AUDIT Scotland ten years on

McPhee, Iain; Sheridan, Barry

Published in:
Drugs and Alcohol Today

DOI:
10.1108/DAT-05-2020-0024
10.1108/DAT-05-2020-0024

E-pub ahead of print: 24/09/2020

Document Version
Peer reviewed version

AUDIT Scotland ten years on: explaining how funding decisions over the past decade link to increased drugs related deaths among the poor

Abstract

Purpose of research

In response to Scottish Government assertions that an ageing cohort explained increases in DRD our previous research established that socio-economic inequalities were additional risk factors explaining the significant increases in drug related death in Scotland. In this paper we subject the drug policy narratives provided by Scottish Government in relation to the governance of drug and alcohol services to critical scrutiny and reveal the social consequences of the funding formula used to direct funding to services via NHS Scotland Boards, and Alcohol and Drug Partnerships (ADP).

Methods

The paper provides a narrative review in the context of the AUDIT Scotland reports "Drug and Alcohol Services in Scotland" from 2009 and follow up report published in 2019. We refer to the recommendations made in the 2009 report on effectiveness of drug and alcohol services and subject Scottish Government funding processes, and governance of drug and alcohol services to critical scrutiny.

Results

Our analysis provides robust evidence that Scottish Government funding processes and governance of drug and alcohol services increased risk to vulnerable drug users and document evidence that link these risk factors to increased drug related death.

Limitations

We have focused on Scottish drug policy and drug services funding. Alcohol services funding is not subject to critical analysis due to limitations of time and resources.

Practical implications

Our case study investigates AUDIT Scotland's recommendations in 2009 to Scottish Government to provide researchers, government policy advisors and media with robust critical analysis that links drug policy decisions to increased Drug Related Death (DRD).

Social implications

Drug policy governance by the Scottish Government and NHS Scotland since 2009 have disproportionately affected communities of interest and communities of place already experiencing stark inequalities. These budget decisions have resulted in widening inequalities, and increased drug related deaths within communities in Scotland. We conclude that in diverging politically and ideologically from Public Health England, and the Westminster Parliament, Scottish Government drug policy and financial governance of drugs services contributes to increased risk factors explaining DRD within deprived communities.

Originality/value

The 2009 AUDIT Scotland recommendations to Scottish Government subject their governance of drug services to critical scrutiny. This analysis provides a counterpoint to the explanations that rising DRD are unconnected to drug policy and drug services governance.

Key words

drug related death, drug policy, recovery, deprivation, social policy, policy analysis

Since devolution subsequent Scottish Governments have failed to address widening health inequalities in Scotland (McPhee, Sheridan, and O'Rawe 2018, AUDIT Scotland 2012). This is evidenced by the increase in drug related deaths, a narrowing of service provision, centralisation of services and budget cuts. In financial year 2007-08, £123 million was allocated to drug and alcohol services (AUDIT Scotland, 2009). We provide evidence that funding decisions since then have impacted on drug and alcohol service provision that have disproportionately affected communities adversely affected by socio-economic inequalities.

The Audit Scotland report from 2009 detailed improvement actions within drug and alcohol treatment services, and made six recommendations for Scottish Government, and other public sector bodies to address. These six recommendations included setting clear minimum standards and specifications for services based on assessment of local needs, value for money, and accountability regarding service effectiveness, with regular audits to ensure these service specifications adhered to expected standards (AUDIT Scotland, 2019).

In 2011 the Commission on Future Delivery of Public Services, otherwise known as the Christie Commission, recommended that Scotland embrace a radical, new culture throughout public services that focused on collaboration. They recommended a reduction of top down planning, contracting and delivery of services. The Commission warned of what would occur in terms of widening inequalities if wasteful practices were not addressed (Scottish Government, 2011).

In 2015 drug and alcohol policy moved from the Scottish Government Justice Department to the Health and Sport directorate (AUDIT Scotland, 2019). In this same year, the Scottish Government announced a 22% cut in funding from £69 million to £53 million (ibid). This shortfall was expected to be met by NHS Health Boards. In 2016 over half of NHS Boards in Scotland cut funding to Alcohol and Drug Partnerships (AUDIT Scotland, 2019).

The funding decisions the Scottish Government announced between financial years 2007-08 and 2019-2020 forms the basis of this paper. We critically evaluate the 6 recommendations made by AUDIT Scotland in 2009, and critically assess the 5 key facts reproduced by AUDIT Scotland in the 2019 report, revealing how and in what way Scottish Government funding governance has impacted on drug and alcohol service provision, linking this to risk factors that increased drug related death.

How services are funded in Scotland

The funding formula made available by Scottish Government Drug Policy Unit in a private communication indicates that since 2012, almost three quarters of current NHS Scotland Board funding for drug services is based on Information Services Division (ISD) Scotland prevalence data on Problem Drug Use (PDU)[1]. PDU prevalence data from ISD Scotland can be up to three years out of date when used to apportion funding to drug services. The remaining funding is determined by a National Resource Allocation Committee (NRAC)[2] formula that are said to consider:

- Numbers of the population living in each NHS Scotland Board area
- Age and sex of the population
- Morbidity and life circumstances (e.g. deprivation)
- Additional costs of delivering healthcare in remote and rural areas

The NRAC use this funding formula to determine the amount of spend to allocate to alcohol and drugs prevention, treatment, and recovery services. The funding from the Scottish Government are directed to NHS Boards who determine how monies are allocated to Alcohol and Drug Partnerships (ADP) to

[1] Information requested from Scottish Government Drug Policy Unit 30/9/2019, received 10/3/2020

[2] https://www.isdscotland.org/Health-Topics/Finance/Publications/2015-09-29/Resource-Allocation-How-Formula-works-in-practice.pdf?18:41:09

fund statutory and non-statutory services. It should be noted that funding decisions are not based on service performance or accountability.

We examine the recommendations made by AUDIT Scotland in 2009, and evaluate the impact of Government cuts to services, and establish risk relationships to explain the stark increases in drug related deaths (DRD). Audit Scotland (2009) endorsed improvement actions for drug and alcohol services, making 6 recommendations for Scottish Government and other public sector bodies to address.

Recommendation 1: Set clear national minimum standards for a range of drug and alcohol services with set timescales and ensure their performance is regularly monitored and publicly reported.

Audit Scotland (2009) recommended that the Scottish Government and public bodies should work closely together to develop performance management framework targets on spend, activity and outcomes. This has not been implemented (AUDIT Scotland, 2019 report).

The only national agreed minimum standards relate to HEAT standards. These focus on waiting times for assessment and initial treatment which must begin 21 days after initial assessment, for this target to be considered successfully met. NHS Scotland and ISD Scotland publish annual reports on HEAT Standards that are available to the public.

The Scottish Government developed an Action Plan (Scottish Government 2019) to accompany the Rights, Respect, and Recovery Strategy (Scottish Government, 2018). However, it will be 2021 before this is reviewed to establish whether this has any impact on reducing drug related deaths.

Recommendation 2: Clarify accountability and governance arrangements for services in Scotland with clear responsibilities of all organisations and partnerships involved in planning and delivery.

There is no clear separation between service purchaser and service provider in drug and alcohol services in Scotland. This arrangement makes it challenging to hold any service provider or purchaser responsible for poor financial governance and poor service outcomes. In 2006 the National Quality Standards for Substance Misuse were published (Scottish Executive, 2006). However, AUDIT Scotland revealed a lack of evidence that these were implemented (AUDIT Scotland, 2009, AUDIT Scotland 2019).

The Dundee Drugs Commission report published in 2019 states that:

> *"the majority of funding for drug treatment is held by the NHS and managed by the Integration Joint Board [IJB]. This leaves a situation where one partner commissions and contract manages its third sector partners...The unequal power and control in the drug treatment system, the majority of which is held by the NHS, has led to a breakdown of relationships ... third sector services have chosen not to speak honestly in meetings for fear that their services will be decommissioned...This breakdown of trust between ISMS and its third sector partners is one of the most worrying findings of the Commission and will require urgent attention" (Dundee drugs commission, 2019:41)*

In England there is a separate commissioning body for services. In addition, England have minimum standards on waiting times, types of interventions, and data on unit costs, treatment retention and treatment outcome (National Treatment Agency 2006; Public Health England, 2018).

Recommendation 3: Ensure that services are based on an assessment of local need to inform local decision making with regular evaluations to ensure value for money.

There are no measures in place to assess local need in relation to inform decision making in local communities most affected by the closure of third and voluntary sector services (AUDIT Scotland, 2009, 2019).

ISD Scotland began developing the (DAISy) single Drug and Alcohol Information reporting SYstem in 2013, replacing the existing drug and alcohol database. However, the launch of DAISy has been significantly delayed. At the time of writing it is not known when this will be fully implemented within statutory and non-statutory service providers. DAISy is intended to act as a central database to collate information to help ADP and the Scottish Government to centrally plan and deliver services. This system will collate drug and alcohol service user information referrer details, and recovery outcomes, but does not assess local need, and therefore is directly in opposition to the recommendations from AUDIT Scotland, (2009), the Commission on Future Delivery of Public Services, (2011), and the Care Inspectorate, (2017).

The Scottish Government published detailed quality principles and standard expectations of care in 2014 indicating that that service users and families be involved in localised care planning and review (The Scottish Government, 2014). The Care Inspectorate (2017) revealed wide variation in drug services adopting the quality principles. The Care Inspectorate report criticises inefficiency in centralised statutory services stating that:

> *"Overall, the third sector is leading statutory services in innovation and person-centred service models. The way in which some NHS and social work services are delivered needs to modernise to maximise efficient use of resources and to also ensure a person-centred approach" (Care Inspectorate, 2017:6)*

Care Inspectorate (2017) found that many statutory services fail to provide meaningful evidence of impact of interventions on service users and local communities. Rather than assessing local need, the Scottish Government has relied on NHS services to continue to deliver opiate replacement mainly in

the form of methadone. For over a decade funding cuts have resulted in shrinking of community-based third and voluntary services and increasingly centralised (McPhee, Sheridan, O'Rawe & Hammond, 2018b).

From 2007-08 until 2019-20 financial years funding cuts have resulted in a shrinking of the range of voluntary sector services able to provide localised and community-based services across Scotland (McPhee, Sheridan, O'Rawe & Hammond, 2018b).

We note that when services are commissioned it is largely focused on cost of delivery rather than 'best value' or service outcomes. There has been as a consequence a 'race to the bottom' in service commissioning and provision, similar to what has occurred in the private care home sector, and in contract hospital services such as cleaning and catering. The average wage of a drug worker has reduced from around £25,000 to less than £20,000 and is further reducing as jobs are currently being advertised at £12,000 per annum as a result of non-statutory service commissioning solely based on costs. This in turn has impacted on the quality of service provided.

Methadone and Opiate Replacement Therapy

For more than a decade the Scottish Government have been unable to provide basic data on the number of individuals who access opiate replacement therapies. This presents a challenge in assessing local need as recommended by AUDIT Scotland (2009).

The Scottish Advisory Committee on Drug Misuse (2007) published a review of methadone prescribing. The report raised concerns of limited performance information from services in relation to provision of opiate replacement therapy. The UKDPC commented on inadequate information systems, evidence-based drug policy and its impact on DRD:

> *"The way we collect, analyse and use evidence in UK drug policy has often been inadequate and this has held back cost-effective policies that could have improved the lives of millions of people" (UKDPC, 2012:99)*

The Independent Expert Review of Opioid Replacement Therapy (2013) identifies examples of good practice in the administering on opiate replacement therapy. However, the review also revealed inconsistencies in terms of availability, quality and range of treatment and care.

A key recommendation in The Road to Recovery (Scottish Government, 2008) and in the 2009 Audit Scotland report, were that treatment services should be developed and evaluated for value and cost efficacy. In Scotland there is no national estimate of the numbers prescribed methadone, or the unit cost per person. The data on methadone is a highly political issue in Scottish Parliament. It is our opinion that there are no data on numbers of individuals prescribed methadone, or unit costs as these have historically been used by political parties to criticise the Scottish Government[3]. In England there is data on unit costs, service and treatment outcome information (National Treatment Agency, 2006; Public Health England, 2019).

AUDIT Scotland 2009 made a further 3 recommendations for Public sector bodies (NHS and ADP) to which we now turn our attention.

Recommendation 4: Ensure that service specifications are in place for services with clear service activity and quality requirements. Where services are contracted out this should be part of a formal contract.

The Heat Standards focuses on waiting times, with no nationally agreed standardised reporting on any other service activity. We discussed the issue of unplanned discharge and highlighted that 80% of

[3] Scottish Parliament, (2015) Meeting of the Parliament 2nd April 2015, Hansard, Edinburgh., http://www.parliament.scot/parliamentarybusiness/report.aspx?r=9894&mode=html

people who died from drug related death were 'known to services' six months prior to death (McPhee, Sheridan and O'Rawe, 2018). This indicates that either they were discharged for non-compliance or 'voluntarily' chose not to engage or attend services that failed to meet their needs.

Contracted out service level agreements have been implemented. However, we argue that commissioning non statutory services in three-year cycles is ineffective. This creates perverse incentives to meet government targets such as HEAT Standards on waiting times and wastes valuable resources and workforce talent. The evaluation of a rights-based advocacy group in North Lanarkshire provides evidence that the commissioning processes were overly bureaucratic, time consuming particularly for small service providers, favouring larger organisations operating on a national scale (McPhee et al 2018b).

Recommendation 5: Set out clear criteria of effectiveness and outcomes for different services with audits ensuring criterion are met

The Scottish Government created the Delivery Reform Group in 2008 to improve service delivery with drug and alcohol services. The Delivery Reform Group recommended that services collect data on outcome measures, however these recommendations were not mandatory. Audit Scotland revealed in 2009 that there were no plans by the Scottish Government to monitor effectiveness in communities. The Outcomes Framework for Problem Drug Use was developed in 2014 (Dickie, 2014). However, the lack of information on expenditure for example on unit costs of treatment, presents a clear challenge in providing comparable national data. In England a framework of national performance management and accountability combines service data with unit costs is available (National Treatment Agency 2006; Public Health England 2018).

What has occurred over the last 12 years are a welcome development of recovery communities. This has occurred in parallel with a de-professionalisation of the 'addiction' sector and the closure of independent third sector service providers. An increased centralisation of statutory treatment services has perhaps unintentionally led to service user non-compliance, non-attendance, increased unplanned discharge from services, and increased risk for DRD (McPhee et al., 2018).

NHS Scotland decision makers and budget planners cut funding, centralised services, and decommissioned third and voluntary sector services. The Scottish Government were able to claim they were embracing a 'recovery' agenda. However, this agenda increasingly relies on unpaid volunteers, many of them early in recovery to set up recovery cafes and recovery communities. As superb as many of these are, they may be unable to match the expertise and training that was lost when funding cuts closed independent community-based services.

Recommendation 6: Use the AUDIT Scotland (2009) checklist to help improve their delivery and impact of drug and alcohol services through a joined up consistent approach

The AUDIT Scotland 2009 checklist is not mentioned in the 2019 AUDIT Scotland report. The checklist relates to Governance, Performance Management, and Evidence Based Services. Audit Scotland (2019) did not undertake a follow up comparison from their 2009 report to establish whether the recommendations were met. However, they focused on five key facts relating to drug and alcohol service provision. AUDIT Scotland 2019 report document that:

a) 4.4 million needles and syringes were distributed

b) A 76% increase in DRD in the 35 years and over age group

c) £746 million spent between 2008 and 2018 to tackle drug and alcohol use

d) 71% increase in DRD since 2009

e) £73.8 million annual funding for services

We will explore these key facts (a-e) noting that there is no data on treatment cost or treatment outcomes and efficacy, other than a declaration from Scottish Government that £746 million has been allocated over ten years to alcohol and drugs services (AUDIT Scotland, 2019).

We reiterate that this figure implies just under 74.6 million per annum allocated to drug and allocated to services. This figure attempts to obscure the actual reduction in funding from £123 million allocated in 2007-08 financial years to an annual budget from 2015 until 2018-19 of £53 million.

a) 4.4 million needles and syringes were distributed

4.4 million needles and syringes were distributed in 2016-17 (Injecting Equipment Provision Scotland,2018). While it is commendable that over 4.4 million needles were distributed, the purposes for providing needles and injecting equipment are manifold. People who access needles and syringes do so for a range of reasons including injecting illegal and illicitly obtained drugs, to inject performance enhancing drugs, and injecting drugs for cosmetic purposes. Therefore, that a large number of needles are distributed is little indication that harm reduces as a result. In addition, a small but significant number of HIV positive cases are documented in Glasgow (McAuley, et al., 2019). We believe that a focus on very low number of HIV cases in Glasgow is alarmist. The actual threat to health remains the underfunding of services, closure of third and voluntary services, increased centralisation of specialist NHS treatment services, and increasing reliance on recovery cafés staffed largely by unpaid volunteers.

b) A 76% increase in DRD in the 35 years and over age group.

There has been a significant rise of drug related deaths during the past decade of people aged 35 years old and over. It has been suggested that this is due to an ageing cohort, as well as a legacy of neo liberal economic policies (Parkinson et al, 2018). While the increasing number of DRD may include older problematic drug users, a high number of deaths include young people who did not enter the

labour market until after Scottish Parliamentary Devolution. DRDs have risen significantly since 2012, when the effects of austerity impacted greatest on public sector spending. There is clear evidence that half of these preventable deaths were people resident in deprived communities, where the impact of underfunding was most acute (McPhee, Sheridan, O'Rawe, 2018).

Recent research demonstrates a significant increase in DRD from 1996-2018 (McPhee, Sheridan, O'Rawe, 2018a). We believe that AUDIT Scotland by focusing on DRD from 2009 -2018 conceals the shocking fact that there has been a 470% rise in DRD from 251 in 1996 to 1178 in 2018 (ibid; NRS, 2019).

c) £746 million spent between 2008 and 2018 to tackle drug and alcohol misuse

The funding formula calculation for drug and alcohol services used from 2012 to 2016-17 on baseline funding allocation to NHS Heath Boards was requested from The Scottish Government in an email communication to the Scottish Government Drug Policy Unit[4] . This revealed that £53 million was allocated per annum for drug and alcohol services. Programme for government 2017 confirms that £53 million for core funding was allocated to services (The Scottish Government, 2017).

(e) £73.8 million annual funding for services

In 2007/08 £123 million was allocated, and this reduced to 53 million in 2016-17. This is greater than the 20% cuts announced by the Scottish Government in 2015. In 2019, £20 million was announced by Scottish Government (£10 million per annum) to support the Drug Related Deaths Taskforce from 2019 to 2021. In 2020 a budget increase of 60% to fund alcohol and drug services was announced. It is unclear if this relates to 60% of £20 million over 2 years, or 60% of £53 million. This political sophistry cannot obscure that cuts to alcohol and drug services funding, closed third and voluntary sector services and increased risks for drug related deaths. A private communication from the Scottish Government requesting information on funding allocated to ADP indicates that this will not made until

[4] Information requested from Scottish Government Drug Policy Unit on 30/9/2019, received on 10/3/2020

after the current financial year begins. Therefore, funding decisions for 2020-21 are unknown, and when these are made, will be based on outdated problematic drug use data from centralised rather than local community-based services.

Conclusion and recommendations

The previous Scottish Government Drug Strategy The Road to Recovery (2008) and the 2009 Audit Scotland report recommended that unit costs of treatment services be developed and evaluated to ensure value for money. This has not been implemented. The AUDIT Scotland 2019 report indicates that levels of funding are not aligned to DRD (AUDIT Scotland 2019:18).

The Scottish Government have since 2009 increased bureaucracy, cut budgets, centralised local services, with poor evidence of engagement from organisations in communities most affected by inequalities and DRD.

The Future Delivery of Public Services, (2011) coined the phrase 'failure demand'. However, there is no evidence this has been adopted within alcohol and drug service provision. The 2011 report also indicated that Scotland embrace changes to public services focusing on third sector collaboration, and reduced top down planning, commissioning, and delivery of services. Audit Scotland (2009) made recommendations for the Scottish Government and public bodies to work together to develop a performance management framework on service activity and outcomes. This has not been implemented. Without a uniform approach to reporting on treatment outcomes, and the dismantling of purchaser provider relationships, Scotland cannot hold poor performance accountable.

We support Scottish Government emphasis on needle provision, naloxone distribution, and supporting proposals for a safe injecting facility. The development of recovery cafes are a low-cost

option at the expense of professional workers trained in crisis care, treatment planning and evaluation, able to deliver manifold types of intervention.

The creation of the Drug Related Deaths Taskforce in September 2019 prevented a public inquiry and the declaration of a public health emergency, however The Care Inspectorate criticised top down overly bureaucratic responses to community-based problems.

We assert that since 2009 both the NHS and Scottish Government have sought to divert attention from the links between funding cut decisions and the stark increases in drug related death. It is imperative alcohol and drugs services cuts to funding are accepted as responsible for increased risk factors contribution to drug related deaths in Scotland. Only then can we fully acknowledge the human rights and needs of the most vulnerable individuals in our poorest communities.

References

Audit Scotland (2009) Drug and Alcohol Services in Scotland, Audit Commission, Edinburgh

Audit Scotland (2012) Health inequalities in Scotland, Audit Commission, Edinburgh

Audit Scotland (2019) Drug and Alcohol Services in Scotland, An update Audit Commission, Edinburgh

Care Inspectorate (2017) A report on the use and impact of the quality principles through validated self-assessment, Care Inspectorate, Dundee

Dickie, E., (2014) Outcomes Framework for Problem Drug Use: NHS Scotland, Edinburgh

Dundee Drugs Commission (2019) Responding to Drug with Kindness, Compassion and Hope. A report from the Dundee Drugs Commission, Figure 8 Consultancy Services Ltd, Dundee

McAuley A., Palmeteer, N.E., Goldberg, D.J., Trayner K., Shepherd, S.J., Gunson, R.N., Metcalfe R., Milosevic C., Taylor,A., Munro, A., Hutchinson S.J., (2019) Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis, The Lancet, Volume 6, Issue 5, pp.15- 24, London

McPhee, I., Sheridan, B. and O'Rawe, S. (2018), "Time to look beyond ageing as a factor? Alternative explanations for the continuing rise in drug related deaths in Scotland", *Drugs and Alcohol Today*, Vol. 19 No. 2, pp. 72-85. https://doi.org/10.1108/DAT-06-2018-0030

McPhee, Sheridan, O'Rawe, & Hammond (2019) A Mixed Methods Study of Reach Advocacy: A recovery-oriented advocacy-based service based in North Lanarkshire, Technical Report.

NHS ISD Scotland (2020) Drug & Alcohol Information System: https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drug-Alcohol-Information-System/

National Treatment Agency, (2006) Unit Costs for Drug Misuse, London: https://www.pssru.ac.uk/pub/uc/uc2010/uc2010_s03.pdf

Parkinson, J., Minton, J., Lewsey, J., Bouttell, J., McCartney, G., (2017), "Recent cohort effects in suicide in Scotland: a legacy of the 1980s?", Journal of Epidemiology and Community Health, Vol. 2 No. 71, pp. 194-200

Public Health England (2018) Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) Department of Health, London.

Scottish Advisory Committee on Drug Misuse, (2007) Reducing harm and promoting recovery: a report on methadone treatment for substance misuse in Scotland, Scottish Government, Edinburgh

Scottish Executive (2006) National Quality Standards for Substance Misuse Services, Scottish Executive, Edinburgh

Scottish Government (2008) The Road to Recovery: a new approach for tackling Scotland's drug problem, Scottish Government, Edinburgh

Scottish Government (2011) Future Delivery of Public Services, (2011) Scottish Government, Edinburgh

Scottish Government (2013) The Independent Expert Review of Opioid Replacement Therapy, Scottish Government, Edinburgh

Scottish Government (2014) The Quality Principles Standard Expectations of Care and Support in Drug and Alcohol Services, Scottish Government, Edinburgh

Scottish Government (2017) A nation with ambition: The Government's Programme for Scotland, Scottish Government, Edinburgh

Scottish Government (2018) Rights, Respect and Recovery: Scottish Government, Edinburgh

Scottish Government (2019) Rights, Respect and Recovery: Action Plan, Scottish Government, Edinburgh

Scottish Parliament, (2015) Meeting of the Parliament 2nd April 2015, Hansard, Edinburgh

UKDPC, (2012) A fresh Approach to drugs. The final report to the UK Drug Policy Commission, UKDPC, London