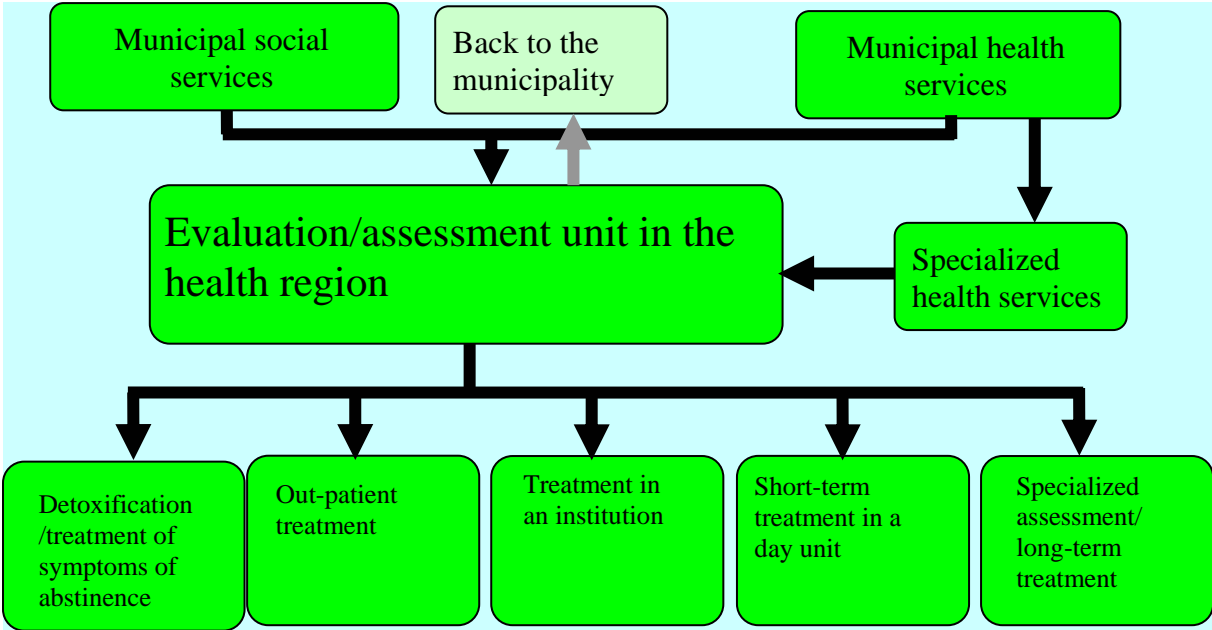


Reform of health and social services for people with alcohol and drug problems: a challenge for the municipalities

The aim of the reform of health and social services for people with alcohol and drug problems is to give these people access to treatment, independent of municipal economy and priorities, and independent of their contact with social services. This has previously been a barrier for some of them. Treatment services for alcohol and drug abuse are now part of specialized health services. Specialized health services shall provide multi-disciplinary specialized treatment with a broad approach, and with a focus on the total health and social needs of individual alcohol and drug abusers. These people now also have a statutory right to receive treatment for alcohol and drug abuse. The municipalities still have the same responsibility within the field of alcohol and drug abuse as they had before the reform.

With the reform, there are now two pathways into specialized health services, for multi-disciplinary specialized treatment of alcohol or drug abuse. Clients can be referred either by the municipal social services or by a doctor. Referrals are assessed by an assessment unit in the health region. The regions have organized this in different ways, but in most cases this function has been centralized in one unit, where an assessment is made of the clients' right to health care, and the type of treatment they have the right to receive. Previously, the municipalities paid a fee for treatment of clients in an institution. There is no longer a municipal charge after the specialized health services took over responsibility for institutional care.

In theory, this seems to be relatively unproblematic. In practice, this has turned out to be more complicated.



Alcohol and drug problems are best solved locally

Locally-based solutions and lowest possible effective level of care are still principles that treatment and care services follow in the field of alcohol and drug abuse. According to the Social Services Act section 6-1, local measures should be assessed and tried out before clients are referred to specialized health services. Because of the special challenges associated with issues related to serious alcohol and drug abuse, there is often strong pressure to find solutions that involve clients coming out of their local environment. This often means treatment in an institution. Examples of such issues are: the burden experienced by the relatives of serious alcohol and drug abusers, fear of collection of illegal debts, homelessness and behaviour that creates problems with buying a home.

Because of changes in financing of treatment of alcohol and drug abuse in institutions, comprehensive changes have occurred in the relationship between locally-based treatment measures and specialized health service treatment in an institution, seen from the point of view of the municipalities. Before 2004, social workers would have assessed what locally-based treatment measures could be provided for up to kr 12 500 per month (municipal charge), compared to the effect of a stay in an institution. After the reform, the municipalities have a strong financial incentive to refer clients to an institution, since this now involves no cost for them.

Demand for treatment in an institution within the specialist health services has increased. Demand for places for detoxification treatment is particularly great, even though the health trusts have increased capacity in 2005. The result is that only clients who are assessed as having “the right to essential health care” are given priority. There is a long waiting list for treatment for other clients. At the same time, private institutions report decreasing demand. Several of them are reducing their capacity or closing down.

How is it going?

In the autumn of 2004, the County Governor in Aust-Agder took the initiative on behalf of the health trusts and the municipalities to carry out a survey of referral of clients with alcohol and drug problems. This initiative was taken because of several reports from social services about problems with getting places for alcohol and drug abusers in specialized health services. The survey showed that several municipalities have little overview of the clients they have referred. Referred clients have often not been fully assessed for temporary measures, in accordance with the Social Services Act. There is little or no systematic follow-up by the municipalities of clients who have not been assessed as having the right to multi-disciplinary specialized treatment.

After the reform, several municipalities have significantly reduced their budget for treatment and care of alcohol and drug abusers. This has happened because of changes to block grants after the reform. This has limited the possibilities for the municipalities to consider different temporary measures. This applies in particular to purchase of places in private care and rehabilitation institutions. There is no indication that the municipalities are in the process of building up their own facilities for meeting such needs. It can also be questioned whether the municipalities have adequate competence to run such facilities.

We can wonder whether the municipalities have taken a break in working with alcohol and drug abusers after introduction of the reform. Do the municipalities now define this as the domain of the specialized health services? Do they now only perceive their role to be the

referring agency that, at best, follows up clients when they return from the specialized health services as “cured”?

This article is based on the experience of the Office of the County Governor in Aust-Agder.

Relevant issues:

- The municipalities have developed 24-hour care services only to a small degree. This affects alcohol and drug abusers who, in the short-term or the long-term, have need of such services.
- Because of the new financial arrangements, municipalities are unwilling to buy treatment places from private organizations.
- It seems that the municipalities have a long way to go in order to achieve more systematic rehabilitation of alcohol and drug abusers. They should perhaps, to a much larger extent, focus on parallel measures between the municipality and specialized health services.
- Supervision should, to a larger extent, focus on parallel measures between the municipality and specialized health services.