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# The impact of disinvestment from alcohol and drug treatment services

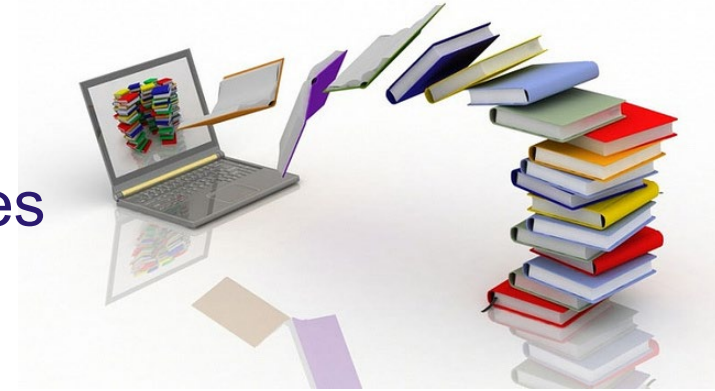
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# At the start of the study: systematic review

## What was known

- Substantial disinvestment
- Parallel drop in all treatment outcomes
- Parallel increases in harm
- Limited scientific evidence



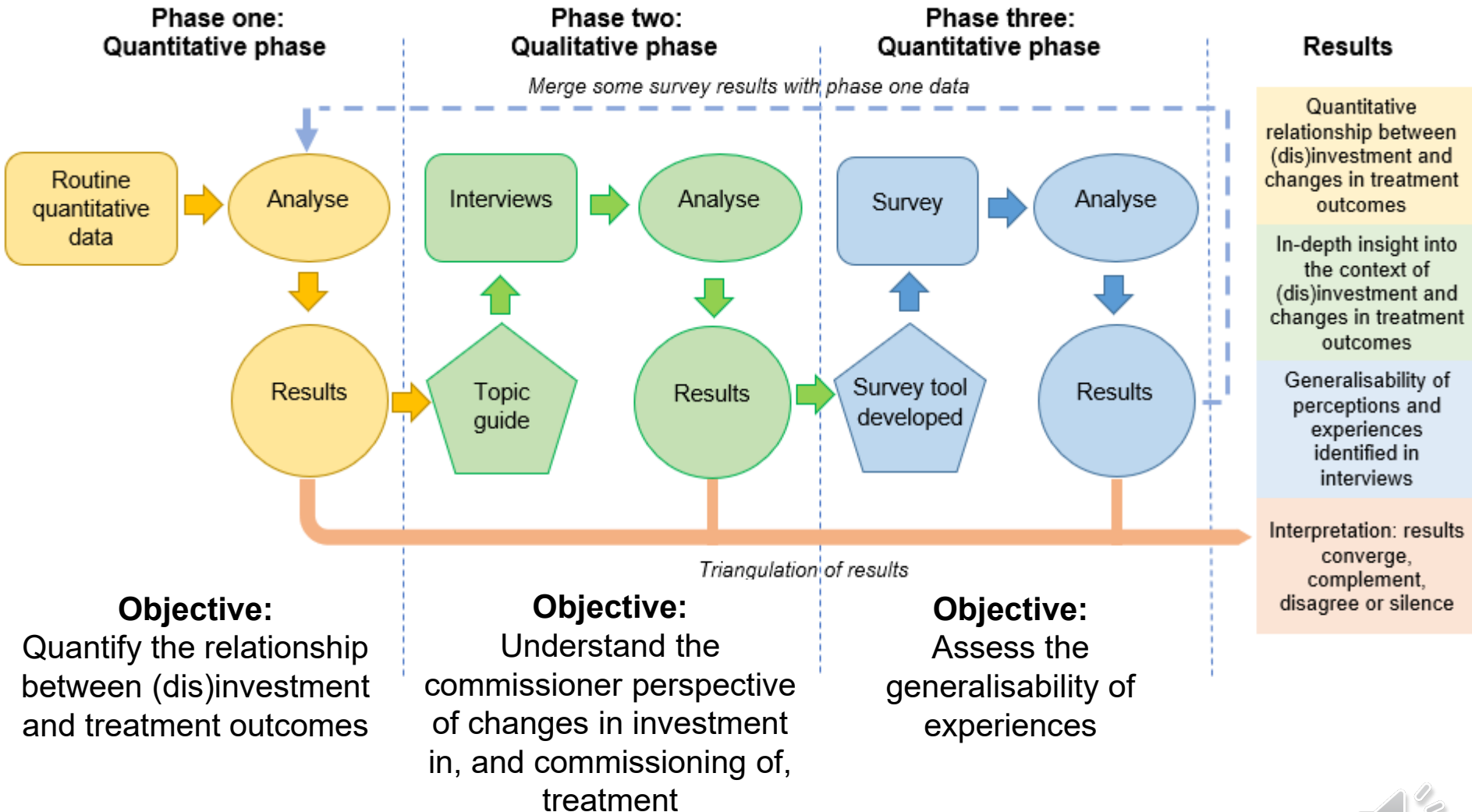
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## Knowledge gap

- Quantitative relationship(s)
- Contributing contextual factors
- Different trends for alcohol and drug treatment.

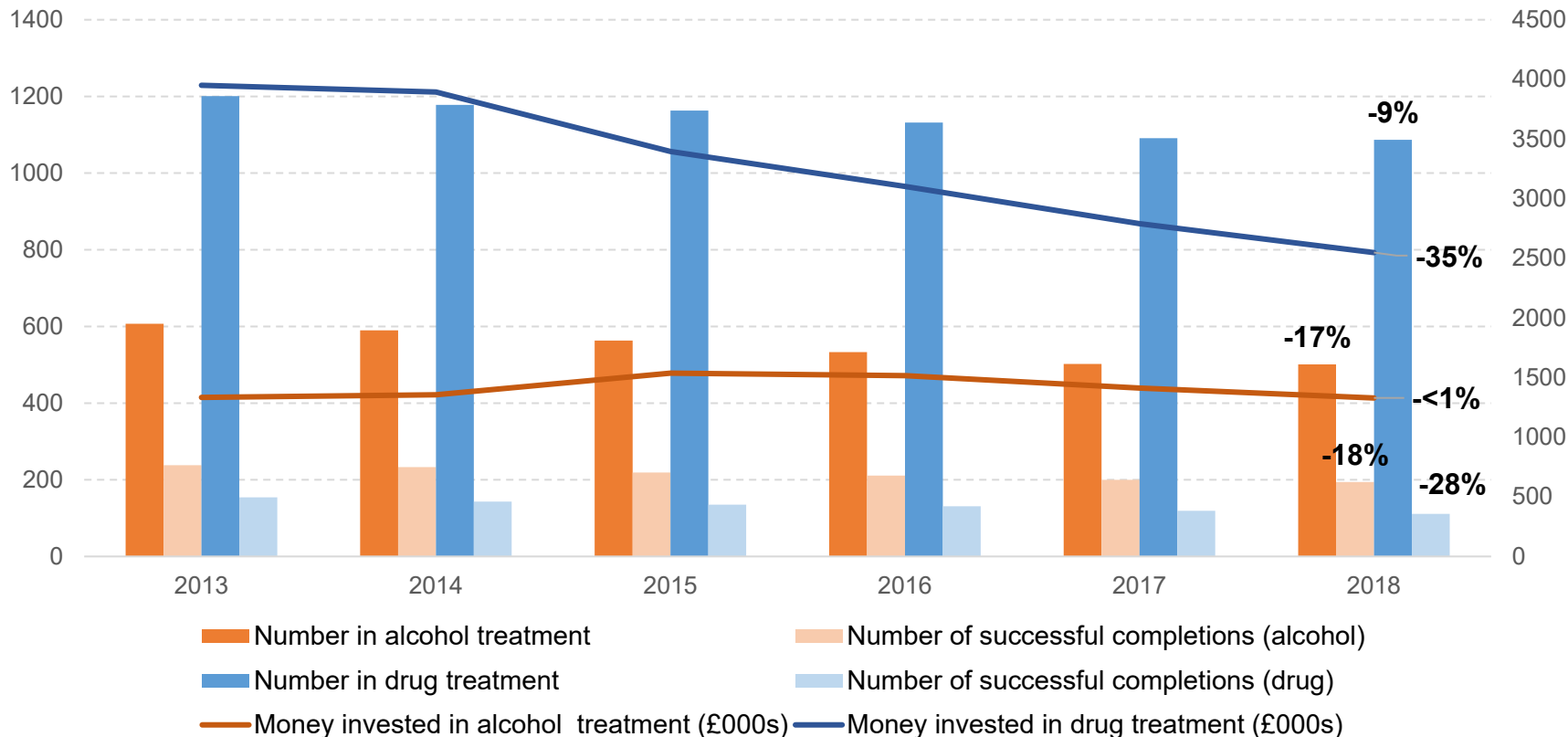


# What is the impact of disinvestment from alcohol and drug treatment services?



# Phase 1 – disinvestment and treatment declines

*Trend in mean local authority public health grant investment in treatment and mean treatment access and successful completion numbers*



**£212 million less invested**  
**34k fewer people in treatment**  
**44k fewer people successfully completing**  
**Half of treatment declines alcohol.**



# Phase 1: The quantified relationship

Disinvestment from between 2013/14 and 2018/19 was related to:

- fewer people engaging (including those new to treatment);
- And fewer people successfully completing treatment (including those who did not return within 6 months).

Relationships less pronounced for alcohol treatment

***What was the context of these trends and relationships?***



# Phase 2: semi-structured telephone interviews

Evidence of some protective factors, but:

## Local authority context:

*“when we came over to public health there was about 6 or 7... working on the drug and alcohol programme and now it's 70% of mine [workload]”*

*“there isn't the same level of expertise or the same level of commitment to the drug and alcohol programme... certainly the drug programme as they used to be and it's almost like a begrudging adopted son”*

*“I knew it would take them two years to get back to or to deal with the turmoil of a major recommission which has proved bang on”*



# Phase 2: semi-structured telephone interviews

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## Impact on treatment effectiveness:

*“as the budget’s been coming down... we've been reducing the added quality and stripping it back coming down from a Bentley to a Volkswagen”*

*“we had an alcohol workforce and a drug workforce so that was the biggest issue was and certainly for me the cause of the drop in outcomes. What we had there was a significant training need”*

*“the most deprived communities that are most impacted by our drug and alcohol related harm... it's those communities that have been impacted by cuts to other services”*

*“they [alcohol users] come in at crisis point”*

***Do these reflect the experiences of the majority?***



# Phase 3: online survey results

- 55% ( $n = 83$ ) of local authorities represented
- Confirmed some protective factors but...

## Contributing to the decline

### Disinvestment context:

- Fewer commissioning staff
- Competing pressures
- Loss of other funding streams
- Frequent re-tendering
- Cuts across all treatment modalities
- Integration of alcohol and drugs

### Impact of cuts on provision:

- Negatively affected service delivery
- Fewer frontline staff
- Increased caseloads
- Lost alcohol specialism
- Hidden disinvestment
- Less early identification
- Less attractive to alcohol population

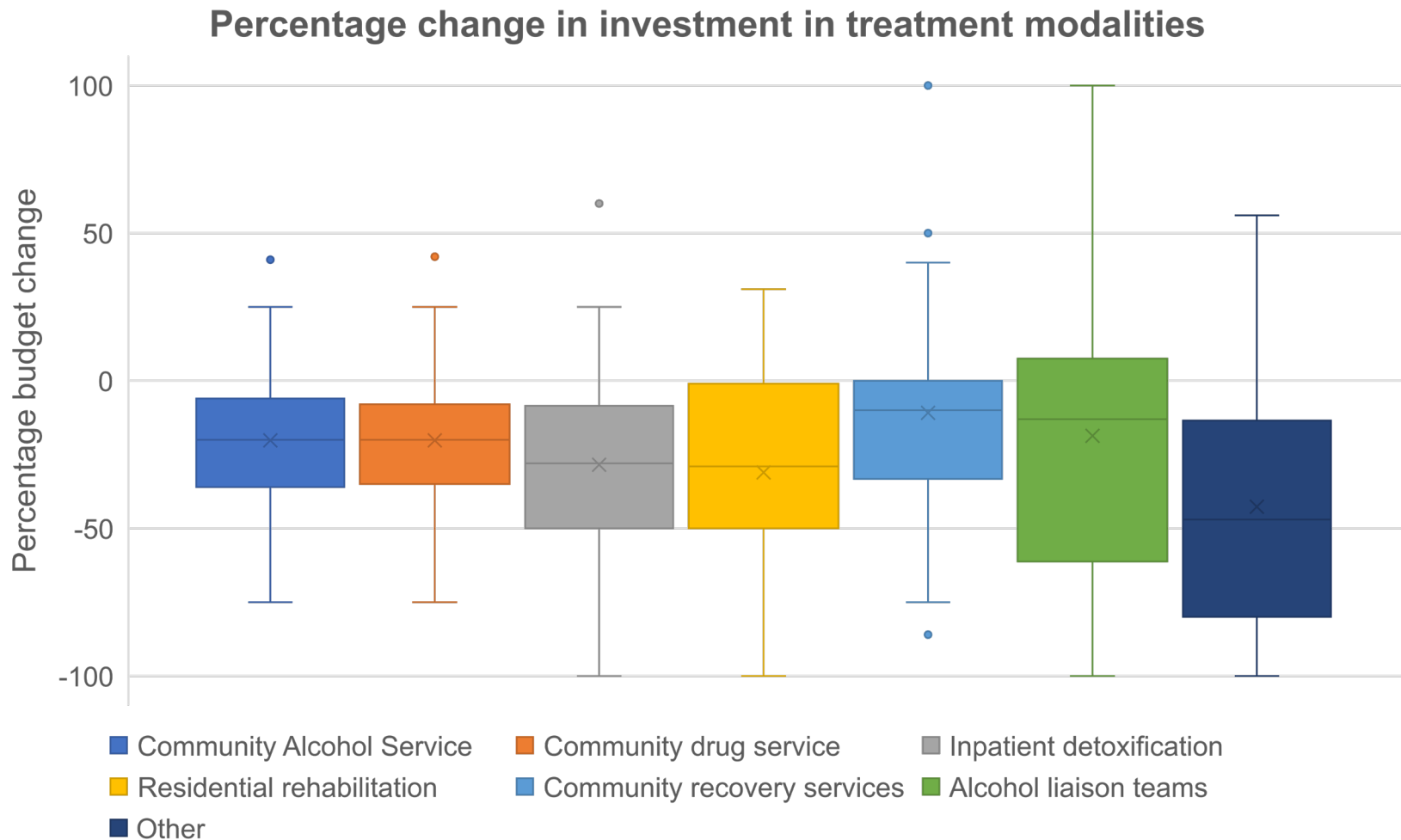
## Other compounding factors

- People are ageing and have more complex needs
- Changes to broader services
- Challenges presented by welfare system





# Budget cuts across all modalities



# Disproportionate impact on alcohol

## Four broad themes:

1. Hindering legislative and policy context
2. Integrated alcohol and drug services
3. Support not appropriate to need
4. Fragmented systems

*“I suspect some of disinvestment is hidden and increasingly alcohol and drug services have been integrated and funding may have switched to drug service as costs are more fixed. The move to integrated services has not serviced alcohol users well as they are put off presenting to what are essentially drug services”*

*“There is a significant delay in identification of alcohol as problematic... more work with primary and secondary care partners may help in managing this but locally and nationally there have been reports of decreasing confidence in clinicians to address issues with alcohol with their patients.”*



## Routine data analysis

- Public health grant losses >£212 million
- Significant fewer people engaging and successfully completing treatment
- Substantial regional variation
- Confirmed relationship between disinvestment and declines in treatment access and successful completions
- Significant reductions in alcohol treatment despite 1% disinvestment

## Interviews with commissioners

- Important local authority contextual factors
- Practices to moderate harm
- Move to alcohol and drug service integration
- Destabilising re-tendering processes
- Undeniable negative impact on treatment provision
- Broader policy impact

## Online survey of commissioners

- Confirmed experiences of large sample
- Significantly reduced commissioning teams
- De-prioritisation of agenda
  - Negative impact of disinvestment on reach and effectiveness
- Loss of additional funding streams
- Provided additional insight into disproportionate impact on alcohol



# Implications:

- Sustained disinvestment from the sector is resulting in reduced availability and hindered effectiveness.
- Additional national funding for drug treatment – need to be aware, and responsive to, the baseline position.
- Opportunities to increase local authority support for the agenda.
- Re-engagement of people with alcohol use disorders not just about funding.



# Future research:

- Opportunity to further quantify effects.
- Engage a broader range of stakeholders.
- Impact on increasing health inequalities.
- Better understand the impact of treatment on other local authority services.
- Additional research on the impact of non-treatment recovery-focused services.





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# Thank you for listening.

Thanks also to my co-authors:

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