3. Services for people who misuse drugs/alcohol

- 3.1 Residential rehabilitation for people who misuse drugs/alcohol
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- 3.3 Specialist prescribing
- 3.4 Alcohol health worker, Accident & Emergency

Services for people who misuse drugs/alcohol

Statistics produced by the National Drug Treatment Monitoring system (NDTMS) and discussed in the National Treatment Agency's (NTA) Annual Report, 2008/09 (NTA, 2009)¹ reveal the prevalence of people who misuse drugs/alcohol. The most recent NDTMS data (2008-09) show that 210,815 individuals are receiving structured drug treatment.

This year we have based the unit cost information on new research carried out by the National Treatment Agency (Personal communication with the NTA, 2010). This information provides the costs of three principle treatment interventions: (a) residential rehabilitation, (b) inpatient detoxification and (c) specialist prescribing. These interventions are described in more detail in this chapter and in 'Business Definition for Adult Drug Treatment Providers' referenced below (National Treatment Agency, 2010).²

The provider's data was excluded from the national averages for interventions that fell in the top and bottom 5 per cent of unit costs for service users in treatment **OR** days in treatment and the top and bottom 10 per cent of unit costs for service users in treatment **AND** days in treatment.

3.1 Residential rehabilitation for people who misuse drugs/alcohol

Drug residential rehabilitation consists of a range of treatment delivery models or programmes to address drug and alcohol misuse, including abstinence orientated drug interventions within the context of residential accommodation. Examples include, inpatient treatments for the pharmacological management of substance misuse and therapeutic residential services designed to address adolescent substance misuse. See 'Business Definition for Adult Drug Treatment Providers' referenced below (National Treatment Agency, 2010)³ for the full description of residential treatment. Of the 210,815 individuals receiving structured drug treatment in 2008/09, there were 4,711 recorded in residential rehabilitation. It is known however that this has been under reported due to only about two-thirds of residential providers making returns to the NDTMS in 2008/09.

Information has been drawn from a sample of 34 residential rehabilitation programmes to produce a unit cost per resident week of £628 at 2009/2010 prices. This has been uprated from 2007/08 using the HMT GDP deflator. A breakdown of costs has not been calculated for Residential Rehabilitation due to the method of collection for this service.

¹ National Treatment Agency for Substance Misuse (2009) Annual Report, 2008/09, http://www.nta.nhs.uk/uploads/ nta_annual_report_08-09_2.pdf, Date Accessed 14 September 2010.

² National Treatment Agency for Substance Misuse (2010) NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers, http://www.nta.nhs.uk/uploads/yptreatmentbusinessdefinitionv7.05.pdf

³ National Treatment Agency for Substance Misuse (2010) NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers, http://www.nta.nhs.uk/uploads/yptreatmentbusinessdefinitionv7.05.pdf

3.2 Inpatient detoxification for people who misuse drugs/alcohol

An Inpatient Unit (IPU) provides care to service users with substance-related problems (medical, psychological or social) that are so severe that they require medical, psychiatric and psychological care. The key feature of an IPU is the provision of these services with 24-hour cover, 7 days per week, from a multidisciplinary clinical team who have had specialist training in managing addictive behaviours.

Treatment in an inpatient setting may involve one or more of the following interventions: (a) assessment, (b) stabilisation and (c) assisted withdrawal (detoxification). A combination of three may be provided or, one followed by the other.

The three main settings for inpatient treatment are: (a) General hospital psychiatric units, (b) specialist drug misuse inpatient units in hospitals and (c) Residential rehabilitation units (usually as a precursor to the rehabilitation programme). See 'Business Definition for Adult Drug Treatment Providers' (National Treatment Agency, 2010)¹ referenced below for more detailed information on this intervention.

Based on information provided by the National Treatment Agency (Personal communication with the NTA, 2010), the average cost per patient day for inpatient detoxification (NHS and voluntary organisations) is \pounds 142 per patient day which is equivalent to \pounds 994 per patient week. All costs have been uprated from 2007/08 using the HMT GDP deflator.

2009/2010 value	Notes		
£83 per patient day	Salaries plus oncosts for care staff.		
£15 per patient day	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration, for example telephones and information technology.		
£44 per patient day	Capital charges, capital on refurbishment, property and buildings, housekeeping, catering, porterage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.		
Unit costs available 2009/2010			
	value£83 per patient day£15 per patient day£44 per patient day		

£142 per patient day or £994 per patient week

¹ National Treatment Agency for Substance Misuse (2010) NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers, http://www.nta.nhs.uk/uploads/yptreatmentbusinessdefinitionv7.05.pdf

3.3 Specialist prescribing

Specialist prescribing is community prescribing for drug misuse in a specialist drug service setting, which normally comprises a multidisciplinary substance misuse team. Specialist prescribing interventions normally include comprehensive assessments of drug treatment need and the provision of a full range of prescribing treatments in the context of care-planned drug treatment. The specialist team should also provide, or provide access to, a range of other care-planned drug treatment. The specialist team should also provide or provide access to, a range of other care-planned healthcare interventions including psychosocial interventions, a wide range of harm reduction interventions, Blood Borne Virus (BBV) prevention and vaccination, and abstinence-oriented interventions.

The teams include specialist doctors who are usually consultant addiction psychiatrists 'with a Certificate of Completion of Training (CCT) in psychiatry, with endorsement in substance misuse working exclusively to provide a full range of services to substance misusers'. Such teams sometimes have other specialists. See 'Business Definition for Adult Drug Treatment Providers' (National Treatment Agency, 2010)¹ referenced below for more detailed information on this intervention.

Based on information provided by the National Treatment Agency (Personal communication with the NTA, 2010), the average cost per patient week for specialist prescribing is $\pounds 50$. All costs have been uprated from 2007/08 using the HMT GDP inflator.

Using reference costs 2008/2009,² the mean cost per client contact in a NHS and PCT combined drugs and alcohol mental health specialist team was £95 per face to face contact and £42 per non face to face contact. These costs have been uprated using the Hospital and Community Health Services (HCHS) inflator.

Costs and unit estimation	2009/2010 value	Notes	
A. Direct pay	£24 per patient week	Salaries plus oncosts for care staff.	
B. Direct overheads	£17 per patient week	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration, for example telephones and information technology.	
C. Indirect costs and overheads	£9 per patient week	Includes capital charges, capital on refurbishment, property and buildings, housekeeping, catering, porterage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.	
Unit costs available 2009/2010			
£50 per patient week			

¹ National Treatment Agency for Substance Misuse (2010) NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers, http://www.nta.nhs.uk/uploads/yptreatmentbusinessdefinitionv7.05.pdf

² http://www.dh.gov.uk/en/Publicationsandstatistics/PublicationsPublicationsPolicyAndGuidance/DH_111591

3.4 Alcohol health worker, Accident & Emergency

Alcohol health workers (AHWs) are experienced mental health nurses who have undertaken specific training in counselling people who misuse alcohol. AHWs interact with people in a non-confrontational and patient-centred way and during an assessment may offer feedback about safe levels of drinking and suggest a range of strategies aimed at reducing levels of consumption.

Information for this schema has been based on a study carried out by the Centre for the Economics of Mental Health at the Institute of Psychiatry, London.¹

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£30,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2010 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £33,600. ² See page 230 for further information on mean salaries.
B. Salary oncosts	£7,523 per year	Employers' national insurance contribution plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,678 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ³ It has been assumed that this health worker requires the same qualifications as a staff nurse/ward manager. See schema 6.4 for further details on training for health professionals.
D. Overheads	£3,130 per year	Indirect overheads only. ⁴ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£2,283 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared office space for administration, and recreational and changing facilities. ^{5,6} Treatment space has not been included.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁷ Assumes 5 study/ training days and 12 days sickness leave. ⁸ Unit costs based on 1547 working hours.
Ratio of direct to indirect time on: clinic contacts	1:0.22	Assuming 82 per cent of time spent on face-to-face contact and 18 per cent on onward referral.
Length of contact	55 minutes	Per clinic contact. Based on survey of AHWs in London A&E department. ¹
Unit costs available 2009/2	2010 (costs includi	ng qualifications given in brackets)
f28 (f33) per hour: f34 (40)	per clinic consultatio	n

£28 (£33) per hour; £34 (40) per clinic consultation

¹ Barrett, B., Byford, S., Crawford, M.J., Patton, R., Drummond, C., Henry, J.A. & Touquet, R. (2004) Cost-effectiveness of screening and referral to an alcohol health worker in alcohol misusing patients attending an accident and emergency department: a decision-making approach, Drug & Alcohol Dependence, 2006, vol.81, no 1, pp. 47–54.

² The Information Centre (2010) NHS Staff Earnings Estimates June 2010, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) Development of a Ready Reckoner for Staff Costs in the NHS, Vol 2, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Building Cost Information Service (2010) Surveys of Tender Prices, March, BCIS, Royal Institute of Chartered Surveyors, London.

⁶ Based on personal communication with the Department for Communities and Local Government (2010) http://www.communities.gov.uk/documents/housing/xls/141389.xls.

⁷ NHS Employers (2005) Agenda for Change, NHS Terms and Conditions of Service Handbook, NHS Employers, London.

⁸ The Information Centre (2010) Results of the NHS Sickness Absence Survey 2009, NHS Employers, London.