

Residential treatment

In the busiest week for admissions at many residential treatment centres, DDN asked the chief executives of four major treatment agencies for their new year hopes for rehab.

'Full cost of recovery must become commissioner mindset'

Nick Barton, Clouds

As a result of the research currently being undertaken by Dr David Best and Prof Ed Day on behalf of the NTA, we should soon have a detailed map of the range of provision for the first time.

We can then begin to think about how to develop the residential landscape to meet the needs of addicted people more efficiently and effectively. However, before investing to build additional capacity, it is vital that the NTA gets to grips with the current under use of Tier 4. Bed Vacs, though a good idea, isn't working at the moment.

I would like to see a significant reduction in in-patient hospital detoxification. In my view, this option should be reserved for those with severe physical and/or mental conditions that cannot be treated in a facility where the comprehensive psychological treatment, so vital to establishing a new life, can be provided simultaneously with and subsequent to the management of physical withdrawal. We must get out of the mindset that leads to the delivery of so much detoxification as a standalone procedure. We are treating addiction not intoxication.

Commissioners should attempt to secure pathways of continuing care beyond the first episode and provide parallel services for family members. It is self-defeating to go on treating people without reference to their most affecting relationships, which so often feature in relapse.

'Full cost of recovery' must become part of the commissioner mindset, especially if we are serious about raising standards. In this regard we need to safeguard registration. It provides at least some protection for the vulnerable people who need residential treatment and we know that those admitted are often more vulnerable than others seeking treatment. Clouds House will be working wholeheartedly to achieve EATA accreditation and we hope that in the end accreditation will bring genuine leverage in the marketplace and put pressure on those commissioners and providers who are prepared to accept low standards.

NTORS revealed that the residential sector often did best even though it had to



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treat people with some of the most difficult conditions. Investment is needed to protect and develop a national resource that earned that accolade.

'We hope that a programme of development is imminent'

Bill Puddicombe, Phoenix House

Residential rehabilitation is an essential part of any effective system for substance misusers who wish to end their dependency. Time and time again the modality is shown to be effective for many people, who have found that other forms of treatment do not give the space and depth for radical reappraisal, which is the unique aspect of the rehab.

At Phoenix House we have challenged the traditional views of residential services. We work with a diverse group of thousands of

service users with a vast range of needs. We noted recently that the Scottish Parliament's Effective Interventions Unit acknowledged that residential services are effective for stimulant users. As we work with more and more crack users in our residential services, this is a point that we had been making for some time.

The lack of investment in residential services has been of concern to us for some while. Since the government acknowledges that it is needed, we hope that a programme of development is imminent as this modality has been left static while other, sometimes less well proven, options have proliferated.

From the providers' side, our challenge is to continue to update the residential service; to keep it relevant. In particular we need to make sure that programmes and their onward referral systems are designed to consolidate the treatment gains made by service users.

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'Plug gaps to make the whole system more accessible'

Peter Martin, Addaction

We would like to see a continuity of care with more residential places and post residential care in the community delivered in a much smoother co-ordinated way for all people with drug and alcohol problems who need that support.

The two go hand in hand. Our whole focus must be on identifying gaps in care, and plugging those gaps, to make the whole system more accessible and to make it more responsive. We should not be waiting for more evidence in order to respond. We know enough about what works.

Looking at our own services as an example – Addaction has 73 services, comprising community services, and a current four residential units, one in London and three in Devon and Cornwall. These units take referrals from all over the country. Take Addaction's Maya project in London, which does incredibly important work with six months in an intensive

Hopes for the future

residential support programme for drugs misuse, and six months follow-up support in the community. The cutting of the Supporting People grant has really put a question mark over plans to expand this valuable service, and as of December 2004, we have been waiting to see what government intends to do about this. Clients stay six months in residence at the Maya, and this is one of the few residential places in the country that supports mothers who can bring their children under the age of 12. This is a huge plus for women who might otherwise not access a service where their children are not accommodated. It is short sighted in the least to undermine the capacity of this much needed and well respected residential programme.

We also know from experience that continuity of care is needed post residential treatment – and that clients who have done very well in residential programmes have faced a postcode lottery in terms of quality support when they return to their previous environment. The continuum of support is crucial, and it should not be beyond our capability within the drug strategy to provide planned support that is effective and meets need, both within the criminal justice system and outside of it.

Meanwhile, the lack of money for alcohol treatment is a constant threat to all our alcohol services including residential units, and this too is a constant source of frustration. We are often reduced to a hand-to-mouth process, knocking on commissioners' doors, for short-term funding, which makes it hugely difficult to plan for the future in terms of staffing and numbers of people we can see, and the length of time we can provide care.

Generally, there is a lot of evidence to support the view that residential treatment works well, but, of course, community services work to support the continuum of care, either for those who do not want or need residential care, or for those who need post-residential care. There is no doubt that more residential care is required, and easier systems for obtaining funding needed. Residential units are of course more expensive and also are generally abstinence-based. We have always said we need a multiplicity of responses for drug and



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alcohol misuse and treatment, including harm reduction to meet the needs of all clients and to reduce the spread of blood borne disease. Residential care is not suitable for everyone because people have different circumstances and needs.

'Treatment needs to get better at meeting whole range of needs'

Lord Victor Adebawale, Turning Point

As the recent Audit Commission report showed, treatment services need to get a lot better at meeting people's whole range of needs. With a third of people dropping out of treatment before the 12th week they have to find a way of holding people in treatment for longer. Residential rehab is no exception and is crucial in the overall pathway through care.

This year Turning Point set out our vision for a national detox chain – a network of rapid-access residential treatment centres across the country. Based in each major city with a need, they would allow local residents to enter treatment at the point they most required it and were ready for help. If there were enough centres in the chain, they would also allow a significant increase in capacity where individuals could move between centres as appropriate.

The centres would be based on Turning Point's Smithfield centre in Manchester which works with both drug and alcohol users. The centre is closely linked with the local community mental health team and uses shared referral and other processes to ensure that people who have both substance misuse and mental health problems can receive appropriate support.

As with the Smithfield centre, in addition to the detox element the centres would offer ongoing support with rehabilitation, support with getting back into training and a series of move-on accommodation options.

My hope for the New Year is that we can make this vision a reality; working with local Drug Action Teams, the NTA and local health authorities the detox chain could make a dramatic impact on the face of residential treatment.

For the future – well, in the short-term, the focus in the government's drugs strategy will continue to be on improving the continuity of care through the criminal justice system. The DIP, and we run several, is certainly helping to provide a much more supportive pathway for clients to get them out of crime and into treatment. However, even there, inappropriate housing is often the one pre-eminent destabilising factor in the care pathway. We invest all this energy, all this time and money in providing appropriate treatment, without gaps, for people who want to address their drug misuse, and fall down when it comes to housing. People will often be doing well in a programme but have no stable accommodation, or are living in B&Bs where others are injecting, and offering temptation, so they are constantly undermined by a lack of suitable housing. This requires vision and action to correct, and is one area where I hope we will begin to see some changes in the coming year.