

# Integrating substance abuse treatment in the social services

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# Disposition

- On the role of social work and social support in substance abuse treatment
- Sweden as a case: formative moments, implications of this integration, present challenges
- Integrating health care addiction treatment and social services: Results from a Stockholm study

"Optimal [substance abuse] care is likely to happen within the context of an ongoing relationship, in which support and services are provided as needed through the normal ups and downs of life" (W. Miller, 2002, 22, in Miller & Weisner, 2002)

# Social services can be such a context

- high density of substance use disorders in social services
- early detection possible

(Miller & Weisner 2002)

# Social services can provide social support to substance abusers

- Defending human and social rights of substance users
- Giving support to families and other important networks around substance users
- Providing respectful, available and continuous relations

- Social services can be the primary frame for substance abuse treatment, as in Sweden:
- Detoxification and acute medical care of substance use takes place within mental health care, but the main responsibility for providing care lies with the social services
- On any given day 60% of clients in social services, 40 % in health care

# Implications of this framing: The dual mandate of social work

- "Social work's place and function in society centres on the creation of internal **social peace**, to be established not primarily by **coercive means** but through the considered, informed and professional **negotiation** of differences and inequalities. Social work has a '**dual mandate**' for these negotiations, from individuals and from society at large, either through state agencies or through non-governmental organisations" (Lorenz 1994, 4)

- Emphasis on social peace or order
- Two perspectives: the client's and the social environment's
- Mediate between individual and state/society
- "Unlikely to be convergence towards one internationally recognised form of social work and a unified profession" (Lorenz, *ibid*)
- Can we then learn anything from the experiences from other countries?

# Analysing the Swedish case

- a) The impact of the formative moment?
- b) How did this social services institutionalisation shape the treatment system
- c) What are the present (internationally recognisable) challenges - A new formative moment?

# Conceptual excursion: What is a "formative moment"?

- Concept within historical institutionalism, a school of political science emphasising the importance of (national) social institutions for policy developments (Thelen & Steinmo 1992)
- Formative moments: When existing structures are unable to solve a societal problem and political actors intentionally can create new institutions (Rothstein 1996)

# 1916 a formative moment for substance abuse treatment in Sweden

- Drinking put on the agenda as a social **problem** by strong temperance
- The movement provided **actors** with belief in treatment and education
- **Social order** (public drunkenness) important in time rapid urbanisation and industrialisation
- Alcoholism viewed as cause of **poverty**
- Alcohol treatment integrated in existing **municipal institutional structures** for poor relief. Municipalities would benefit from decreased poor relief costs and could provide close social control of drinkers
- Treatment of drug users added from the 1960s

# How did this organisational frame shape the treatment system?

- one **big and corporatistic** system with free access to treatment
- focus on the **poor and marginalised drinkers and drug users**
- **great local variations in treatment**
- **non-professionalised and ideological system** - very broad treatment concept, little interest for systematic evaluations
- **administrative paternalism and coercion - the collectivist gaze**
- **abstinence - not harm reduction**

# What are the present challenges for this system?

- **corporatism challenged** by new public management in the welfare state - social movements politically marginalised, new privatisation of treatment provision
- **weakened solidaristic thinking** - social acceptance of marginalised groups
- **money talks** - cost-efficiency and cost-containment in the welfare state
- **medicalisation and recentralisation** of treatment: evidence-based treatment, new pharmacological treatments
- economic and scientific-professional rationality instead of value-based discussion

One response to these challenges:  
integration of social services and  
health care addiction treatment

# Study in Stockholm county of addiction treatment (Room et al. 2003)

- app. 2 million inhabitants
- mental health care (county council) addiction treatment divided into Addiction Centre North (ACN) and Addiction Centre South (ACS) 1996-2002
- social service addiction treatment handled by 26 municipalities within the county
- altogether ca 350 hospital beds, numerous rehabilitations centres, ca 45 outpatient units

# Reform decided by county council and municipalities in 1996

- out-patient emphasis, moving health care based resources from hospitals to local out-patient units
- ideally co-localisation of health care and social service's addiction out-patient treatment

# Goals of reform

- towards one system with common guidelines and body of knowledge
- continuity and planning in treatment
- local availability of treatment
- responsiveness to less developed problems, vulnerable groups
- less inpatient treatment - savings

# Different policies in north and south

- North adopted the policy quickly: decrease of hospital beds, new local units
- South was reluctant, wanted to strengthen hospital treatment for research and for recruitment of qualified staff: increase of hospital beds
- social services: politicians decide

# Gave us possibilities to compare

- To investigate if a decentralisation of health based addiction treatment and its integration with social service addiction treatment in Stockholm county had an impact on:
  - catchment of addiction treatment
  - treatment consumption
  - patients/clients perception of treatment
  - some outcome measures

# Data

- structured interviews 2000-2002 with 1 865 patients/clients from the north and the south with follow-up (71 %) after one year
- interveiws with head of units

# Population

- 28 % women
- Mean age 43 years
- 80 % born in Sweden
- 24 % live with partner
- ¼ no stable housing situation
- ¼ working
- 60% alcohol dependent, 1/3 drug dependent (ICD-10, 3+ criteria)

# Results: Catchment 1 ("high threshold groups")

Integrated system recruits more immigrants,  
more persons with lower education,  
more people who live alone  
and more without stable housing situation

# Results: Catchment 2 ("less developed substance abuse problems" )

- 29 % in both parts had received addiction treatment the year before first interview
- $\frac{3}{4}$  in both parts had experienced informal pressure to go to treatment, 45 formal pressuer
- integrated system recruited more patients with less frequent use of 12+ units of alcohol
- no differences in days of drug use (of last 30) or number of alcohol and drug dependency criteria

# Results: Consumption of treatment between baseline and follow-up

- no difference in consumption of outpatient between T1 and T2 (mean 63 days)
- no difference in consumption of inpatient treatment measured as number of days

# Results: Clients' perception of treatment

- Patients/clients from integrated system finds it easier to get into treatment and experiences treatment as more coherent and continuous
- This holds true controlling for drug dependence and drug related life area problems
- As a whole about 85 % says that they have someone in the treatment system they can turn to with their problems

# Results: Outcomes

- ASI medical status: no differences in reported changes between baseline and follow up
- ASI psychiatric status: integrated system less negative changes in no of days with problems of last 30, in how bothered they are and in how important it is to get help
- dependence: no differences, 1/4 showed positive change in no of alcohol dependency criteria, ca 15 % in drug dependency criteria

# Study findings summarised

- decentralised/integrated treatment may attract some groups with higher threshold
- not clear that it attracts more persons with "less developed" problems
- no signs of less inpatient treatment in the decentralised/integrated system - no cost differences?
- clients/patients perceive integrated and decentralised treatment as more available and coherent
- no clear signs of better outcome with either system (exception ASi psychiatric status)
- the greater consumer satisfaction, and particularly if the catchment seems to be broader, may, if supported by further analyses, be an argument for a decentralised and integrated system - at least in Sweden

# Integrating substance abuse treatment in social services:

## Conclusions

- It does matter if you integrate treatment in social services or in primary health care - the systems have different rationales
- We know too little about the effects of different organisational solutions for substance abuse treatment, and particularly within the social services
- Generalising from experiences from other countries is difficult: social services have more nationally shaped logics than health care
- Integrating/co-locating outpatient social services' and health care addiction treatment may increase the availability and attractiveness, the quality, of addiction treatment

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