

# Road to recovery

NHS

National Treatment Agency  
for Substance Misuse

In association with the  
National Treatment Agency  
for Substance Misuse

28.10.09 Society Guardian | Finding long-term solutions to drug addiction

“The centre firmly dealt with the underlying issues ... What the treatment's given me is life. Without it I'd be dead

Lisa Carey, page 3



Way out: A heroin needle exchange at Halton Drug Dependency Unit, near Liverpool Alamy

## Introduction

### To punish or to treat?

Addiction to hard drugs – whether it is heroin, crack cocaine or any of their derivatives – is as much a problem for society at large as it is for the users themselves.

Drug users commit crime to fund their habits, they often have other health and social problems and frequently inflict misery and mayhem on their families and friends. It is therefore in the interests of all that resources are devoted to their treatment and reintegration into communities.

This supplement, sponsored by the National Treatment Agency for Substance Misuse, the government's special health authority, examines how those resources are currently being deployed in the battle against addiction.

On this page, we discuss how the NTA, charged with overseeing drugs treatment services, is now focusing on improved treatment programmes aimed at increasing the number of users entering long-term rehabilitation and resettlement.

Inside, on page two, we consider how the police and the criminal justice system have transformed their approach from one of simple crime and punishment to a more holistic view in which diversion into treatment is paramount. Also a senior police officer tells us how the Drug Interventions Programme (DIP) has reduced repeat offending and treated record numbers of people via the criminal justice system.

The ways in which programmes are delivered on the ground are examined in detail on page three, and an inner-city GP gives her own personal account of helping addicts in her surgery.

And on the back page, we visit a pioneering multi-agency scheme on Merseyside, which serves as a model of how the NTA views future methods of treatment.

Finally, there are two encouraging stories of individual achievement in this supplement. One long-term user, his addiction stabilised, talks about his ambition to turn his talent for painting into a career, while a young woman and new mother looks forward to marriage, a good job and a drug-free life. They are both hopeful pointers to the future.

Terry Kirby

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## Why rehabilitation matters to us all

The rehabilitation of drug users is important not just for addicts, but for society as a whole, reducing crime rates and strengthening communities, says **Terry Kirby**

**W**hat is the purpose and value to society of spending a lot of time and money on the treatment of

long-term habitual drug users? Could the resources that are devoted to people who, it might be argued, inflicted their conditions on themselves, be put to better use? That is the question most often asked by the public when confronted with the issue of how we deal with those addicted to drugs such as heroin and crack cocaine.

But the National Treatment Agency for Substance Misuse (NTA) – the government's special health authority charged with supervising the treatment of drug addiction in England – has a seemingly perfect, two-part response.

Firstly, the successful treatment of addicts has wider ramifications than a drug-free future for those individuals. It makes communities better places to live, by reducing addiction-fuelled acquisitive crime and keeping users off the streets. It helps stabilise families and provides better care for children, giving them a more hopeful future. And it improves public health – the number of injecting drug users is falling and HIV rates among them are lower than many other countries.

Secondly, the figures show treatment works. The NTA can point to a 35% increase last year in those successfully completing their treatment for addiction – around 25,000 in real numbers. It can also cite a recent study of 14,656 people, the largest of its kind, which found that during the first six months of treatment, as many as two-thirds of heroin and crack cocaine

addicts either stopped taking drugs or substantially reduced their usage.

Against this background, the NTA is now focusing attention on the long-term recovery and resettlement of users – particularly the large group whom critics claim have been “parked” on methadone treatments without entering full abstinence-based rehabilitation.

Working closely with other agencies, such as police, local authorities and Jobcentre Plus, the NTA hopes to divert users away from the criminal justice system and increase opportunities for jobs and housing to improve their prospects for long-term resettlement. Housing is a thorny issue, with almost a quarter of those needing treatment having a housing problem – a tenth were homeless.

### Is it working?

The NTA's annual figures for 2008/9, issued earlier this month, suggest a varied picture. There has been a significant fall of around 30% in four years in the number of younger adults requiring treatment for heroin or crack, allowing the NTA's chief executive Paul Hayes to claim: “We may have passed the ‘high water mark’ in the heroin addiction epidemic that began in the 1980s.”

Also, the number of over-35s seeking treatment has increased by 20%, suggesting, says Hayes, that the so-called “Trainspotting” generation – which grew up in the early 1990s when cities such as Edinburgh and Liverpool suffered severe epidemics of heroin usage – was now entering treatment.

But there has been a worrying rise in the number of under-25s seeking help for cocaine addiction, which has doubled to almost 3,000 over the past four years – an

indication of its level of popularity among that generation. However, this must be compared with heroin and crack users, who still account for 83% of all the 207,580 people under treatment.

The NTA has achieved the two targets set by the government when it was first established in 2001 to oversee the patchwork of often conflicting strategies across various departments: to double the number of people in treatment in the 10 years up to 2008 and to increase the percentage each year of those either completing treatment or being stabilised by it.

The major challenge for treatment services is how to move as many of the 147,000 addicts receiving methadone or other substitutes as quickly and safely as possible from stabilisation into recovery, and end their dependency, in a political context where some are claiming that residential rehabilitation is the only route to abstinence.

The system recorded 4,673 people in residential treatment last year, but the NTA says this is an underestimate and that residential treatment isn't suitable for everyone. Most abstinence-based programmes take place in the community.

“Getting drug users into treatment and putting them on the road to recovery is not ‘job done’; it is ‘job started’,” says Hayes. He believes it is important to balance the

**‘We're dealing with stigma, but reintegrating addicts into society is in everybody's interests'**

risk of relapse with wrongly steering people from the challenge of abstinence.

In other words, treatment has to become more ambitious in terms of achieving higher “drug-free” rates, and become more specifically tailored to the needs of individuals. And that requires better-managed, more closely focused treatment programmes.

The NTA knows it has to overcome barriers among a society – not excluding parts of the public sector – that treats users as criminals, rather than people with complex health and personal needs. As a recent Guardian roundtable discussion sponsored by the NTA on the issue heard, combating stigma when reintegrating users and former users into the community remains a major task.

As Hayes says: “It can be difficult to persuade local decision-makers to support the welfare of drug addicts moving towards recovery even though it is often in the interests of communities to find a long-term solution. We're dealing with a population that is stigmatised, and who the public often sees as only deserving to be at the end of the queue. Reintegrating drug addicts into society is in everybody's long-term interests.”

Observers support the NTA's new strategy. “We need to focus on health outcomes as well as improvements in crime figures,” says Martin Barnes, chief executive of the charity Drugscope. “It's about treating the person and getting [them] through the treatment journey. [We need] to engage them with service providers such as the health service and job centres.”

“That will help them overcome their dependency and ultimately become drug-free. The focus now ... is about improving the quality and efficiency of treatment.”



## Road to recovery After care

# Building a life beyond treatment

The government has launched a pilot scheme to target the many underlying social needs of recovering addicts

Cathy Pryor

Standing on the long, flat, grey sands of the beautiful National Trust-owned beach at Formby, north of Liverpool and looking out towards the Irish Sea, the notion of deprived city areas and severe drug problems seems a very long way away.

Sadly, however, that is not the case. Just a few miles to the south of this affluent coastal town - which has been home to several Premier League footballers such as Steven Gerrard and Wayne Rooney - and in the same Merseyside borough of Sefton lies the very different urban area of Bootle.

In this part of Sefton, there are pockets of council housing where poverty and unemployment is ingrained and where there is a high incidence of substance abuse. It is here that Sefton Drug Action Team (DAT) focuses its resources and it is this area that is likely to benefit greatly from the radical project that the team currently have under way.

Sefton is one of seven partnerships of the government's pioneering Drug System Change Pilot Programme, which is aimed at helping drug users achieve better outcomes from treatment.

The pilot scheme, which runs from this year to 2011, is based on recognition that drug users often have multiple social needs that need addressing. These, says John Hill, coordinator of Sefton DAT, include joblessness, homelessness, poor family relationships and domestic violence. All these problems can stem from drug use and be made worse by



Consultant Peter McDermott (left) and peer advocate Paul Caddick of the Sefton Drugs Action Team Christopher Thomond

it. "If you're sleeping under the pier in Southport, you're not going to successfully engage in treatment, and if you do get treatment you're not going to stay in treatment if your housing needs are not addressed," he says.

When a drug user comes to Sefton DAT seeking treatment, the idea is that they will be able to find help for all their needs in what he terms a "one-stop shop," which will be set up next month in the south of the borough.

The centre will include housing advice and a welfare rights service. Benefits and employment advice will be available from staff in the same building, who will be able to refer the user to other services if necessary. The idea is to involve users with mainstream services from the start

of their treatment and to maintain assistance until they are back on their feet.

To achieve this, Sefton is running what it believes to be the most ambitious and wide-ranging of the pilot projects. This involves working closely with Sefton Council, Merseyside Probation Trust, local police, along with health, probation and prison services. There are important links with organisations such as Job Centre Plus and local carers.

One of the most important aims at Sefton is to involve service users past and present to train and mentor staff. The intention is to improve the management of treatment by making it easier for staff to identify the wider needs of drug users.

Paul Caddick, 39 and now drug-free, was once a self-confessed "chaotic drugs

**'If you're sleeping under the pier in Southport, you're not going to successfully engage in treatment'**

user" who started on solvents at 13. By his 20s, he was in and out of prison for shoplifting to fund his habit. He served 10 short-term sentences.

Now he works with the DAT as an advocate, helping drug users to access services and representing their views to service providers. He can vouch for how welcome the changes are: "As soon as I came out of prison I would relapse because there was no aftercare ... Most of the lads would come out and get money in their pocket and go out to get drugs again."

Peter McDermott, 53, a consultant to the DAT, has been a service user for 35 years. Addressing the broad range of drug users' needs rather than leaving them to fend for themselves is vital, he says.

"In the past, treatment focused pretty exclusively on drug use and took people up to the point at which their drug use ended, at which point they were cut off and thrown to the wolves."

If they had other needs they would often be made to jump through hoops to get help, he says. "I heard about a service in London where if you were homeless and wanted help with that, you needed to demonstrate some kind of commitment, which meant phoning on a daily basis. Well, if you're homeless, the chances that you'll have credit on a mobile phone are slim."

"It's because the people who use the services are not consulted, so what you get are professionals with their own ideas of what will work, which don't take into account the realities."

McDermott says the involvement of people such as himself and Caddick will help to eradicate the "them and us" mentality that has characterised drugs services in the past. "One of the good things about Sefton," he adds, "is that it is working hard to break that down."

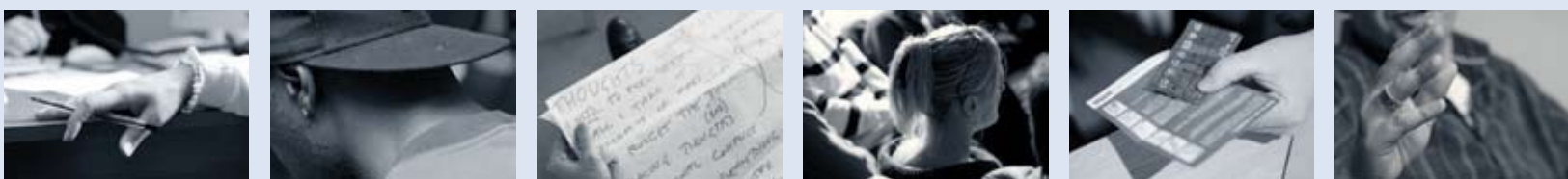
#### Weblink

Sefton Drug Action Team: [sefton.gov.uk/default.aspx?page=6438](http://sefton.gov.uk/default.aspx?page=6438)

## We all need treatment for drug misuse

**It's not only people with drug problems who benefit from effective treatment. Their friends, families and neighbours also feel the positive change – as does wider society**

- » Drug treatment in England has come a long way since 2001. Then, the average waiting time to be seen was nine weeks. Today, it's under a week
- » Having improved access, we're now concentrating on moving all drug users through their treatment successfully, and helping them to sustain their recovery
- » For users, effective treatment means less drug use, better health, and improved social functioning. For everyone else, it means reduced crime and safer communities
- » Drug treatment can help break the link between drugs and crime. It's estimated that the crime committed by people who use class A drugs costs us up to £14bn a year. Research shows the number of offences they commit while receiving treatment drops substantially
- » Drug workers help users to get better and become free of dependency. They also help former addicts to reintegrate with society, to be active citizens, earn their own living, and keep stable homes.



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