The Department of Health classifies drug treatment into various tiers based on the type of treatment options provided by treatment services. Tier 4 services offer intensive and specialised programmes including residential rehabilitation units, and provide services to substance users with high levels of need. Because of their specialised nature, and the smaller number of service users who may require this type of service, Tier 4 services are used for relatively small numbers of people requiring treatment. Although they are low volume services, the high level of specialised care they provide also makes them high cost services.

Tier 4 comprises of two different but complementary categories of service provision as defined by Models of Care [National Treatment Agency for Substance Misuse (2006c). Models of Care for Treatment of Adult Drug Misusers: Update 2006.]: inpatient treatment (IP) and residential rehabilitation (RR). Aftercare (AC) is a closely related category of service provision.

The overall purpose of Tier 4 services is to offer a range of interventions, in the form of structured day programme, residential and/or quasi residential rehabilitation programmes, to drug and or alcohol users in order to help them achieve tangible treatment gains and recovery. A creative and flexible response is required to assist service users, who may have complicated treatment and social needs, progress through treatment pathways.

Referrals to rehab and detox are through a placement panel, representatives are from Lewisham Drug & Alcohol Action Team (DAAT), Lewisham Reducing Re-Offending Service (Penrose), the Community Service Provider (CRI), and an Administrator.

The aim of the Panel is to ensure best practice and that the most appropriate care pathway is provided for the service user. For example; a detox referral will have to include information regarding contingency management and more importantly an after care plan. Thereby ensuring that the service user is supported during detox and especially if they should leave unexpectedly. Also that there is a clear plan to follow once detox is successfully completed.

The after care plan will also ensure that the service user has planned and is fully aware of the next stage of their recovery. It is expected that if rehabilitation is a part of the after care plan that this referral is submitted together with the detox referral, which will result in a seamless care pathway.
from the detox treatment provider to the rehabilitation programme provider.

Tier 4 interventions exist within a balanced local treatment system (even when clients access out of-area tier 4 services) and are part of the range of treatment options available to all clients. To ensure Tier 4 interventions remain an option throughout a client’s treatment journey, key workers and clients often discuss them during the care plan review, when client progress and planning interventions are being considered – ideally once every three months.

Tier 4 inpatient and residential interventions may be introduced at a number of key points during a client’s treatment journey: Presentation – when clients seek abstinence and are assessed as appropriate, they are referred to inpatient detoxification, or residential rehabilitation (with or without detoxification)

Tier 4 interventions are advocated as key elements of every local drug treatment system. They play an important role in enabling drug users with complex needs to stabilise or become drug-free and are in line with the NTA’s Treatment Effectiveness strategy. Models of Care: Update 2006 (NTA, 2006) stipulates that Tier 4 treatment should be care-planned and co-ordinated to ensure continuity of care, as well as ensuring aftercare for individuals who are back in the community. As such, Tier 4 services may be a critical element in some individuals’ integrated care pathways and can be a highly effective component in providing routes out of drug dependency for those who cannot achieve stability or abstinence in the community.

Residential rehab is an integral part of any drug treatment system, a vital option for some people requiring treatment for drug dependence. Anyone who needs it should have easy access to rehab, whether close to home or further away. Residential rehab currently accounts for 2% of people in adult drug treatment but 10% of central funding. On average a period in rehab costs £600 (national average) a week, making it much more expensive than non-residential treatment services. (rehab in Lewisham is nearer 20%)

For every 10 people who go to rehab each year, 3 successfully overcome their dependency, one drops out, and 6 go on to further structured support in the community. Of those 6, 2 overcome dependency with the help of a community provider, at least 2 are still in the system, and at least 1 drops out. Outcomes vary across the residential sector. The best performers see more than 60% of their residents go on to overcome dependence, while the poorest struggle to enable 20% or fewer to overcome addiction. All services will have to demonstrate value for money in an increasingly outcomes-focused healthcare landscape.

The best-performing rehabs do well with complex users, who often do not benefit from cheaper community treatment. To justify the extra cost of residential placement, rehabs will in future have to focus on the complex cases, where they can add value to the treatment system. Rehabs are more
successful at retaining and treating residents with severe alcohol dependency
than drug addicts – possibly because dependent drinkers have more personal
and social capital to invest in recovery.

The NICE appraisals balanced cost-effectiveness with clinical effectiveness,
and were reflected in the 2007 UK Clinical Guidelines (known as the Orange
Book), which guide practitioners on how to provide treatment for drug misuse
and dependence.

The NTA is now coordinating a national collaborative study to explore the
effectiveness of residential treatment in order to identify the groups of service
users for whom residential rehab is particularly effective. The aim of the study
is to develop the evidence base further and better inform commissioners
about the types of people who are likely to benefit from residential services.

Meanwhile, NDTMS offers a valuable source of material on how treatment
works in practice. Now one of the most comprehensive datasets in the NHS, it
collects detailed information from individual users, providers and
commissioners to build an unrivalled picture of the drug treatment system as a
whole. During the course of the recent engagement between the NTA,
Recovery Partnership and representatives of the residential sector, it was
acknowledged that differential reporting to NDTMS by residential rehabs
meant that it was not possible to robustly judge the cost-effectiveness of
individual providers.

Of those recorded as finishing a rehab programme:

- 1,110 (28%) left the treatment system directly from residential rehab,
having overcome their dependency and having no further structured
treatment need. They therefore met the NDTMS definition of successfully
completing treatment
- 898 (23%) finished a residential programme to the satisfaction of the rehab
provider, but were then recorded by another community-based provider as
continuing in treatment elsewhere in the system. Of the 898, approximately
half (475) went on to overcome their dependency and leave the system
successfully following their period with a community provider. A further 144
spent time with a community provider but then dropped out. The remaining
279 were still in treatment in the community at March 2012.

As with treating any chronic condition, recovery from drug and alcohol
addiction carries an ever-present risk of relapse. The audit found that 1 in 5 of
those rehab residents who successfully completed treatment came back for
more specialist help within six months. However, there was no difference in
the re-presentation rate between those who left straight from the residential
rehab, and those who went on to have further support from community
treatment providers.

The drug treatment population as a whole is a challenging one, and
unplanned discharges are common across the system. The high rate of drop-
out reported by residential services is likely to be because they treat some of
the most complex drug users, in line with NICE recommendations.

People accessing residential rehab will usually have:
• failed in community treatment more than once
• longer and more entrenched drug and alcohol misusing careers
• a range of problem substances
• Poorer physical and psychological health
• more significant housing problems

All this means that users attending residential rehab are likely to be more
complex, in terms of their chances of achieving a successful outcome
compared to the system as a whole. They are particularly liable to have higher
numbers of previous unplanned episodes of treatment than users in other
parts of the system.

**Lewisham Profile**

From April 2012 until the end of October 76 people were assessed and
accepted into Tier 4, this included 5 people who received detoxification
treatment and rehab at the same service. 74% of clients are male and 26%
female. The largest group are over 40 (65%) in line with the national picture
of people with substance misuse problems. 30% are aged 30-40 and 5%
under 30.

The average cost of a week in rehab costs approximately £500, However, this
will vary on the particular needs of the client.

The Framework covers four types of Programme. Structured day
programmes, residential rehab programmes for people with complex needs
that cannot be met in the community. Quasi rehabilitation programmes,
which provide supported housing facilities and more specialist intervention
services which also provide medical treatment and support for more complex
dual diagnosis service users.

The current budget would allow for 63 people to start and remain in treatment
for 24 weeks. However, in 2011/12 86 people began treatment. The cost left
an underspend the reason is that many people did not complete treatment.

A reduction in funding of 167,000 would result in a reduction in approximately
13 places. The remaining budget would therefore allow for approximately 50
placements per year. Assuming that the 50 individuals remained for 24
weeks.

In 2012/13 the Tier 4 panel was overhauled and the Tier four provider
framework recommissioned. This ensures improved utilisation of
rehabilitation and improved pathways, in order to support recovery an
Aftercare Service (TTP) was commissioned in 2012/13 and this ensures wrap
around support post rehab.
In addition to Tier 4 Rehab placements the DAAT also commissions three other providers to deliver detox and emergency access residential services. This includes SLaM’s Acute Assessment Unit, Cranstoun City Road Service and Equinox Brook Drive. All three services are funded on an activity basis and are used for some of the most vulnerable service users with complex needs. The contract value will remain the same for these services in 2013/14.

**Service User perspective.**
The feedback from service users who have accessed Rehab and Detox has been on the whole positive. However, they say that any rehab, be it community or residential is only as good as the aftercare that is available locally. Some specific comments are:
“it works if you work it”
“it was a place that allowed me to find me”
“Dreams can come true if you want it”