

To: Communities Policy Overview and Scrutiny Committee

From: Mike Hill, Cabinet Member and Amanda Honey,
Managing Director, Communities

Date: 11th January 2011

Subject: Adult Drug and Alcohol Services in Kent

Classification: Unrestricted

Summary

The Kent Drug and Alcohol Action Team (KDAAT) commissions a range of treatment services across Kent in order to prevent problematic substance misuse, reduce drug and alcohol related crime and support the long term recovery of people affected by drug and alcohol misuse. KDAAT has performed well in recent years by increasing the numbers of people coming in to treatment and completing it successfully. The recently published Public Health White Paper and National Drug Strategy are focusing on recovery and re-integration of people affected by drugs and alcohol and KDAAT has been piloting a new recovery focussed approach to treatment in Gravesham and Swale. Learning from the pilot will be used to reshape local drug and alcohol services from 2011/12 onwards.

For information and comment

1. Introduction

- 1.1. The Kent Drug and Alcohol Action Team (KDAAT) is a partnership between Kent County Council (KCC), Police, Probation, the Prison Service, Kent Primary Care Trusts and the National Treatment Agency for Substance Misuse (NTA)
- 1.2. Currently, funding streams for drug and alcohol treatment remain separate. The NTA provide the largest proportion of investment into drug treatment and local PCT's invest directly into alcohol treatment in addition to supporting some of the clinical aspects of drug treatment e.g. substitute prescribing. There are additional external grants, which are provided to deliver the Drug Intervention Programme (DIP) targeting drug related offenders and the Integrated Drug Treatment System (IDTS), which provides both clinical and psychosocial services within Kent prisons.

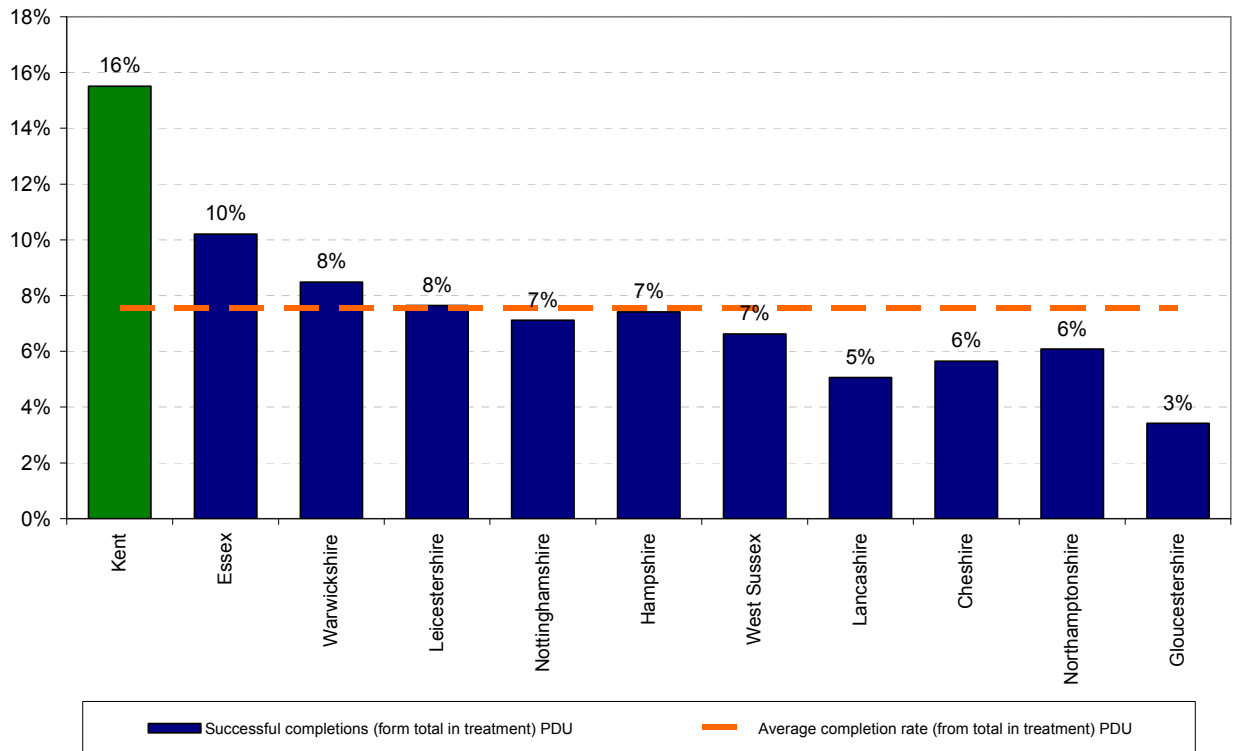
- 1.3. The partnership aims to:
 - a) Prevent problematic drug and alcohol misuse
 - b) Reduce drug and alcohol related crime
 - c) Enable and support the long-term recovery, rehabilitation and social re-integration of people in Kent who are affected by drug and alcohol misuse.
- 1.4. A national study¹ of the cost-effectiveness of drug treatment concluded that every £1 spent on drug treatment leads to £2.50 in savings for society as a whole.
- 1.5. Home Office prevalence assessments suggest that Kent has more than 4000 problem drug users (i.e. those using heroin or crack cocaine). Estimates of problematic alcohol use indicate that Kent has between 235,000 and 279,000 adults with higher or increasing risk of problematic alcohol consumption and between 22,000 and 38,000 dependent drinkers.

2. Kent's Performance

- 2.1. KDAAT has always worked closely with both the voluntary and statutory sector to ensure substance misuse services for people affected by substance misuse are of a high standard both in terms of quantity and quality. The drug and alcohol treatment system in Kent has been successful at getting increasing numbers of problem drug and alcohol users into treatment and supporting their recovery and rehabilitation.
- 2.2. KDAAT exceeded its Local Area Agreement (KA2) target in 2008/9 and 2009/10 and increased the numbers of heroin and crack cocaine users in effective treatment by more than 13% over the two year period. In addition to the substantial increase in the number of people coming into treatment, Kent outperformed its statistical neighbours in terms of numbers and proportion of people that leave treatment drug free. Figure 1 shows the proportion of problem drug users in treatment between July 2009 and June 2010 that successfully completed treatment and left free of drug dependency.

¹ Drug Treatment Outcomes Research (DTORS) Study

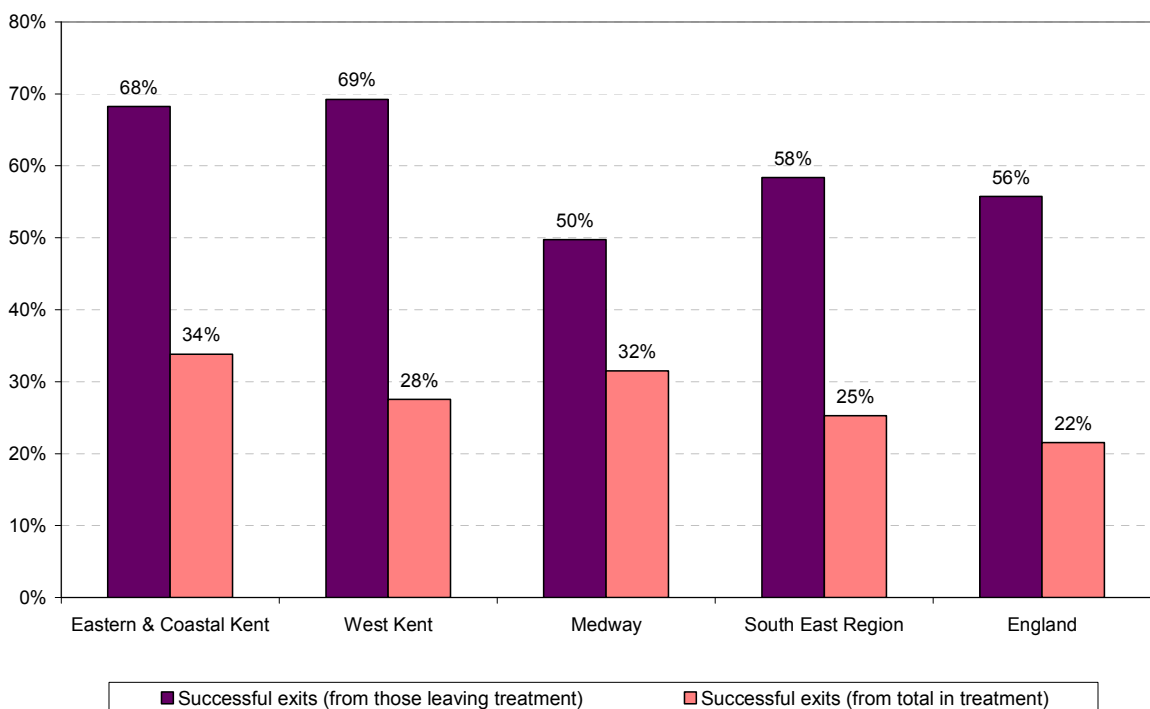
Figure 1: Successful completions



(Source: National Drug Treatment Monitoring System, November 2010)

2.3. Figure 2 provides the comparisons on successful completion rates for alcohol treatment for the first six months of 2010/11.

Figure 2: Alcohol treatment rates of care planned discharge



(Source: National Alcohol Treatment Monitoring System, November 2010)

3. Drug and Alcohol Misuse Policy Landscape

3.1. The policy landscape for drug and alcohol misuse has changed since the election in May 2010. The coalition agreement made the following commitments on drug and alcohol policy:

- We will conduct a full review of sentencing policy to ensure that it is effective in deterring crime, protecting the public, punishing offenders and cutting reoffending. In particular, we will ensure that sentencing for drug use helps offenders come off drugs.
- We will explore alternative forms of secure, treatment-based accommodation for mentally ill and drugs offenders.
- We will ban the sale of alcohol below cost price.
- We will review alcohol taxation and pricing to ensure it tackles binge drinking without unfairly penalising responsible drinkers, pubs and important local industries.
- We will allow councils and the police to shut down permanently any shop or bar found to be persistently selling alcohol to children.
- We will investigate a new approach to helping families with multiple problems.

Extracted from: The Coalition: Our Programme for Government

3.2. The recently published Public Health White Paper² emphasises the relatively high levels of problematic drug and alcohol misuse in England and the associated costs to society. It indicates that funding for drug and alcohol treatment services will become more aligned following the development of a new Public Health Service - Public Health England. This new body will be responsible for the provision of all public health services including drug and alcohol prevention and treatment.

3.3. The critical functions of the National Treatment Agency will transfer to Public Health England including the funding streams for both drugs and alcohol. This will create opportunities for KDAAT in the re-rendering of services from April 2011 in combining drug and alcohol service provision creating a more integrated treatment system, which is much more efficient.

4. Kent System Change Pilot

4.1. The KDAAT partnership has been at the forefront of change in anticipation of the renewed emphasis on recovery and social re-integration. A more holistic approach to recovery has provided Kent with an opportunity to reshape the substance misuse treatment system in Kent to help enable people recover from their drug or alcohol addiction and become productive members of society.

4.2. KDAAT has been piloting a new approach to community drug treatment in Gravesham and Swale. The pilot, known as 'Horizon' is delivered by the charity KCA and seeks to engage 'hard to reach' drug users or

² Our Health Our Wellbeing Today, Department of Health, November 2010

those who have been in treatment for a long period of time and provide a more intensive but personalised support package. The pilot aims to help individuals address the underlying causes of their substance misuse and strengthen their ability to remain free from addiction. This will include working closely with other local services to address physical and mental health issues, employability and housing problems, and to improve social and other skills,

- 4.3. Whilst specialist substance misuse and other support services are an essential component of a successful recovery and rehabilitation system, self-motivation and support from friends and family play a central role in helping to prevent relapse. The pilot has adopted a family based approach to recovery and offers family therapy intervention. The pilot has included development of peer-led support schemes or 'recovery communities' to help people help each other in sustaining their recovery.
- 4.4. As part of the pilot a social enterprise has been set up in Gravesham, which is a Wood Recycling Scheme. This is the second social enterprise to be developed in the county by KCA. There is also a very successful Cycle Recycle project in Thanet. Both of these social enterprises offer great opportunities for substance misusers to develop their skills become volunteers and go on to gain meaningful employment.
- 4.5. The pilot is due to run until March 2011 and is being independently evaluated. The early indications from the pilot have been very positive with outcomes in the first three months of the pilot as follows:
 - a) 167 individuals engaged on the pilot with 25% completing within three months
 - b) 23 individuals completed or in training with the Shaw Trust, Canterbury College or Goldsmith's College
 - c) 6 individuals starting employment
 - d) 7 individuals starting volunteering placements with a local hospice, sports scheme and other local charities.

5. Future Plans and Risks

- 5.1. During 2011, the KDAAT partnership will use the learning gathered from the Gravesham and Swale pilot as well as evidence from existing services to develop plans for reshaping the drug and alcohol treatment system in Kent. KDAAT will fully consult on new service proposals based on the objectives of the Drug Strategy and funding allocations for 2011/12

- 5.2. One of the critical risks facing the substance misuse treatment system in Kent is the possibility of substantial reductions in funding from the National Treatment Agency (Public Health England after April 2012) or from other partners such as Primary Care Trusts prior to the implementation of the changes contained within the Public Health England proposals. KDAAT is proposing to manage this risk by liaising closely with funding partners to clarify funding arrangements from April 2011 onwards and secure ongoing investment where possible.

6. Resource Implications

- 6.1. The full resource implications of the changes to the drug and alcohol services in Kent are not yet known. Announcements on funding levels for 2011/12 are expected during January 2011.

7. Conclusion

- 7.1. The KDAAT partnership commissions a comprehensive range of drug and alcohol services in Kent to prevent problematic substance misuse, and to support the recovery and social re-integration of those affected by it. Kent has a well-performing drug and alcohol treatment system that has been successful at getting people into treatment and supporting them to become drug free. The coalition government have signalled a number of changes in policy on drug and alcohol misuse and have placed a renewed emphasis on long term recovery.
- 7.2. Over the past twelve months, KDAAT has been making a number of changes to the local drug and alcohol treatment system in anticipation of the policy shift towards recovery and the need to deliver greater efficiencies across the public sector. As part of this, KDAAT has commissioned a local treatment provider (KCA) to pilot a new approach to community drug treatment in Gravesham and Swale. KDAAT will use the learning from the pilot and other evidence to reshape drug and alcohol services in Kent to support long term recovery and rehabilitation of people affected by drug or alcohol misuse.
- 7.3. As well as commissioning efficient, evidence based treatment services, KDAAT will seek to empower individuals to take responsibility for sustaining their own recovery in the long term and harness the capacity of the Big Society to support them in doing so. This is likely to include the further development and support of independent peer-led groups and recovery communities.
- 7.4. Families and communities in Kent affected by addiction to drug or alcohol have benefited from investment in treatment services in recent years. There is a strong body of evidence highlighting the cost-effectiveness of investment in drug and alcohol services. It will be important for investment in drug and alcohol services to be maintained if Kent is to ensure that these benefits are delivered throughout the period of financial constraints in the public sector.

8. Recommendations

- 8.1. Members of the Communities Policy Overview and Scrutiny Committee are invited to:
- a) Note the changes in policy and plans for drug and alcohol services in Kent outlined in this paper
 - b) Support and contribute to KDAAT's forthcoming consultation on the future of local drug and alcohol services.

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Background documents

1. Drug Treatment Outcomes Research Study (DTORS), Home Office, 2009 (http://www.dtors.org.uk/reports/DTORS_CostEffect_Main.pdf)

2. The Coalition: Our programme for government (http://www.cabinetoffice.gov.uk/media/409088/pfg_coalition.pdf)

3. Our Health Our Wellbeing Today, Department of Health, November 2010 (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122238.pdf)