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DRUG TREATMENT IN ENGLAND: THE ROAD TO RECOVERY

Drug treatment in England: the road to recovery

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The illegal drug culture

Illegal drug use in England is common but at its lowest level since first being measured 16 years ago. About 2.9 million people admit to having taken drugs in the past year. They include one in five young adults, who mostly used cannabis.

Only a small number go on to develop dependency.

Less than 0.5% of the population used heroin and crack, the most problematic Class A drugs. Most of these people will use only a handful of times and stop when they realise where it is heading, before becoming addicted.

Around 7% of those in their late teens and early 20s currently use Class A drugs, mainly powder cocaine. While cocaine use has increased, most other drug use is declining.

The typical drug user today is a young white urban male, single, who regularly visits clubs and pubs. While people who use cocaine, cannabis or ecstasy (the most common drugs) may experience problems, most do not become addicted.

Drug treatment focuses on dependent users, who cause problems for themselves and others.

The nature of drug misuse

Drug dependency is a health disorder with social causes and consequences. In medical terms, it is a chronic condition characterised by relapse and remission. However, it does not fit the popular perception of diagnosis, treatment, and cure. There is no instant remedy.

Dependent drug users are vulnerable to overdoses, blood-borne viruses and general

▶▶ Illegal drug use is common, but has been declining. Few people who use drugs go on to develop a problem

▶▶ The most problematic drugs are heroin and crack cocaine –but very low numbers of people ever use them

▶▶ There were 306,000 heroin and crack users in England in 2009-10. More than half are in community drug treatment

One in three
adults have taken
drugs at some
point in their lives



poor health. Their employability declines, their families suffer distress, and they may neglect their children. Their communities often suffer crime and drug litter.

So treatment for drug dependency needs to be combined with access to other health and care services that enable users to rebuild their social and personal capital. Over time, many drug users either overcome dependency, or manage it and lead normal lives.

Treatment offers users the prospect of short-term management and long-term recovery. It offers society immediate relief from the damage drug misuse causes. It also has a high level of public support. Surveys show 75% believe drug treatment is a good use of money; 80% think it makes society better and safer; and 66% fear without it crime would rise.

Dependent drug users

Estimates of the number of heroin and crack users in England fell from a peak of 332,000 in 2005-07 to 306,000 in 2009-10. More

than half (172,139) are in community drug treatment and they make up 84% of the treatment population.

However, the number of adults newly entering treatment for heroin and crack use has fallen by 15% in two years. The number of 18 to 24 year-olds in this category has halved over five years. As the drug-dependent population ages, the over-40s have become the largest age group starting treatment. They tend to be entrenched users.

Drug-related deaths in England peaked at 1,697 in 2001, then stabilised. There were 1,625 in 2010.

This flat trend is reassuring as the injecting population is growing older and more vulnerable. Dependent users in treatment remain less likely to die from an overdose than those outside.

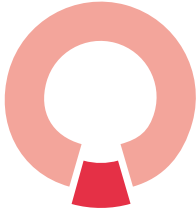
The role of treatment

Drug workers – doctors, nurses, counsellors and others – help users overcome dependency.

▶▶ The average wait for treatment in 2010-11 was five days, and 96% started within three weeks

▶▶ The numbers dropping out of treatment early are falling, the proportion staying in long enough to benefit is rising

▶▶ 28,000 adults left drug treatment free from dependency in 2010-11 – a 150% increase on the figure for 2005-06



About one in ten adults have used drugs recently

They also help them to become active citizens, take responsibility for their children, earn their own living and keep a stable home. Drug users who are parents get extra support to look after their children.

While dependent users are in treatment they are less likely to use illegal drugs, to share needles and spread infections, or to steal and shoplift to fund their habit.

Research shows that crimes committed by users are halved when they are in treatment. It also indicates that most need at least three months in treatment to significantly reduce or stop their drug use.

It takes time for users to overcome addiction or manage it so they can lead normal lives. The average period in treatment is almost three years. Relapse is an ever-present risk.

Facts and figures

Drug treatment in England expanded to meet demand over the past decade and is now available to anyone who needs it.

The number of adults in treatment in 2010-11 was 204,473, more than double the number in 2001. The average wait has fallen from nine weeks in 2002 to five days, and 96% start treatment within three weeks.

Numbers peaked in 2008-09 but are now falling and likely to drop below 200,000 soon. Since waiting times remain low, the decline probably reflects reduced demand rather than any shortfall in services.

Four out of five adults new to treatment either complete their programme or stay in long enough for them and society to feel the benefit.

Overall, the proportion staying in long enough to benefit is rising, the numbers leaving free from dependency are rising, and the numbers dropping out early are falling.

Successful completions more than doubled in five years to 27,969 in 2010-11. They went up by 150% compared to the figures for 2005-06, and the improvement is likely to be sustained this year.

▶▶ While in treatment, dependent drug users are less likely to use drugs, to share needles, or commit crime

▶▶ The number of young people using drugs is falling, but around 22,000 were helped for misuse problems in 2010-11

▶▶ Young people's drug use is usually a symptom, rather than cause, of their vulnerability and problems such as family breakdown

There are 306,000
heroin and crack
users in England



Types of treatment

Four-fifths of adults in treatment are heroin users. The National Institute for Health and Clinical Excellence (NICE) recommends substitute prescribing as the most effective treatment for them, alongside talking therapies to change behaviour.

Some may benefit from detoxification or residential rehabilitation. A typical heroin addict can go in and out of treatment several times, experiencing repeated false dawns.

However, research published in the medical journal *The Lancet* found dramatic falls in drug-use among newcomers to treatment, with more than one in three heroin users abstaining from the drug after six months.

Some argue that replacing an illegal drug with a legal one does not tackle addiction. However, this provides a platform for recovery, and it is better for everyone that a heroin addict gets a safe methadone prescription from a doctor than robs or steals to buy street heroin from a dealer.

Substitution options don't exist for crack addicts, or anyone dependent on cocaine or cannabis. Talking therapies are used, and the research in *The Lancet* showed that half of crack addicts in such treatment were abstinent after six months.

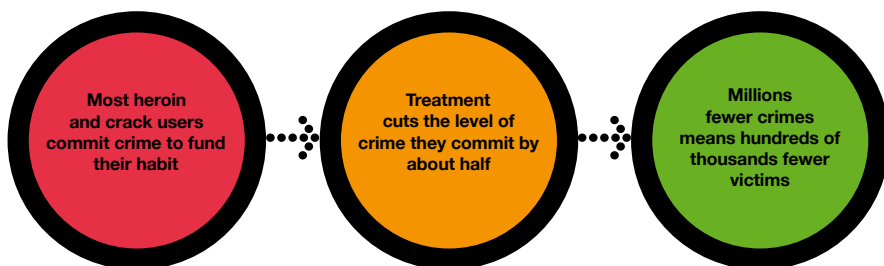
Young people (under-18s)

The number of young people using drugs is falling. Around 22,000 under-18s were helped for substance misuse problems in 2010-11. Specialist services work with young people to prevent drug and alcohol use contributing to problems later in life, and to avoid addiction.

Nine out of ten of these young people have problems primarily with cannabis and/or alcohol. This is usually a symptom rather than a cause of their vulnerability, and reflects broader problems such as family breakdown, offending, truancy, anti-social behaviour and mental illness.

Addiction to Class A drugs is rare among young people, affecting fewer than one in 20 of those being helped. So interventions for

Treatment cuts crime and improves safety





1.2m are affected by drug addiction in their families, mostly in poor communities

under-18s differ from the treatment offered to dependent adults.

Treatment and recovery services

Central and local government spends about £800m a year to provide a balanced range of treatment and recovery services. These are commissioned locally by 149 partnerships that represent councils, health authorities, the police, probation, and other services. Local authorities will take on this role from April 2013 as part of a new duty to promote public health.

Meanwhile local systems are reconfiguring to deliver recovery-orientated treatment, with more emphasis on enabling users to overcome dependency. As an incentive, 20% of the centrally allocated budget in 2012-13 will be based on success in ensuring users overcome dependency and do not return to treatment.

A mixture of NHS and voluntary sector organisations provide the services. Outcomes are monitored through the National Drug Treatment Monitoring System (NDTMS). The NTA's role in

allocating funding, supporting local areas and measuring outcomes will be taken on by Public Health England from April 2013.

Getting better and getting on with life

A balanced system ensures that users get the treatment that is right for their individual needs.

But treatment alone can only go so far. The user must want recovery and be prepared for radical lifestyle change. Making and maintaining that change requires support from family, friends and mutual aid networks, education and employment opportunities, and community acceptance.

Every user in treatment has a personal care plan that assesses their needs and maps out the steps they will take. It also covers health, social functioning and criminal involvement.

Residential rehabilitation is suitable for some individuals at particular moments during their lives, but it is not the answer for every user. NICE recommends residential rehabilitation in complex cases for people who are ready to

▶▶ Drug-related crime costs society £13.9bn a year; the lifetime health and crime bill for every injecting drug user is £480,000

▶▶ The government spends £800m on a balanced range of treatment and recovery services that give users the treatment that is right for their individual needs

▶▶ Treatment for drug misuse needs to be combined with access to other health and care services

Every
£1 spent on
drug treatment
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in costs to
society

be drug-free, such as those who have been through detox but have not benefitted from community-based psychosocial treatments.

The wider benefits of treatment

Treatment aims to overcome dependency and reduce the harm drugs cause to users, their families and communities.

Chiefly, while heroin and crack addicts are in treatment they use fewer illegal drugs and commit less crime to fund the purchase of drugs from street dealers.

Less injecting, drug litter and blood-borne viruses also mean a reduced risk to public health. The UK now has one of the lowest rates of HIV among injecting drug users in the western world, and the incidence of hepatitis C among injectors in England is one of the lowest in Europe.

The National Audit Office has endorsed research findings that every £1 invested in drug treatment saves society £2.50 in the crime and health costs of drug addiction. The Home Office estimates that drug-related crime costs society

£13.9bn a year; NICE estimates the lifetime crime and health bill for every injecting drug user is £480,000.

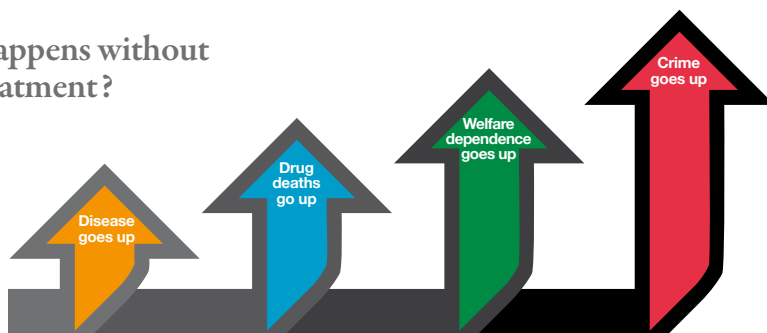
Additionally, users in treatment can cope better, can attend education and training, hold down jobs, and take care of their families.

Drug users are also more likely to complete their recovery if they have wider support to rebuild their lives, such as support with employment prospects and access to stable accommodation. Many rough sleepers are drug users, for example, but their drug use usually reduces significantly when their housing problems are solved. Mental illness is also linked to drug use, and users are more likely to recover when treatment and mental health services work together.

The results of treatment

The National Drug Treatment Monitoring System (NDTMS) database is one of the most comprehensive in the NHS and has collected robust data for six years.

What happens without drug treatment?





One in three starting treatment for the first time in the past three years left free of dependency

The relapsing nature of addiction means we cannot assume all those who complete treatment will stay drug-free. However, we now have the ability to track the progress of everyone who went through the system across this six-year period.

Of the 255,556 adult drug users who entered treatment for the first time between 2005 and 2011, 28% (71,887) left free of dependency and have not returned since.

A further 33% (84,179) are still in treatment (although some may have left and subsequently returned).

The remaining 39% (99,490) left without completing their treatment but never returned either. Although some of these will have been in prison, and a few may have died, we can assume a significant proportion have overcome their dependency and recovered, despite their unplanned discharge from treatment. For some, walking away from treatment is about shaking off their identity as an addict and escaping the drug subculture.

The statistics reflect the often unpredictable nature of drug dependency and the ongoing cycles of relapse and remission. The most recent figures show that one in three individuals starting treatment for the first time in the past three years left free of dependency and have not returned.

The first step on the road to recovery

Increased investment expanded the availability of drug treatment and cut the time people waited for it.

Having got record numbers of users into treatment quickly, the system is now responding to the recovery ambition of the 2010 Drug Strategy. Services are focused on moving people through treatment and getting them safely out the other end, with the aim of increasing the numbers recovering from dependency.

Drug workers are increasingly ambitious for users. Their goal is to help people recover from dependency and reintegrate themselves into society.

▶▶ 28% of users starting treatment between 2005 and 2011 left free of dependency

▶▶ Drug services are focused more than ever on helping users to recover from dependency