

### KDAAT : Deep Dive

#### Introduction:

The aim of this paper is to provide an overview of drug and alcohol services commissioned by Kent County Council. It aims to present some of the impacts of drugs and alcohol on individuals, families, communities and public services in Kent and will go on to demonstrate how Commissioned Services currently respond to these challenges. It shows where the front doors to services in Kent are and what happens behind them. It will answer the question 'Is our response effective?'

There's been considerable vigour in the debates around drug and alcohol treatment which have led to significant changes in the way services have been delivered over the last few years, **Appendix 1** provides the answers to some questions frequently asked.

#### The scale of the problem:

The prevalence of drug and alcohol misuse in Kent is captured in a needs assessment which is delivered through collaboration between Commissioned Services and Public Health and reviewed annually.

#### Drugs:

- 70,268 16-59 year olds in Kent will have used illicit drugs in the last year. Drug misuse is in overall decline. This can be attributed to a decline in use of cannabis (the most popular drug) and heroin.
- 23,955 16-59 year olds in Kent will have used a Class A drug in the last year<sup>i</sup>
- There are estimated to be 5,724 Opiate and Crack Cocaine misusers (OCUs) in Kent<sup>ii</sup>
- Around 3% of all children under 16 are affected by parental drug misuse<sup>1,4</sup>

#### Alcohol:

- 30,432 are estimated to be dependent drinkers in Kent.
- 173, 410 drinkers who consume double the advised amount of alcohol
- 54% of children live with an adult who is drinking alcohol above recommended level<sup>2</sup>

#### Prison:

The rate of drug and alcohol misuse in the prison population is higher than in the general population. Nationally we know<sup>3</sup> that:

- 69 per cent of those who enter prison have taken drugs within the previous 12 months;
- Of these, 40 per cent report injecting drug use within the 28 days preceding imprisonment; and,

In relation to alcohol use and the prison population we do not have Kent specific data however a study<sup>4</sup> carried out in 2005 of (male) prisoners at HMP Winchester found:

- hazardous and dependent drinkers were 10 times more prevalent in the prison population than in the general population

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<sup>1</sup> ACMD (2001) 'Hidden Harm' <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/hidden-harm-full?view=Binary>

<sup>2</sup> Adamson L and Templeton L. ( 2012) ' Silent Voices: Supporting children and young people affected by parental substance misuse' [http://www.childrenscommissioner.gov.uk/content/publications/content\\_619](http://www.childrenscommissioner.gov.uk/content/publications/content_619)

<sup>3</sup> The Patel report: Prison drug treatment strategy review group. 2010

<sup>4</sup> HMP Winchester Survey of Prisoners' Alcohol Misuse – Hampshire DAAT, 2007

- 35% of the prisoners believed that they had a drinking problem

#### **Members of the Armed Forces:**

- 42.%% of members of the armed forces are estimated to be drinking at twice the advisable level for alcohol<sup>5</sup>
- National research has identified that 13% of members of the armed forces were misusing alcohol at high risk levels, compared to 6% of the general population.

#### **Young People:**

- 9% of 11-15 years olds have used a drug – the is an ongoing decline in drug misuse in the UK
- The proportion of young people who do not drink or misuse alcohol is increasing however; smaller numbers of young people are consuming more units of alcohol than in previous years.

### **What is the impact of drugs and alcohol on public services in Kent?**

#### **Criminal Justice and Crime and Disorder:**

- During 2011 there were 3,102 recorded drugs offences within Kent. This is equivalent to equivalent to 3% of all recorded crime.
- The misuse of alcohol is recognised as a trigger to violent crime. 46% of offenders convicted for violence have alcohol issues.
- The relationship between drug misuse and crime is complex but it is estimated that for every £1 invested in adult drug treatment, £ 1.80 is saved in costs to society as a result of crime<sup>iii</sup>.

#### **Health Service:**

In 10/11, in Kent there were 236,736 alcohol related admissions to hospital. This includes:

- 144,495 A and E related admissions at a cost of £16.5 m
- 28 640 Inpatient admissions at a cost f £ 53.8 m
- 63 601 Outpatient admissions at a cost of £ 12.3 m <sup>6</sup>

#### **Social Care:**

- 56.1% of children subject to a child protection plan are estimated to be affected by their parents' substance misuse<sup>7</sup>.

### **Where are the front doors to services in Kent?**

#### **Adult Services:**

Adult drug services are provided both in the community and in custody.

- There are 10 community based service centres in Kent with satellites operating in GP surgeries, health living centres and Gateways.
- 37 pharmacists provide pharmacological and needle exchange services in partnership with community services.
- Drug and alcohol services are commissioned in 8 prisons and the Immigration Removal Centre in Kent and Medway.

<sup>5</sup> KCC ( 2012) Substance Misuse Needs Assessment'

<sup>6</sup> Taken from Alcohol Concerns ' Alcohol Harm Map' <http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map>

<sup>7</sup>Kent Hidden Harm Strategy ref  
[http://www.kenttrustweb.org.uk/UserFiles/CW/File/Childrens\\_Services/Kent\\_Childrens\\_Trust/KCT\\_County\\_Board/June\\_2010/Item\\_C2.1\\_Appendix1\\_Final\\_Hidden\\_Harm\\_Strategy\\_11\\_06\\_10.pdf](http://www.kenttrustweb.org.uk/UserFiles/CW/File/Childrens_Services/Kent_Childrens_Trust/KCT_County_Board/June_2010/Item_C2.1_Appendix1_Final_Hidden_Harm_Strategy_11_06_10.pdf)

### **Young People's Services:**

- Early intervention services are provided on a one to one basis in youth hubs, integrated settings and in a group work basis in schools, youth offending services and children's homes. Workers are embedded with the youth offending team.

### **What do adults and young people find behind those doors?**

Services can be broadly divided into early intervention and treatment services.

- Early intervention services are aimed at those people who are using substances at lower and less harmful levels.
- Treatment services are aimed at those whose use is more harmful and whose daily functioning is significantly impaired by their misuse of drugs or alcohol.
- Needle exchange services are part of a group of interventions
- Early intervention services, needle exchange services, Accident and Emergency settings, pharmacies and GP surgeries are all settings where initial conversations and advice can be given and as such are all important parts of the treatment system.
- Key entry points for client groups who are more likely to be misusing substances include the Drug Intervention Programme (DIP) and Drug Testing on Arrest Pilot.

### **Is this response effective?**

- Effective treatment is now better understood as being about both getting *into* treatment as getting *out* of treatment.
- Recovery can increase the numbers of adults that can flow through services and reduce the numbers that re-present to treatment services at a later date.
- Young people's services have always focussed on engaging young people for the time it takes for them to meet their goals and then reintegrating them into other children and young people's services. Recovery is therefore not a term that is used within this service.

The effectiveness of the drug and alcohol treatment system in Kent can be understood through considering the following questions:

1. Are the interventions that are commissioned evidence based?
2. Are they the models applied with fidelity and operate within high quality standards of clinical practice?
3. Is there a learning culture which is seeking to constantly improve services?
4. Is the service that is provided timely?
5. What are the outcomes for individuals and families of the service?
6. How many people have access to the service? Is this meeting the demand for services?

### **Evidence Base:**

- Substance misuse interventions that are commissioned are done so with reference to guidance provided by the National Treatment Agency (NTA) and the National Institute for Clinical Governance (NICE).

### **Practice Standards:**

- Specifications and contracts make reference to key standards which are the basis of the intervention model and are linked to clinical governance frameworks in the NHS..
- Serious Incidents are reported by providers to commissioners and are scrutinised by a panel of experts including the Police and Primary Care Trust, learning from these incident reviews is shared widely.

### Monitoring and Performance Framework for Drug and Alcohol Treatment Services:

- Drug and alcohol treatment services are subject to a robust and detailed national and locally administered performance monitoring framework.
- The framework monitors who is accessing treatment, for what primary substance, what interventions they receive and whether those interventions are effective.
- Nationally required data is reported directly into the National Drug Treatment Monitoring System (NDTMS) and then reported to Kent. This provides an opportunity to compare the performance in Kent with those of other parts of the South East and nationally. **Appendix 2**

### Is the service that is provided timely?

- Waiting times for adult drug misusers and for young people needing treatment in Kent are well below the national target and below the national average. Most adults in Kent will be able to access treatment within 48 hours.
- Waiting times for adult alcohol misusers needing treatment in Kent are above the national target in West Kent and are improving in East Kent with a new interim services in place.
- Effective treatment for adults is understood to be treatment that lasts over 12 weeks. Kent is above the national target for the percentage of drug misusers in effective treatment.

### What are the outcomes for individuals and families of the service?

- Outcomes for adults are measured through the completion of a care plan and not re-presenting for drug services in the subsequent 6 months.
- In Quarter 1 of 12-13 58% of adults exited drug treatment successfully (the national target is 45%). The rate of representation within 6 months averages 86% in Kent.
- The proportion of clients exiting alcohol treatment has consistently exceeded the national average.
- Outcomes for a young people are measured through the completion of a care plan and a planned exit which reintegrates young people with universal or targeted services. TOPS is used for young people over the age of 16 only.
- Kent consistently reports higher levels of successful exits than the national target.

### Rates of abstinence amongst adult heroin and crack cocaine mis-users following treatment

The table below shows current drug use and injecting outcomes at the 6 month stage of treatment, as recorded by completed "Treatment Outcome Profiles". These outcomes at the early stages of treatment have a large bearing on eventual success of treatment.

The greatest benefits from drug treatment are seen in the first three months of the treatment journey.

### Reduced Drug Use and injecting at all 6 month reviews in the 12 months up to June 2012

| Kent    |           |         |          |                   |
|---------|-----------|---------|----------|-------------------|
|         | Abstinent | n       | expected | Reliably improved |
| Opiate  | 54%       | 104/191 | 30-57%   | 23%               |
| Crack   | 63%       | 33/52   | 41-73%   | 6%                |
| Cocaine | 78%       | 28/36   | 51-72%   | 3%                |

|                        |     |       |        |     |
|------------------------|-----|-------|--------|-----|
| no longer<br>injecting | 62% | 61/98 | 41-76% | 12% |
|------------------------|-----|-------|--------|-----|

**How many people have access to the service? Is this meeting the demand for services?**

We are seeing an increase in the numbers of adults accessing drug and alcohol treatment. This is a result of increased investment into alcohol treatment

- 5066 adults accessing treatment for drugs and alcohol in 10-11
- 5475 adults accessing treatment for drugs and alcohol in 11-12
- A fall in the numbers of opiate and crack cocaine misusers accessing treatment
- Waiting times measures show that in Kent, we are not exceeding capacity and can work effectively with the numbers that are presenting

**Current Commissioning:**

The following substance misuse contracts are in place in Kent:

- East Kent Alcohol Service
- East Kent DIP Service
- East Kent Drugs Service (new integrated service from April 2013)
- West Kent Recovery Service
- Kent and Medway Prison Drug and Alcohol Treatment
- Young Persons Early Intervention and Specialist Treatment Service

**Commissioning Models:**

A range of models operate within the commissioning of substance misuse.

- **Payment By Results ( PbR)**
- **Incentivisation Scheme**
- **Service Credits**

**Current Challenges and Opportunities faced by Commissioned Services:**

- 1) **There are significant changes to the governance and funding of Drug and Alcohol Services in Kent.**
- 2) **Historically there has been an unmet demand for alcohol treatment services, which is now being addressed.**
- 3) **The focus on recovery requires new ways of working and new relationships at every level of delivery, commissioning and governance. Recovery has the potential to create greater capacity to meet need because it increases the flow of service users through and out of services.**

## **Appendix 1:**

### **Frequently Asked Questions?**

#### **Does drug and alcohol treatment really work?**

Yes, treatment does work but although everyone can change their use of substances, not everyone will want to change their use. Heroin misusers are likely to take 4 or so attempts at stopping their misuse before they are successful.

#### **Aren't people just parked on methadone? Isn't that just replacing one addiction with another?**

Methadone and other substitute drugs are effective at stabilising behaviour and creating opportunities for people to consider how they want their lives to be different. Historically there has been a focus on getting people into treatment rather than what they could achieve when they were there. The emphasis has changed with hopefulness about individual's ability to be drug or alcohol free. When in treatment, cases are frequently reviewed with new strategies being considered to build motivation and capacity to further reduce use. At the same time pace is important and each individual will require an individual response rather than a time limited intervention.

#### **Is Heroin the biggest issue for young people?**

The majority of young people in treatment for problematic misuse are there because of cannabis or alcohol misuse rather than heroin misuse. There are a small number of young people who misuse heroin. There are considered high risk and are provided with intensive multi agency support.

#### **Isn't the threshold to access services for adults are too high for many people to reach?**

No, drug and alcohol services for adults include both brief interventions and treatment and so meet wide range of needs for people who use a range of drugs as well as those who use alcohol.

#### **Will adults who misuse drugs have their children taken away?**

Parents who misuse drugs and alcohol may be fearful of coming to the attention of social services if they approach a drug or alcohol service. Services do take their safeguarding role seriously and will assess the impact of the parents misuse on the children. They may also visit the parents home to assess the situation particularly if the parent has opiates prescribed to them to take home.

They will share information with children's social care if they have concerns but also can play an active role in building parenting skills of drug and alcohol misusers. Having children can be a key motivation for parents to change their behaviour.

#### **Going to rehab is the only way to get people off drugs?**

No, a range of treatment interventions are needed to provide an effective treatment system to substance misusers with diverse needs. Increasingly community detoxification is being offered to adults before a residential option is considered.

#### **There are more drug services in Kent than alcohol services?**

Historically, the pooled funding that is now used for adult drug and alcohol services was ring-fenced for drug services. This is now not the case. This has enabled the commissioning of integrated drug and alcohol services on the proviso that this does not result in significant reductions in outcomes for opiate and crack misusers.

Appendix 2:

| Indictor  | Target                              | Q1<br>2011/12                       | Q2<br>2011/12       | Q3<br>2011/12       | Q4<br>2011/12        | Q1<br>2012/13        |
|---|-------------------------------------|-------------------------------------|---------------------|---------------------|----------------------|----------------------|
| <b>Adult Drug Service</b>   |                                     | <b>National figures in brackets</b> |                     |                     |                      |                      |
| No. of OCU <sup>8</sup> s in effective treatment (NI40)                                     | <b>2259 (Annual Operating Plan)</b> | 2290                                | 2260                | 2234                | 2178                 | -                    |
| % of New OCU treatment journeys engaged in effective treatment                              | <b>81%</b>                          | <b>81%</b><br>(85%)                 | <b>80%</b><br>(85%) | <b>83%</b><br>(85%) | <b>80%</b><br>(86%)  | -                    |
| No. of Adults in effective treatment  |                                     | 3062                                | 3067                | 3047                | 2995                 | -                    |
| % of New Adult treatment journeys engaged in effective treatment                            | <b>78%</b>                          | <b>80%</b><br>(84%)                 | <b>81%</b><br>(84%) | <b>82%</b><br>(84%) | <b>80%</b><br>(84%)  | -                    |
| % of Waiting times within 3 weeks, first intervention, Adults, discrete quarter             | <b>90%</b>                          | <b>98%</b><br>(97%)                 | <b>99%</b><br>(97%) | <b>98%</b><br>(97%) | <b>98%</b><br>(97%)  | <b>98%</b><br>(97%)  |
| % of Waiting times within 3 weeks, subsequent intervention, Adults, discrete quarter        | <b>90%</b>                          | <b>97%</b><br>(95%)                 | <b>98%</b><br>(95%) | <b>98%</b><br>(95%) | <b>99%</b><br>(95%)  | <b>100%</b><br>(96%) |
| % of Tier 4 waiting times within 3 weeks, first intervention, Adults, discrete quarter      | <b>90%</b>                          | <b>55%</b><br>(77%)                 | <b>88%</b><br>(81%) | <b>40%</b><br>(82%) | <b>100%</b><br>(82%) | <b>100%</b><br>(84%) |
| % of Tier 4 waiting times within 3 weeks, subsequent intervention, Adults, discrete quarter | <b>90%</b>                          | <b>55%</b><br>(77%)                 | <b>83%</b><br>(76%) | <b>70%</b><br>(75%) | <b>67%</b><br>(79%)  | <b>100%</b><br>(73%) |
| No. of successful drug treatment exits, OCU, discrete quarter                               | <b>Annual Operating Plan</b>        | 76                                  | 104                 | 75                  | 126                  | 60                   |
| % of successful treatment exits, OCUs, discrete quarter                                     | <b>45%</b>                          | <b>51%</b><br>(41%)                 | <b>51%</b><br>(40%) | <b>40%</b><br>(38%) | <b>18%</b><br>(33%)  | <b>38%</b><br>(38%)  |

<sup>8</sup> Defined as a client presenting with opiates and/or crack cocaine as their main, second or third drug (excludes primary alcohol clients)

| Indictor  | Target   | Q1<br>2011/12       | Q2<br>2011/12       | Q3<br>2011/12       | Q4<br>2011/12       | Q1<br>2012/13       |
|---|--|---------------------|---------------------|---------------------|---------------------|---------------------|
| No. of successful drug treatment exits, adults, discrete quarter  | <b>Kent Community Safety Agreement</b>   | 189                 | 223                 | 196                 | 275                 | 165                 |
| % of successful drug treatment exits, Adults, discrete quarter  | <b>45%</b>   | <b>60%</b><br>(50%) | <b>62%</b><br>(48%) | <b>53%</b><br>(47%) | <b>27%</b><br>(33%) | <b>58%</b><br>(49%) |
| No. of drug users completing treatment successfully who do not re-present to treatment within 6 months      | <b>PH Outcomes Framework, Annual Operating Plan, Kent Community Safety Agreement</b> | 198                 | 223                 | -                   | -                   |                     |
| % of drug users completing treatment successfully who do not re-present to treatment within 6 months        |  | 83%                 | 88%                 | -                   | -                   |                     |
| <b>Harm Reduction</b>   |  |                     |                     |                     |                     |                     |
| % of new presentations (current or ever injectors) offered a Hepatitis C test, YTD                          | <b>90%</b>   | <b>96%</b><br>(77%) | <b>97%</b><br>(79%) | <b>94%</b><br>(81%) | <b>94%</b><br>(82%) | <b>91%</b><br>(79%) |
| % of individuals previously or currently injecting who have received a Hepatitis C test, YTD                | <b>90%</b>   | <b>55%</b><br>(60%) | <b>58%</b><br>(62%) | <b>61%</b><br>(65%) | <b>62%</b><br>(66%) | <b>62%</b><br>(67%) |
| % of new presentations, YTD, offered a HBV Vaccination  | <b>90%</b>   | <b>98%</b><br>(89%) | <b>98%</b><br>(90%) | <b>98%</b><br>(92%) | <b>98%</b><br>(92%) | <b>98%</b><br>(92%) |
| <b>Alcohol Service</b>  |  |                     |                     |                     |                     |                     |
| Number of clients accessing structured alcohol services, Kent, YTD  |  | 1003                | 1437                | 1770                | 2090                | 951                 |
| Number of clients accessing structured alcohol services, West Kent, YTD                                     |  | 367                 | 514                 | 602                 | 745                 | 235                 |
|   |  | 122                 | 100                 | 83                  | 115                 | 151                 |
| % of alcohol intervention starts (first intervention) occurring within 3 weeks, West Kent, discrete quarter | <b>90%</b>   | <b>72%</b>          | <b>71%</b>          | <b>63%</b>          | <b>74%</b>          | <b>91%</b>          |

| Indictor   | Target                             | Q1<br>2011/12 | Q2<br>2011/12 | Q3<br>2011/12 | Q4<br>2011/12 | Q1<br>2012/13 |
|--|------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Number of clients accessing structured alcohol services, Eastern & Coastal Kent, YTD   |                                    | 641           | 933           | 1178          | 1357          | 715           |
| % of alcohol intervention starts occurring within 3 weeks, Eastern & Coastal Kent, discrete quarter  | <b>90%</b>                         | 87%           | 87%           | 89%           | 85%           | 86%           |
| No. of successful alcohol treatment exits (Kent)   | <b>Annual Operating Plan</b>       | 242           | 267           | 215           | 234           | 204           |
| % of alcohol treatment exits that are planned, West Kent, discrete quarter   |                                    | 61%           | 77%           | 66%           | 26%           | 49%           |
| % of alcohol treatment exits that are planned, Eastern & Coastal Kent, discrete quarter  |                                    | 66%           | 68%           | 65%           | 64%           | 68%           |
|  | <b>National</b>                    | (58%)         | (57%)         | (57%)         | (57%)         | (61%)         |
| <b>Young People Services</b>   |                                    |               |               |               |               |               |
| No. of Young People accessing structured treatment (YP Services specifically) YTD  | <b>400</b>                         | 154           | 210           | 284           | 373           | 119           |
| % of Young People assessed as requiring specialist substance misuse treatment who commence treatment within 15 working days of the referral, discrete quarter                              | <b>100%</b>                        | 100%<br>(98%) | 100%<br>(98%) | 100%<br>(99%) | 100%<br>(98%) | 100%<br>(99%) |
| % of Young People in specialist substance misuse treatment who have a care plan within 2 weeks of treatment start date specifically related to their substance misuse treatment needs, YTD | <b>100%</b>                        | 100%<br>(99%) | 100%<br>(99%) | 100%<br>(99%) | 100%<br>(99%) | 100%<br>(99%) |
| % of Young People leaving treatment in an agreed and planned way, discrete quarter   | <b>80% (Annual Operating Plan)</b> | 97%<br>(79%)  | 90%<br>(77%)  | 89%<br>(76%)  | 84%<br>(76%)  | 89%<br>(79%)  |

### Appendix 3

#### Funding:

The table presented below shows the current sources of funding and the future funding arrangements.

| Current Funding Stream (Aug 2012) | Amount £k   | Changes 2013/14  |
|-----------------------------------|---|--|
| National Treatment Agency         | £6,089,271 adult recurring funding<br>£885,980 adult performance reward<br>12-13 adults<br><br>£567,968 | Public Health Grant  |
| East Kent Primary Care Trust      | £2,135,028 adults<br><br>£150,000 YP  | Public Health Grant  |
| WKPCT                             | £1,309,350 adults<br><br>£100,000 YP  | Public Health Grant  |
| KCC Community Safety fund         | £113,000 YP   | Police and Crime Commissioner Budget   |
| DIP DH                            | £608,000 Total<br><br>£440,000 E Kent<br><br>£168,000 W Kent  | Public Health Grant  |
| DIP Home Office                   | £359,000 Total<br>£259,000 East Kent<br>£100,000 West Kent  | Police and Crime Commissioner Budget   |
| KCC                               | £515,000 Adults   | To be agreed with KCC  |
| KCC EIG                           | £140,000 YP   | To be agreed with FSC  |
| KCC FSC                           | £44,000 adults  | To be agreed with FSC  |
| KCC CASS                          | £30,000 adults  | Non recurring funding  |
| Probation                         | £120,000 adults   |  |
| Prison                            | £4,936,000 adults   | Funds transferred to PH England and administered by NHS commissioning board Offender health budget |

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<sup>i</sup> Data derived from the British Crime Survey

<sup>ii</sup> Provided by the NTA from a dataset known as the *Glasgow estimates*.

<sup>iii</sup> NTA ( 2012) ' Estimating the Crime Reduction benefits of Drug Treatment and Recovery' REF