

WEST DUNBARTONSHIRE COUNCIL

Report by the Executive Director of Social Work and Health

Council: 26 March 2008

Subject: Drug and Alcohol Rehabilitation

1 Purpose

- 1.1** This report provides an overview of the scope of drug and alcohol rehabilitation in West Dunbartonshire. This report will summarise current facilities and highlight identified deficits in current service provision.

2 Background

- 2.1** At the December (2007) Council meeting a request was made for information relating to drug rehabilitation; an overview of what is provided internally and externally and highlighting areas of duplication and omission.

- 2.2** While the reference was specifically for “drug” rehabilitation, this report will look across alcohol and drug rehabilitation. This reflects the fact that many rehabilitation programmes work across both substances and a number of service users present with combined alcohol and drug problems.

2.3 *Defining Rehabilitation*

- 2.3.1** The definition of “rehabilitation” can be interpreted broadly. In its widest sense, rehabilitation starts the moment someone approaches support services. From first contact with a specialist service, an assessment of need is undertaken and a care plan begun. This care plan is the start of rehabilitation.

- 2.3.2** A narrower definition would focus on those areas of service which assist an individual to make specific changes away from drug and/or alcohol misuse. This can happen within the community or within a residential programme.

- 2.3.3** Within this narrower definition, rehabilitation is distinct from “detoxification”, which may be defined as supported withdrawal from a drug (including alcohol) of dependence.

- 2.3.4** Rehabilitation, distinct from detoxification, is the follow-on from this and focuses on long-term strategies for abstinence and reintegration to community, relationships and full functioning within society.

- 2.4** Within West Dunbartonshire, all of the specialist drug and alcohol services contribute towards rehabilitation, but there are some more specialised programmes focusing on goals of abstinence and reintegration.

3 Main Issues

3.1 *Community Based Rehabilitation*

- 3.1.1 While statutory addiction services, these are integrated teams of nurses and social work staff, focus on detoxification and the early steps towards abstinence and reintegration, it is the voluntary sector agencies which have developed more structured community based rehabilitation services.
- 3.1.2 Dumbarton Area Council on Alcohol (DACA) has worked within West Dunbartonshire for over 30 years and has established programmes to support individuals to sustain changes in their drinking patterns. It is through a combination of approaches that DACA offer individualised programmes, which include one to one counselling, complementary therapies, education programmes and groupwork. West Dunbartonshire Council support DACA with direct financial support as well as supporting the service to attract additional, external funding.
- 3.1.3 Alternatives, a local, voluntary sector agency working largely with drug users, has operated for 12 years. Like DACA, Alternatives has established programmes to support long-term abstinence and positive changes for individuals.
- 3.1.4 More recently, as reported to the Social Work and Health Improvement Committee (November 2007 – *Addiction Services Improvement Plans – Alternatives*), Alternatives have undertaken a redesign of services, with an aim to provide an intensive health and personal development programme for adults who have significant substance misuse problems and who are looking for solutions that will support them to initiate change in their lives. **Appendix 1** provides an overview of their programme.
- 3.1.5 While it is through the voluntary sector that rehabilitation is established in programmes, within the statutory services some newer programmes have been developed. These have tended to focus on specific groups, including programmes for vulnerable women. An 8-week programme for women was launched in Clydebank in 2006 and is now running authority-wide. Facilitated by nursing and social work staff, it has demonstrated positive outcomes for participants.
- 3.1.6 Social Work services have also established employment based programmes, which fit well within the definition of rehabilitation which seeks to sustain abstinence and promote societal reintegration. Still in its early stages, specialist programmes have assisted over 50 people from addiction into long-term education or employment within the past year.
- 3.1.7 There are also a number of other local services which all support long-term rehabilitation, including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), to name a few.

3.2 *Residential Rehabilitation*

3.2.1 West Dunbartonshire Council also purchases residential rehabilitation for individual clients.

3.2.2 Across the country there are a number of residential facilities, run by private and charitable organisations. West Dunbartonshire has over the years purchased places on a case by case basis from a range of providers, but over the past three years has worked nearly exclusively with charitable providers, all external to the Council area.

3.2.3 Decisions to purchase a residential service are based upon individual care plans. Residential services would not normally be considered until community options had been considered.

3.2.4 Where a care plan suggests residential services, workers begin the process of supporting the individual to prepare for the placement. This can take from several weeks to several months. This preparation is based upon evidenced approaches which demonstrate that the long-term success of a residential programme is significantly influenced by the preparation that precedes the service. Preparation includes looking at choice of facility, goals, triggers to relapse and any underlying health or social issues.

3.2.5 Since the start of this financial year to present (April 2007 through end February 2008), 22 individuals have started or continued their residential placement.

3.2.6 Each placement is unique. A placement may or may not be linked to a residential detoxification (funded by the NHS). Programmes generally range from a few months to a year.

3.2.7 Within the past three years there has never been a waiting list for residential programmes. Council funding for residential rehabilitation currently sits at approximately £220k per annum.

3.2.8 All placements are reviewed on 4 to 6 weekly visits. Each individual is also supported in planning for their discharge, focusing on their practical needs (housing, employment, health) and longer-term support to maintain abstinence.

3.2.9 For this reason, rehabilitation programmes continue beyond residential programmes, with many individuals linked to services for some time. In the case of services such as AA and NA, some individuals maintain life-long ties to support networks.

3.3 *Omission and Duplication*

3.3.1 Waiting time for rehabilitation services is either non-existent (in the case of purchased, residential programmes) or brief (in the case of local, community based services – both DACA and Alternatives have waiting times under 2 weeks). It is true that those preparing for rehab may take weeks or months to get ready to attend. This approach is based upon evidenced based practice, as highlighted in the 2004 Scottish Executive Report from the Effective

Interventions Unit – *Residential detoxification and rehabilitation services for drug users: A Review.*

- 3.3.2 If rehabilitation is defined in its broadest sense, then it begins with a care plan. Across all addiction services this plan is begun within 2 weeks for 75% of those seeking support and for 85%, treatment starts within 1 week or less of the first contact.
- 3.3.3 Planning of addiction services takes place within a partnership context, led by the West Dunbartonshire Alcohol and Drug Forum (chaired by Councillor Jonathan McColl). The local plan for services takes the form of a Corporate Action Plan for Alcohol and Drugs (or CAP). This planning process is designed to limit duplication in services and identify opportunities for service improvement.
- 3.3.4 The CAP takes on board not only the views of allied professionals, but also service users.
- 3.3.5 Within the CAP there have been areas identified for development. These are:
 - 3.3.5.1 *Places of Safety* – The Police have identified that when individuals with significant drink problems are picked up, there is often no local service appropriate to provide safety in relation to an individual's state of sobriety and/or potential for alcohol withdrawal. This can result in acute hospitalisation, which may not always be clinically required and presents resource and safety issues in relation to transport. The resource implications for establishing a local "place of safety" is under review, but is likely to pose significant cost implications. The review is in its early stages and a report back to the Alcohol and Drug Forum is not anticipate until the end of 2008.
 - 3.3.5.2 *Crisis Services* – Urban areas, such as Glasgow, offer 24 hour crisis centres for alcohol and drug users. No such service exists locally. Local services offer some evening and weekend support, but this is limited. Calls for more out of hours support have been made and a group of service users are undertaking a review of options for addressing this service call. A report back to the Alcohol and Drug Forum is planned for May 2008.
- 3.4 While there are areas identified for improving services locally, and these are being explored with partner agencies, there is no suggestion that there are any omissions which pose significant risk to the health or welfare of local residents.

4. Personnel Issues

- 4.1 There are no personnel issues for the Council.

5. Financial Implications

- 5.1 At present there are no financial implications.

5.2 Any service developments would result in financial decisions for the Council and/or for partner services.

6. Risk Analysis

6.1 Failure to adequately support individuals to achieve and maintain abstinence will result in recurring treatment costs and keep drug and alcohol misuse levels high within West Dunbartonshire.

7. Conclusions

7.1 Within West Dunbartonshire residents have access to both community based and residential rehabilitation programmes, with waiting times kept to a minimum.

7.2 All services are planned on an individual basis and care plans start in the community and work towards reintegration to the community.

7.3 Reviews are underway to consider “places of safety” and extended support out of hours.

8. Recommendations

8.1 Members of the Committee are asked to:

8.1.1 Note the content of this report.

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Appendices: Appendix 1: Outline of Services

Background Papers:

Report to Social Work and Health Improvement Committee
21 November 2007
Addiction Services Improvement Plans – Alternatives

Wards Affected: All wards

Appendix 1

Outline of Alternatives Intensive Support Programme:

Referral to the programme would be as part of a care plan already agreed with each individual's case manager. Assessment for the programme would initially be done by using West Dunbartonshire's Single Shared Assessment, an assessment tool specifically designed to be used by partner agencies when working with chaotic substance misusers providing a seamless service eliminating gaps or duplication of service provision for clients.

Once a referral is received, the groupworkers will carry out an assessment using "The Rickter Scale", a motivational and assessment evaluation tool, which allows the workers and client to benchmark soft indicators including self esteem and self confidence and to set targets for the individuals/group. It will also monitor their progress throughout the programme and assist staff in adapting the programme to suit the needs of individual participants.

The components of this programme will include one-to-one counselling sessions, groupwork inputs, outdoor activities, individual/group therapies programme, bi-monthly reviews and inputs from the local college and other service providers.

The course will have three levels – each building on the previous level:

- Level 1: DAWN (Developing Alternative Ways Now)
- Level 2: RISE (Reflecting In a Safe Environment)
- Level 3: CALM (Choosing Alternative Lifestyle Maturity)

Level 1 DAWN

This is a 4 week, 3 days per week introduction programme. It is made up of a group of core workshops assessing suitability of participants to manage the intensive inputs within the RISE-programme and increasing their understanding of the RISE and CALM programmes. The programme focuses on group rules and behaviour; identification of personal barriers to learning; problem solving and team building exercises. Participants will also be able to access individual and group therapies helping them to de-stress and practice relaxation exercises.

Level 2 RISE

This is a 12 week, 6 days per week programme for those on illicit or prescribed drugs and stable running. The main aim of this programme is to create with the client, in partnership with other agencies, an intensive and comprehensive action plan that is tailor made to the individual, enabling the person to explore ways of making the transition from dependency into citizenship and community integration.

Level 3 CALM

This is a 12 week, 3 days per week programme for participants of the RISE programme who manage to become abstinent to drugs. The core elements of the RISE programme will be continued in this course along with more elective modules. The main addition to this course is the focus on change and on the future. Participants will be encouraged to explore educational/ vocational opportunities through

partnership with Clydebank College who will offer two workshops a week, one within Alternative's premises and the second at the local campus, thus gradually re-integrating them into the educational system.

Agencies including, Careers, Rathbone, Tell training, Wise group, Fairbridge, Princes Trust and Com Ed will also be invited to give an input to the course. The aim of this would be to provide opportunities to engage with some of these agencies as part of the ongoing careplan

Alternatives will run two DAWN groups, two RISE groups and one CALM group each year and estimate that 50 beneficiaries would pass through the DAWN phase each year of which 80% (40) will move through the RISE groups of which 75% (30) will go on to the CALM phase. This means that over the 3 years Alternatives will work with a total of 150 beneficiaries.

Alongside this programme, a range of one to one and group based services will continue to be available to those more chaotic individuals who are not yet group-ready.