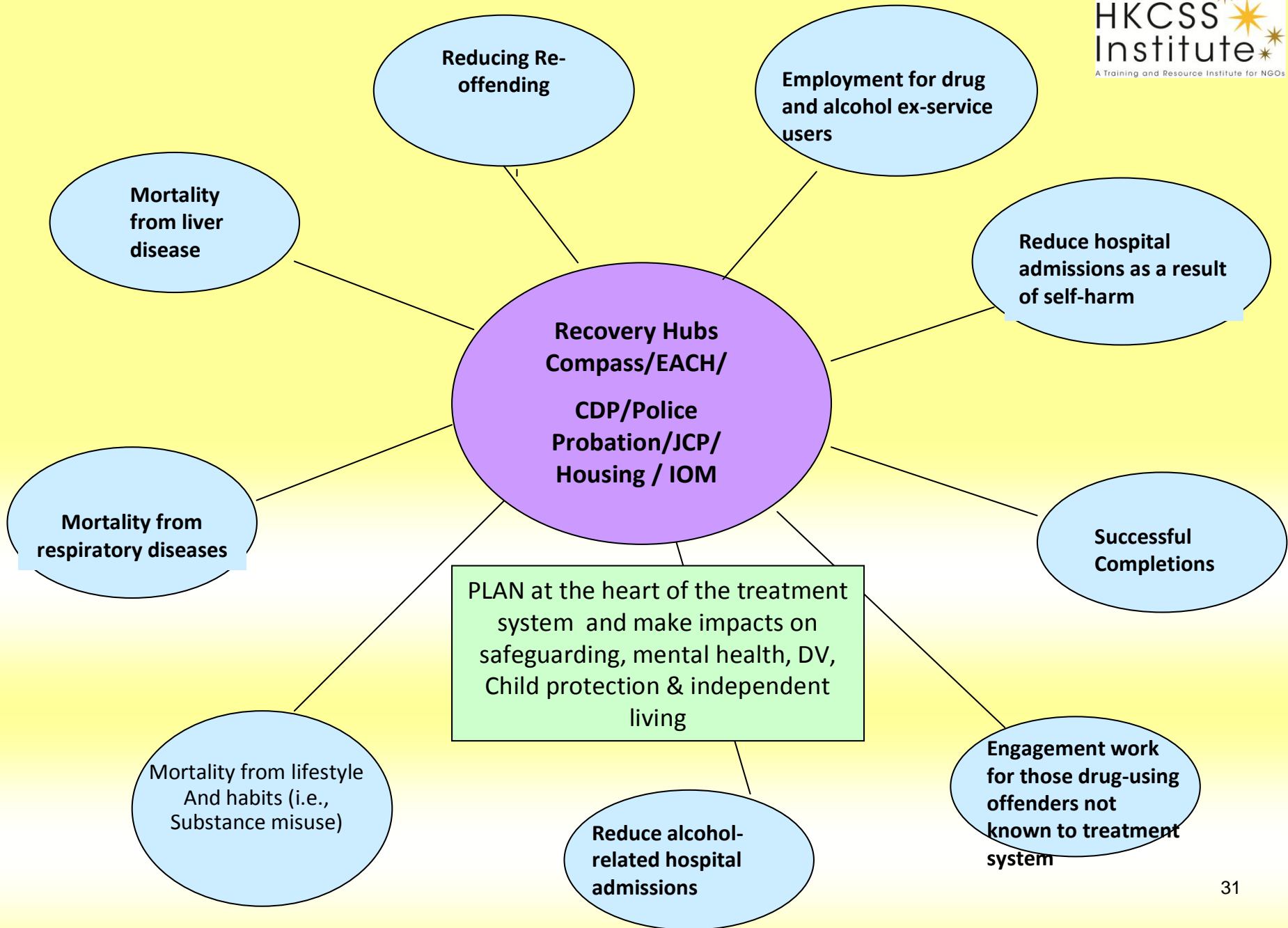
Drug Treatment System Map

Referral Routes – Clients in Treatment – Treatment Exits 2009/2010



Recovery in the Community

- Preparing Recovery – Prevention, Education, Access
- Developing Recovery – Engagement and Stabilization, Psychosocial Intervention and Aftercare and intervention
- Family, housing, peer support, a network of recovery champions and community interventions
- Education/ Training/ Employment – linked with Job Centre Plus, College, Volunteering, Apprenticeship Scheme and Employment Training



Alcohol Commissioning

- Lack of central government alcohol funding in the past
- Alcohol misuse is widespread:
- 7 million adults in England drink at levels that increase the risk of harm to their health
- 1.6 million show some signs of alcohol dependence
- The move to Public Health England and local authority-led commissioning opens up new opportunities for integrated delivery of drug and alcohol treatment.

A Spectrum of Responses to Alcohol Problems

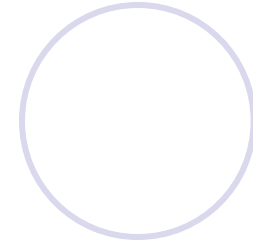
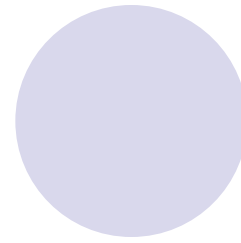
None	Hazardous Drinking	Harmful Drinking	Moderately dependent drinking	Severely dependent drinking
Primary Prevention	Brief Intervention	Extended Brief Intervention	Less-intensive treatment	Structured Treatment
Public Health Programmes	Generalist setting	Generalist setting	Generalist/ Specialist setting	Specialist Setting

Recent Evidence on Treatment Effectiveness

A. Measurements of Effectiveness

- Pre-treatment Motivation (Change Model)
- Therapist Effect – 9 to 40% variance
- Shared Ingredients – social behaviour & support network
- Matching- “weak” with exception for those with high emotional state (passion)
- Post Treatment Events – positive/negative

Recent Evidence



The Mesa Grande Project (William R Miller et al.)

- Systematic reviews of outcome research studies
- Measure the relative quantities of research evidence rather than the degree of effectiveness
- Ranks of Treatment Modalities:
 1. Brief Intervention
 2. Motivational Enhancement
 3. Acamprosate
 4. Community Reinforcement/ Self-change Manual

Recent Evidence . . .

B. Project MATCH (Matching Alcoholism Treatment to Client Heterogeneity, U.S.), 9 sites, Findings:

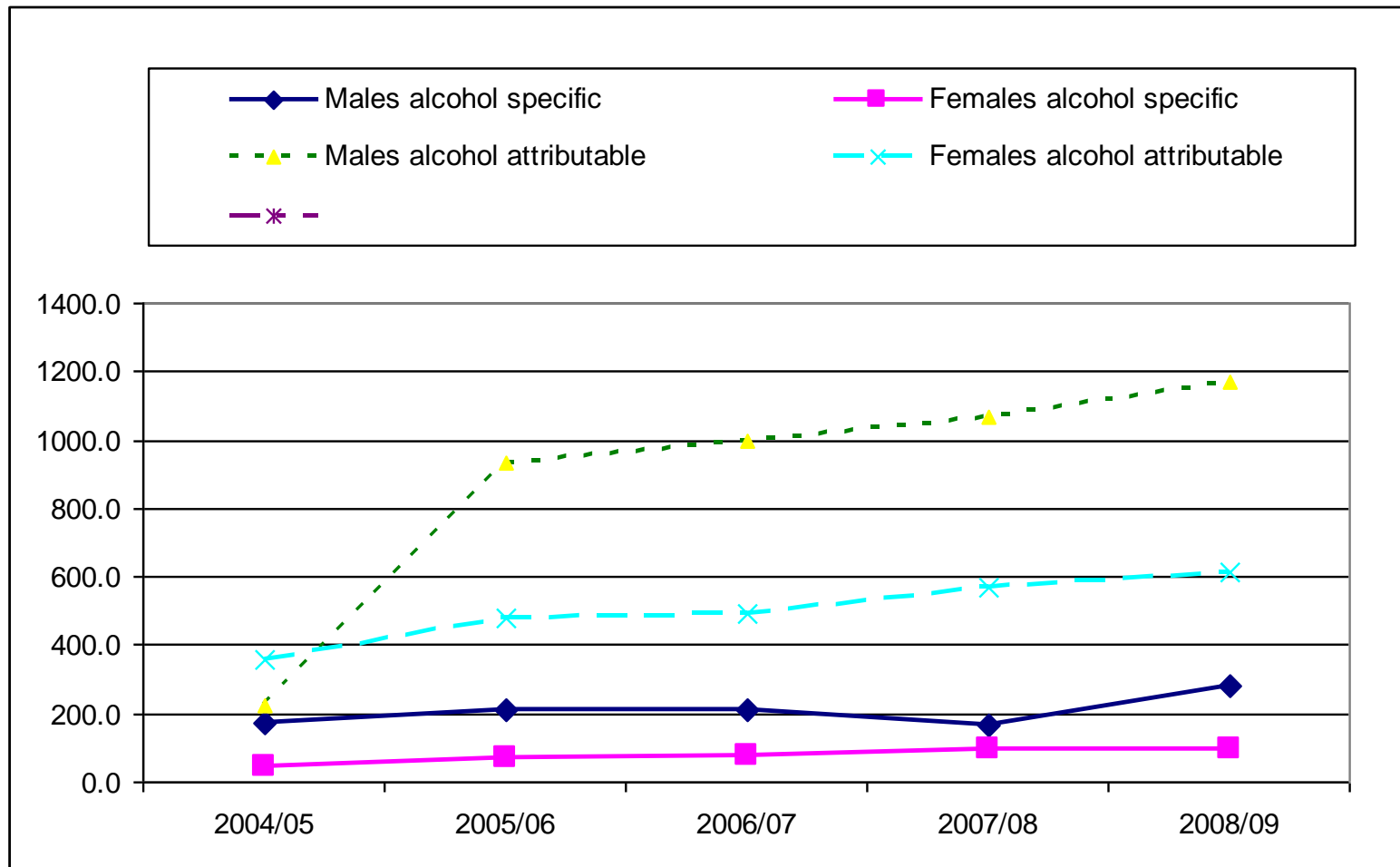
- Psychiatric Severity (low better in twelve step TSF , outset)
- Network Support for drinking (AA setting)
- Client anger (outpatient, matching Motivational Enhancement Therapy MET, persist in days of abstinence, 1 to 3-yr follow-up)
- Alcohol Dependence (low with CBT, high with TSF)₈₆

Recent Evidence . . .

C. UKATT (United Kingdom Alcohol Treatment Trial, in Leeds, Birmingham & Cardiff, 5 Tx sites).

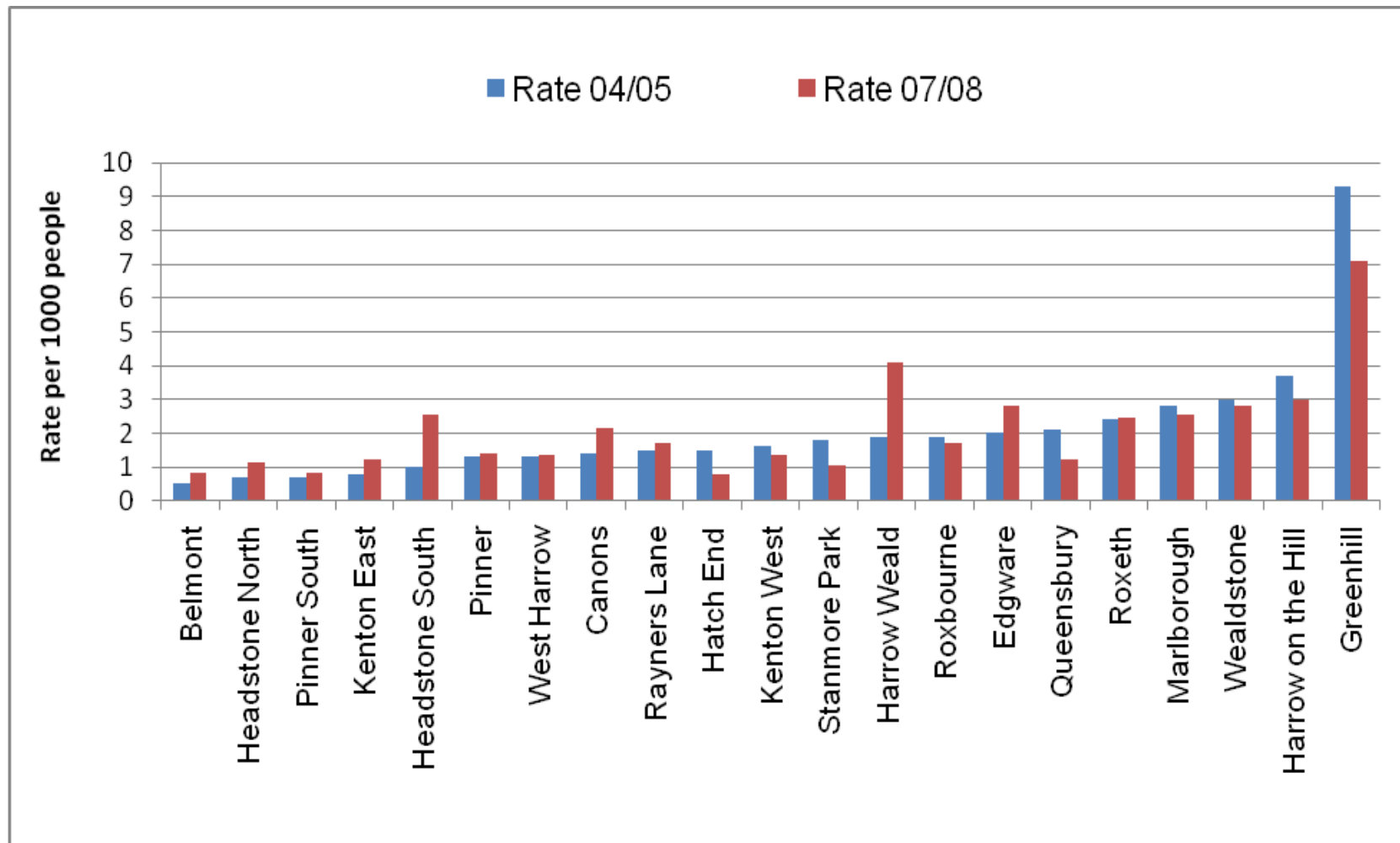
- Motivational Enhancement Therapy (MET) – three 50-minute session over 8 weeks
- Social behaviour & network therapy (SBNT) – eight weekly 50-minute sessions
- Cost effectiveness – £1 investment, £5 saving

Harrow: trends in alcohol-specific and alcohol attributable hospital admissions 2004/5 - 2008/09

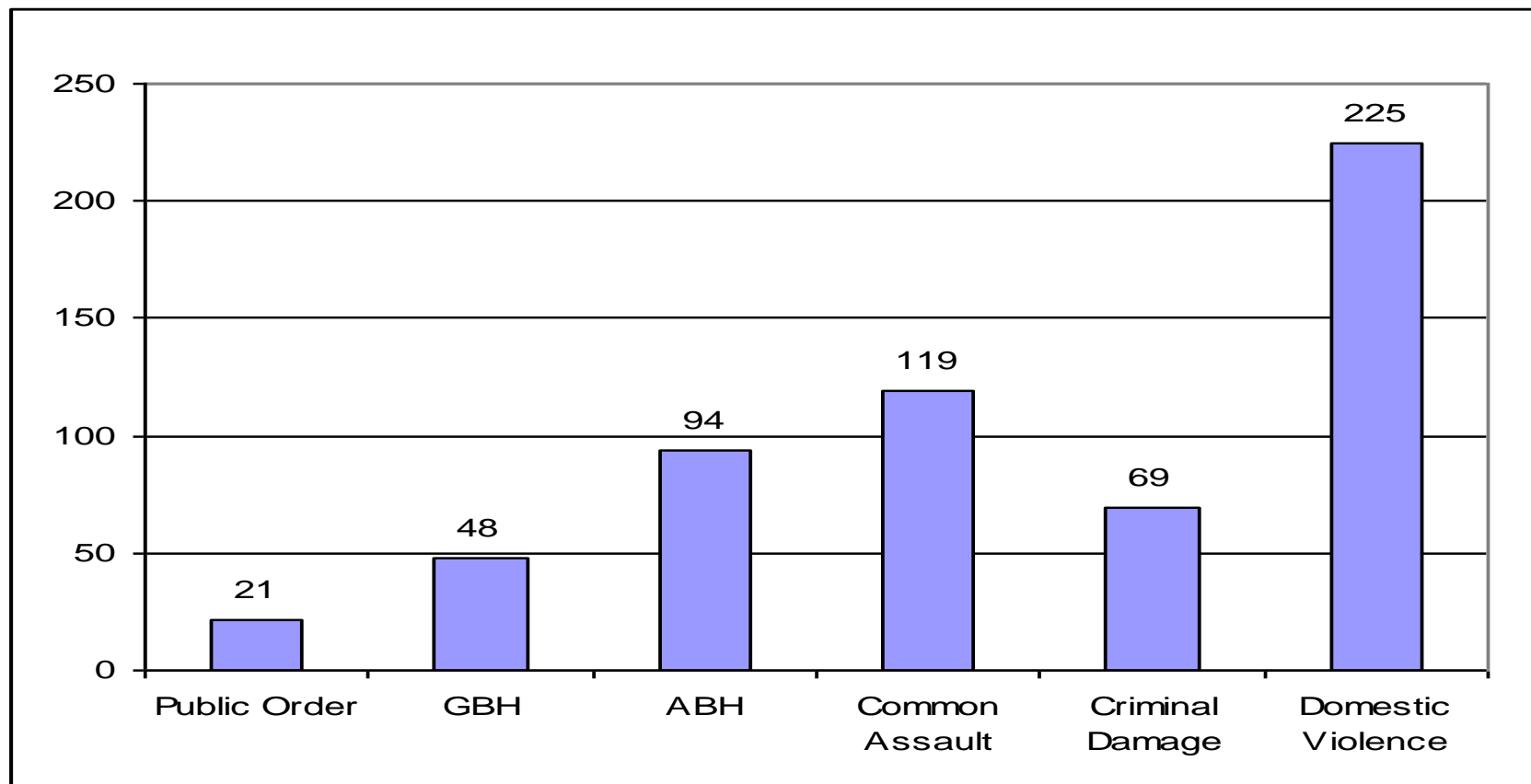


		2004-05	2005-06	2006-07	2007-8	2008/09
Males	alcohol specific	175.7	208.7	214.1	168.7	281.4
Females	alcohol specific	46.7	72	76.8	98.5	96.2
Males	alcohol attributable	724.5	931.5	997.4	1065.5	1166.9
Females	alcohol attributable	355.3	476.9	494.1	569.9	610.7
Alcohol related DSR rates		706	939	1060	1164	1318
% change - alcohol related (DSR)		25%	33%	13%	10%	13%
Number alc-related admissions		1604	2165	2479	2732	3161
% change in alc-related numbers		27%	35%	15%	10%	16%

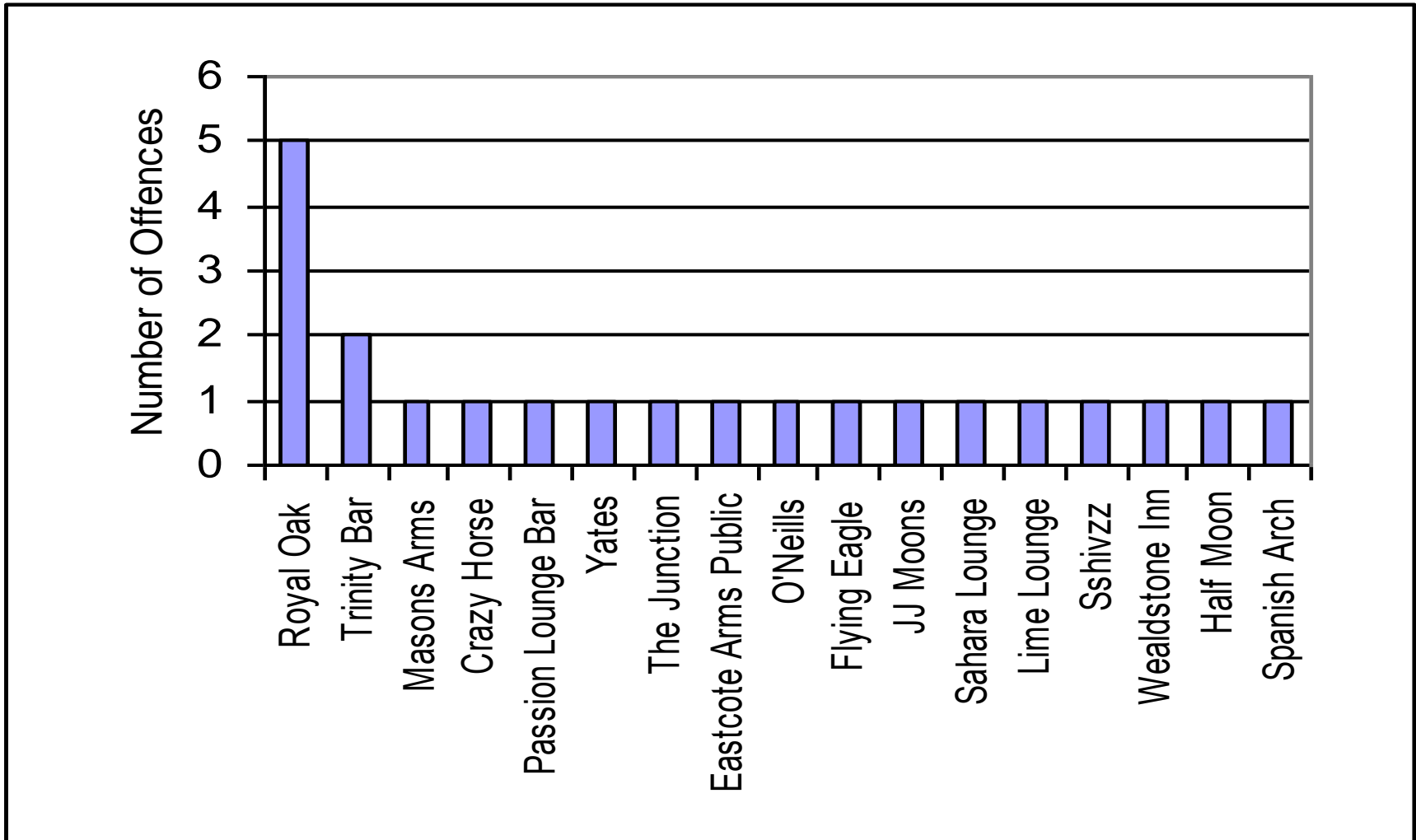
Alcohol-related ambulance call-outs in Harrow, rate per 1,000 people, 2004/5 and 2008/09



Frequency of 2009/10 (tax year) alcohol related crimes in Harrow – by offence



No of crimes where ‘alcohol’ or ‘intoxicant’ or ‘drunk’ was tagged to the offence, and the venue was a licensed premise (1.4.2010 to 1.10.2010)



Critical Success Factors

To deliver drug and alcohol treatment service that is better, safer and more efficient:

Public Health Perspective

Localism and Decentralization

Stakeholder Engagement & Partnership Working

Regulatory Mechanisms & Quality Assurance

Simplifying the process of measuring outcomes and results

Future Trend of Substance Misuse

- A high preference of alcohol, cannabis, ecstasy, Ketamine, crack cocaine, powder cocaine by the Young Adults (i.e. 18-25 years).
- Emerging evidence of poly-substance misuse and multiple addictions
- Over-representation of Black young drug users in the criminal justice system
- Migration and culture-specific drug and alcohol use
- Internet purchase of Legal Highs

Challenges

- NHS – restructured, resource pressured
- Integration of alcohol and drug treatment
- Money – competing priorities for local authorities, EU rule of procurement
- Newer drugs – future impact on treatment unclear
- Jobs and houses – economic and political climate
- Offender management – resource pressured
- Staff competence – ability to deliver against higher expectations

References



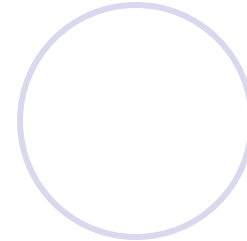
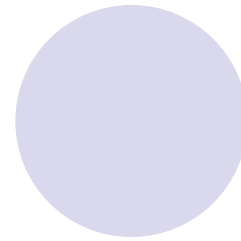
- ⑩ Raistrick, D, Heather, N & Godfrey, C (2008) *Review of the effectiveness of treatment for alcohol problems*, the National Treatment Agency for Substance Misuse;
- ⑩ Miller, W. R.& rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change*, (2nd Edition). New York: Guilford Press.
- ⑩ NTA (2006) *Models of Care for Alcohol Misusers*
- ⑩ Adfam, Families, drugs & alcohol, (Nov., 2007) *Families in Focus: Alcohol*.
- ⑩ Website: Adfam, Alcohol Concern

Essential Resources

- Recovery Resources for commissioning www.nta.nhs.uk/recovery-resources.aspx
- Medications in recovery: re-orientating drug dependence treatment www.nta.nhs.uk/medications-in-recovery-main-report.aspx
- NICE guidance: Drugs Methadone and buprenorphine www.nice.org.uk/ta114
- Naltrexone www.nice.org.uk/ta115
- Psychosocial interventions www.nice.org.uk/cg51
- Detoxification www.nice.org.uk/cg52
- Alcohol use disorders: preventing harmful drinking www.nice.org.uk/ph24
- Alcohol-use disorders: physical complications www.nice.org.uk/cg100
- Alcohol dependence and harmful alcohol use www.nice.org.uk/cg115
- Improving interventions and the competences to deliver them:
- NTA/BPS framework and toolkit for NICE psychosocial interventions www.nta.nhs.uk/uploads/psychosocial_toolkit_june10.pdf
- Alcohol Learning Centre www.alcohollearningcentre.org.uk
- Substance Misuse Skills Consortium skills framework and Skills Hub www.skillsconsortium.org.uk



Thank you



Any Questions ?