Access to Residential Rehabilitation for people who are dependent on drugs and/or alcohol in Scotland: An overview of the evidence

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1. Background

Residential rehabilitation is a 24-hour setting for providing intensive, structured psychosocial interventions for people who are dependent on drugs and/or alcohol and who wish to achieve a substance-free recovery.

This report aims to bring together and summarise current evidence and models to inform further evaluation work on the pathways into and effectiveness of residential rehabilitation services for people who are dependent on drugs and alcohol in Scotland.

This report focuses on evidence and structures in place pre–COVID 19 and so it should be noted that significant changes may have occurred to the way residential rehab services operate as a result of this pandemic. Despite this, the evidence to date, knowledge gaps and research questions presented are still relevant for the changing residential rehab landscape going forward.

1.1 Referral pathways in Scotland

Access to rehab is for the most part through a either a GP or specialist drug and alcohol service referral with a small number of facilities accepting self-referral. Other pathways to residential rehab include through the criminal justice route where individuals enter rehab directly from prison. The majority of referrals occur as a result of failed community treatment, specific comorbidities, homelessness and from those coming forward and actively seeking abstinence.

Residential programmes vary in duration and intensity of care, but common elements include communal living with other people in recovery; addressing cognitive and emotional symptoms of dependence; improved skills for activities of daily living; and referral for continuing/aftercare support. A diverse range of approaches are adopted by facilities with a multitude of interventions and approaches to treatment.

Residential rehab facilities in Scotland are predominantly third sector and private with a limited number of NHS inpatient facilities available. In general the NHS funded pathways to recovery follow a detox therapeutic model, where private or third sector funded pathways adopt a more holistic rehabilitation approach.

Access to residential rehab varies by health board area in terms of availability of beds, waiting times and referral rates by individual practitioners and services. In addition, different guidelines and processes of referral also exist per health board. For example, for Greater Glasgow and Clyde The Rehabilitation Service operates an open referral system, via Single Point of Access phone line. This facilitates referral from patients, carers, health care professionals, Social Work Services, 3rd Sector or GPs within Glasgow City CHP. Whereas other health boards take different approaches.

Similarly, the interface between treatment providers and the criminal justice system vary by locality and may be complex and difficult to navigate individuals making referrals.

1.2 Policy Context

The Scottish Government strategy 'Rights, respect and recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths' (published November 2018)[1] set out Ministers' expectations for developing recovery orientated systems of care. This aims to ensure that people who need it are able to access and benefit from effective, integrated person centred support to achieve their recovery. This includes access to residential rehabilitation services.

An independent working group on the provision of residential rehabilitation services in Scotland has recently been set up to advise Ministers on issues around the provision and access to residential rehab services.

This work will include mapping existing drug and alcohol residential rehabilitation services across the 31 Integrated Joint Boards (IJBs) in Scotland and identification of good practice examples; delivering a review of existing pathways in, through and out of drug and alcohol residential rehabilitation; setting out models of funding and delivery of residential rehabilitation treatment; and providing practical advice to Scottish Ministers on evidence and tools to anticipate service demand and uptake to support capacity planning.

2. Overview of the evidence

Summarised below are a number of key pieces of published research and guidance on the topic of residential rehab.

2.1 Research for Recovery: A Review of the Drugs Evidence Base (2010)[2]

In 2009 the Scottish government commissioned a review of the evidence base on drugs to establish what is known, identify gaps in the literature and inform policy.
This review assessed 'what works' in drugs recovery and identify the key questions to establish the effectiveness and impact treatment services. From the international literature, this review found that there is **consistent evidence that treatment is associated with improved outcomes** for people who are dependent on drugs and/or alcohol and that this is the case across a range of approaches including community and residential treatment and both abstinence and maintenance oriented interventions. This work also found that little UK-based research exists on recovery and the international evidence base is also limited. They identify a **specific gap in the evidence around the effectiveness of different forms of abstinence-oriented treatment** (e.g. community detoxification and residential rehabilitation). The review also highlighted an evidence gap on the impact of drug treatment aftercare in Scotland.

[1] https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/11/rights-respect-recovery/documents/00543437-pdf/00543437-pdf/govscot%3Adocument/00543437.pdf

[2] http://smtp.williamwhitepapers.com/pr/2010%20Research%20for%20Recovery%20Executive%20Summary.pdf

2.2 The effectiveness of residential treatment services for individuals with substance use disorders: A systematic review (2019)[3]

In 2019, a systematic literature review was carried out on the effectiveness of residential rehab. This international review provides an overview of the peer reviewed quantitative evidence base for the efficacy residential treatment, and highlights areas for future research and recommendations for clinical practice. Of the 23 studies identified, 8 were considered methodologically robust, 5 of moderate quality and 10 rated as weak. The review found that **best practice rehabilitation treatment integrates mental health treatment and provides continuity of care post-discharge**. The review also recommends that future research and practice should focus on more robust data collection methodology and should make use of data linkage across key health, welfare and justice agency administrative data to further our understanding of risk and recovery trajectories.

Of the studies included in the review, only 1 was based in Scotland[4]. This highlights the lack of robust, peer reviewed evidence from a Scottish perspective and that there is a pressing need for more high quality Scottish based research to take place to fill this gap. The Scottish study, identified as part of the review, adopted an integrated therapeutic community based intervention. This is a holistic approach to recovery focusing not only on substance use outcomes but also on mental health, criminal activity and social wellbeing. The authors of this study found that their intervention, based on an **integrated treatment approach,** had a positive effect on patient outcomes. They also found **that treatment retention, completion and continuing care post-discharge contribute significantly to recovery**.

2.3 Drug Related Deaths Rapid evidence review (2017)[5]

NHS Health Scotland, now Public Health Scotland, undertook a rapid evidence review in 2017 to look at the evidence around deaths among older people with a drug problem in Scotland with a view to respond to the specific risks and needs identified for this group. They found a clear trend of increasing deaths among older people with a drug problem in Scotland.

The review established that **treatment needs to be considered on an individual basis.** In general, the health of individuals with opioid dependence is maintained while in substitution treatment, however, it is important to consider which medications work on a case by case basis. The first 4 weeks of treatment and the first 4 weeks after leaving treatment are when intervention is most critical to reduce mortality risk.

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[3] de Andrade D, Elphinston RA, Quinn C, Allan J, Hides L. The effectiveness of residential treatment services for individuals with substance use disorders: A systematic review. Drug and alcohol dependence. 2019 Aug 1;201:227-35.

[4] Rome, A.M., McCartney, D., Best, D. and Rush, R., 2017. Changes in substance use and risk behaviors one year after treatment: outcomes associated with a quasi-residential rehabilitation service for alcohol and drug users in Edinburgh. *Journal of Groups in Addiction & Recovery*, *12*(2-3), pp.86-98.

[5] http://www.healthscotland.scot/media/1609/drugs-related-deaths-rapid-evidence-review.pdf

In terms of residential care and treatment, the review recommends that a holistic approach, designed and tailored to the health and social needs of individuals, will likely improve the effectiveness of interventions, help increase motivation and prevent drop out.

The authors note that the evidence on residential services remains under-developed and report high rates of treatment drop-out.

2.4 Orange Book UK guidelines[6]

The drug misuse and dependence UK guidelines on clinical management (sometimes referred to as the orange book) report that the **evidence base is mixed**. The guidelines mention that the wide range of treatment modalities used in residential treatment enables residential based programs to be **especially suited for those with complex needs and for those requiring treatment for drug dependence**.

While the guidelines acknowledge that those who complete residential treatment programmes have better outcomes than those who do not complete, cost-effectiveness needs to be evaluated. The guidelines mention that the majority of residential settings are focused on abstinence, and acknowledge that there is some evidence for a combined approach of possibility receiving OST and residential treatment simultaneously. However, they note that **more research must take place** before any robust recommendations around this approach can be made. They also recommend that **open channels of communication should be actively encouraged and established** between professionals that make referrals (especially within the criminal justice system) and residential rehabilitation facilities to ensure that treatment requirements are met and ensure the continuity of care.

2.5 An evidence review of the outcomes that can be expected of drug misuse treatment in England (2017)[7]

In 2017, a review of the treatment outcomes carried out by Public Health England on behalf of the UK government. NICE[8] guidelines recommend residential treatment for people seeking abstinence who have significant comorbid physical, mental health or social problems, and particularly emphasises this setting of treatment for people who have not benefited from previous community-based interventions.

This review found that there is evidence that program duration may have an impact on outcomes with **longer therapeutic community programmes may have better rates of completion than shorter programmes**. However, they report that the evidence for the effectiveness of residential rehabilitation is often poor, possibly due to the lack comparability between interventions. The authors also recognise that due to the nature of drug dependence, and the relatively high likelihood of relapse, low intensity continuing care following a period of more intensive treatment may be crucial in

[6] https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management
[7] https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes
[8] https://www.nice.org.uk/guidance/cg51

achieving long-term success. This would be in the form of counselling, brief check-ups, and attendance at self-help meetings.

3. Discussion

3.1 Pathways, services and outcomes

The different pathways for referral to drug residential rehab services vary significantly by health board. A up-to-date overview of the current routes into rehab is therefore required to establish how different groups of people seeking help with substance use access rehab treatment services. As yet it is unclear how successful current pathways into rehab are, and how this varies across different sociodemographic groups. In order to establish if need is being met across Scotland, a systematic mapping of services and the different pathways into rehab should take place. This should look at the total number of people entering rehab, waiting times, the type and complexity of substance dependence, mental health comorbidities, and the socio demographic breakdowns of each group entering rehab. In addition a mapping of services should also establish the number of beds, types of facilities and services available across Scotland along with details on how rehab places are funded.

Additional clarity around how different groups access residential treatment would help uncover specific barriers and facilitators for those seeking help for drug and alcohol use. It would be helpful to establish this granular level e.g. minority groups, women, single parent households, young mothers, older people, people known to criminal justice etc. Despite a lack of evidence from the literature, it is likely that a person centred approach is important in how well individuals respond to rehab. Further research should focus on establishing if a targeted and person centred approach to both access to rehab and the type of service offered, would help in reducing overall drug and alcohol-related deaths and harms.

In addition, as there is much variation between different types of rehab program in terms of treatment services offered, program length and population attending, there is also a need to compare outcomes using common indicators. This may include long-, medium- and short-term outcomes of residential treatment such as likelihood of relapse, physical or mental health outcomes, overall quality of life, social and employment based measures and others. There is currently a general focus on abstinence based recovery but less so on other aspects of recovery that lead to, or compliment abstinence. There may also be merit in developing a set of indicators around harm reduction with a view to capturing a more holistic picture of an individual's recovery journey. This would allow any progress on the effect of rehab to be measured in a more nuanced way. Moreover, there is little evidence around what individual service users themselves want from rehab, and how this may contribute to the outcomes of treatment. These factors contributing to the overall efficacy of a residential rehab model of treatment should be taken into account when developing a set of key outcome measures specific to residential rehab.

3.2 Barriers and facilitators

Perceptions of what rehab is and what it can do vary considerably between individual professionals that make referrals to rehab - many referrals are dependent on if the referee is generally in favour of rehab or has seen positive change first hand. This inconsistency in approach may be problematic and may account for disparities in referral rates. The development of clinical referral guidelines would help encourage professionals to make referrals and provide clarity around the referral process. As self-referral to rehab is not always possible, there is a need to simplify the process for those who make referrals on behalf of individuals. In addition, waiting times and funding route may also be a barrier to accessing to services, this is particularly so for criminal justice referrals.

3.3 Economic models

There seems to be various funding routes for residential rehab. As yet there has been little evidence on how cost effective different rehab approaches are in terms of overall program length and treatment options offered and nature of aftercare provided. An economic analysis on the short term and longer term impact of residential rehab on recovery based outcomes would help establish how public funds may be best allocated.

It is difficult to establish a comprehensive picture of the total number of inpatient residential rehab beds available in Scotland. It is also likely that a degree of crossover exists between mental health/ psychiatric inpatient facilities for individuals with complex mental health needs that also help patients with addiction. Residential rehab is provided by the NHS, third sector and private facilities. From data obtained as part of the COVID-19 response, there were an estimated total of 285 private and third sector inpatient beds in Scotland. Around 40 inpatient beds reserved for addiction are available via the NHS.[9] Without clarity on the overall number of beds, it is difficult to establish how well the current system in place is meeting the needs of the population in Scotland.

4. Summary

In order to fully evaluate the effectiveness of residential rehab as a therapy model it is essential to firstly understand how different people enter rehab, by means of key demographics as well as looking at the concept of intersectionality within these groups. This will shed light on specific barriers and facilitators providing for individuals seeking to enter residential rehab. This context can then be used to further understand if the needs of the Scottish population are being met by the current routes into rehab, as well as different treatment models, and in what direction future research and funding should go.

[9] https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019

5. Key research questions

a. Can we expand on the evidence base around pathways to residential care for people who use drugs and/or alcohol?
b. What are the perceptions of residential rehab of those needing treatment for drug and/or alcohol use and of those who make referrals?
c. What works and what does not work in residential care? How effective are the services in place?
d. What are the treatment models available to people in Scotland and what is there evidence base?
e. How many beds are currently available for in Scotland? Do current services meet the needs and demand of the population?
f. What is the relationship like between residential care services, mental health services, social work and the criminal justice system?
g. At what point in a recovery journey is rehab most effective?
h. What are the barriers and facilitators that influence access to rehab for people who use drugs and/or alcohol?
i. How do different groups in society such as single parents, women, people from minority backgrounds etc. access and respond to residential rehab?
j. How can routine/ administrative data linkage be utilised from both health, justice and social work to gain a better understanding of access to and effectiveness of residential rehab on both a local and national level?
k. Can efficacy of treatment modalities be established though other outcome indications, in addition to established outcomes around harms and deaths, to gain a more holistic understanding of how residential rehab impacts on an individual's recovery journey?
l. Can best practice referral and treatment guidelines be developed to support professionals in both making referrals and recommending treatment options?