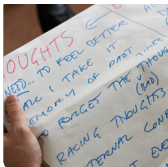
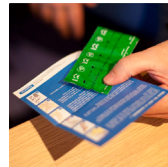


The story of drug treatment



The story of drug treatment

The use of illicit drugs is declining in England; more and more people who need help with drug dependency are getting it quicker; and more and more people are successfully completing treatment...



▶▶ **About a third of the population admit to taking drugs at some stage, but few develop problems**

▶▶ **Less than 2% of the population ever use heroin or crack, and most will stop after a handful of times**

▶▶ **There are around 330,000 heroin and crack addicts in England. About 75% are in treatment**

▶▶ **While in treatment they are less likely to overdose or commit crime**

The illegal drug culture

Illegal drug use is common in our society. About a third of the population admit to taking drugs at some stage in their lives. About a quarter of young adults say they recently used drugs, mostly cannabis. But few people go on to develop problems.

In fact, fewer than 2% of the population used opiates or crack in the past year. Most will use a handful of times, and stop when they realise where it is heading, before they become addicted.

Around one in ten of those in their late teens and early 20s currently use Class A drugs, mainly powder cocaine. They mostly consume recreationally, and relatively few develop problems.

Cocaine use is increasing among young adults and more of them are coming into treatment. The typical drug user today is a young white male, single, and a regular clubber and pubber.

But not every illegal drug user requires treatment. Most people who use cocaine, ecstasy or cannabis do not become addicted and so do not need help.

The treatment population

There are about 330,000 problem drug users (PDUs) in England – that is, heroin and crack addicts. More than half (173,000) are in community drug treatment and about a quarter receive treatment in prison. Most of the PDUs not in prison are on welfare benefits.

Those in treatment tend to be older, entrenched users who will typically spend several years going in and out of treatment before they are clean.

While they are in treatment they are less likely to use illegal drugs or cause problems, such as stealing or shoplifting to fund their habit, sharing needles, or spreading infections. Society also benefits: research shows that thefts committed by addicts in treatment falls between one-quarter and a half.

Worryingly, deaths from heroin and cocaine misuse are rising. But those users inside the treatment system are still less likely to die from an overdose.

The role of treatment

Drug workers seek to get addicts better and to help them become free of dependency. They also support addicts to be active citizens, take responsibility for their children, earn their own living, and keep a stable home. Drug users who are parents are fast-tracked to help safeguard their children.

Opinion polls show that over three-quarters of the public believe drug treatment is a sensible use of taxpayers' money, as long as it benefits individuals, their families and communities. But if they have to choose, most people say the greatest benefit of drug treatment is that it makes their communities safer and reduces crime, rather than it improves a drug user's wellbeing.

The treatment system

Drug treatment focuses on those who become dependent, and whose drug use causes problems for themselves and others. The Government spends £800 million a year providing a balanced range of services to reduce the harm caused by drugs, and help individuals overcome addiction and lead normal lives.

Treatment is not an instant cure. It takes time to overcome addiction or manage it so users can lead normal lives. Relapse is an ever-present risk to recovery.

Experts say addicts should spend at least 12 weeks in treatment to derive some benefit.

Drug treatment in England has vastly improved in the past decade. Now virtually anyone who needs drug treatment can get it quickly, and far more people are receiving help.

Since 2001, the average waiting time to get treatment has shrunk from two months to less than a week. The number of adults in contact with community treatment services has more than doubled to over 207,000.

The numbers dropping out of treatment early are falling, the numbers staying in long enough to benefit are rising, and the numbers successfully completing treatment for dependency are increasing year on year: almost 25,000 adults in 2008-09.

Four out of five adults in treatment either complete a programme satisfactorily, or stay in treatment long enough for them and society to benefit.

Types of treatment

Three-quarters of adults in treatment are heroin addicts.

The National Institute for Health and Clinical Excellence (NICE) recommends substitute prescribing as the most effective treatment for them, alongside talking therapies to change



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behaviour. Some can also benefit from detoxification or a period of residential rehabilitation.

Recent research in the medical journal *The Lancet* found dramatic falls in drug-use among newcomers to treatment, with more than a third of heroin users abstinent from the drug after six months.

Some claim that replacing an illegal drug with a legal one does not tackle addiction. However, 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 treatment options don't exist for crack addicts, or anyone dependent on cocaine or cannabis. Talking therapies are used instead, and *The Lancet* research showed that half of crack addicts in such treatment were abstinent after six months.



▶▶ **Those users dependent on other drugs are treated with psychosocial 'talking therapies'**

▶▶ **The number of young people using drugs is falling, but a record 24,000 are being helped for misuse problems**

▶▶ **Addiction to Class A drugs is rare among young people**

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

Young people (under-18s)

The number of young people using drugs is falling. At the same time around 24,000 under-18s (a record number) are being helped for substance misuse problems. Specialist services target those in need to prevent drug and alcohol use contributing to problems later in life, and to avoid addiction.

Four out of five of these young people have problems with cannabis and/or alcohol, which are as much a consequence as a cause of mental illness, truancy, offending or emotional pressures.

Addiction to Class A drugs is rare among young people, affecting fewer than one in ten of those being helped. So interventions for under-18s often differ to the treatment offered to dependent adults.

The nature of drug misuse

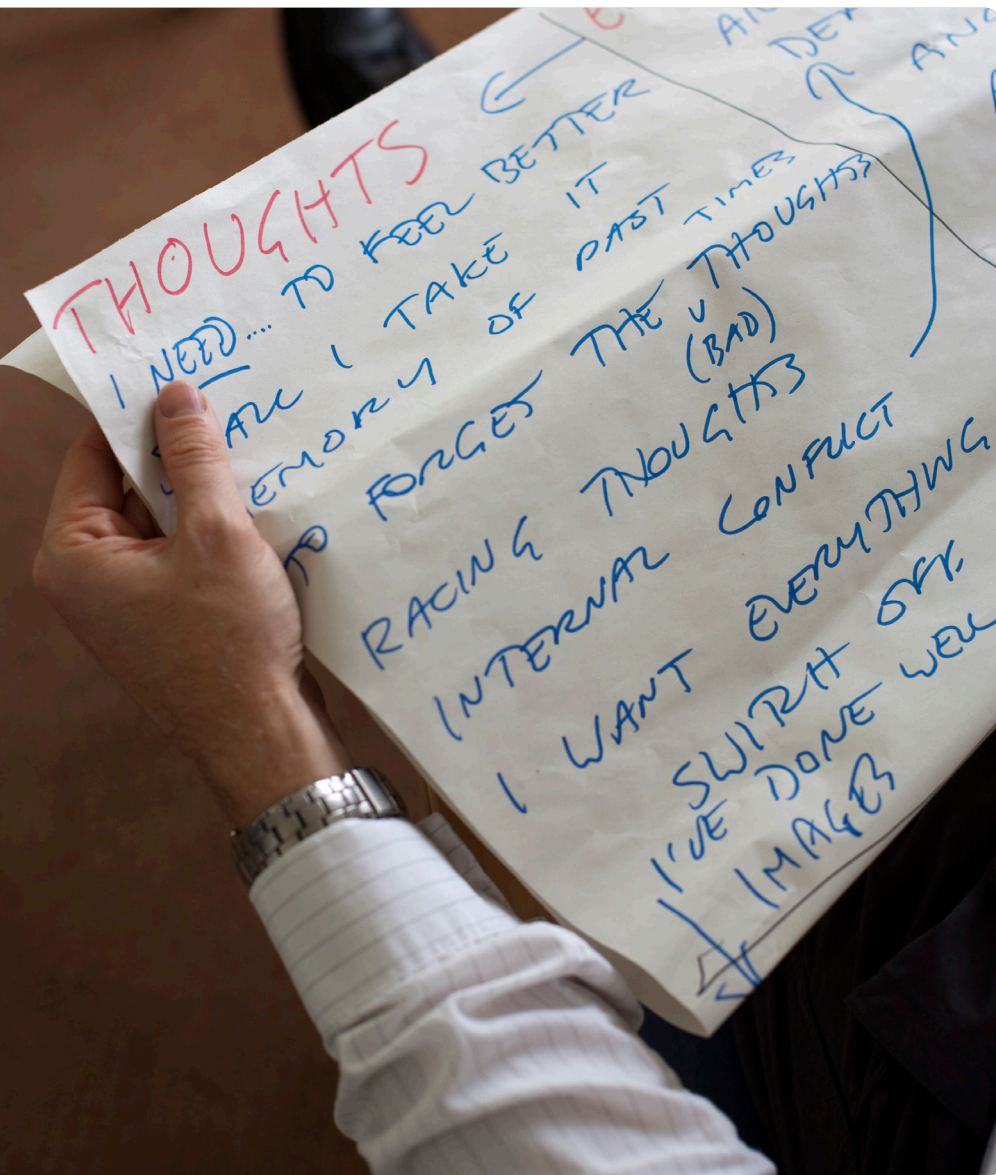
Drug dependency is a health disorder with social causes and consequences. In medical terms, it is normally a chronic condition characterised by relapse and remission.

However, it does not fit the popular medical stereotype of diagnosis, treatment, and cure. There is no instant remedy.

Drug misusers are also more likely to die from an overdose, contract and spread blood-borne viruses, suffer poor health, and commit offences.

Their employability declines, their families suffer distress, and their children may be at risk of neglect. Their communities often experience crime and drug litter.

Treatment for drug misuse therefore needs to be combined with access to other health and care services that enable drug users to acquire the social and personal capital they lack. Over



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» Treatment offers an individual the prospect of short-term management and long-term recovery; it offers society a respite from the harm caused by drug misuse



» **Most misusers contact treatment services directly. Others come via their GP, the NHS, or the criminal justice system**

» **A typical heroin addict goes in and out of treatment several times. It can take six attempts over six years to get clean**

» **Every user in treatment has a care plan that maps out the steps they will take**

» **Residential rehabilitation is suitable for some, but not right for all**

time most people are able either to overcome dependency, or manage it and lead normal lives.

Treatment offers an individual the prospect of short-term management and long-term recovery; and it offers society an immediate respite from the harm caused by drug misuse.

The treatment system

Most drug misusers contact treatment services directly.

Others are referred by their GP or the NHS, and about a quarter get picked up through the criminal justice system.

Treatment services are commissioned by 149 local partnerships, often called drug action teams. Half the funding for drug treatment comes from the Department of Health. A quarter comes from other Government departments via the criminal justice system, and the rest is supplemented locally by Primary Care Trusts and local authorities.

The NTA monitors national standards and assures the quantity and quality of all this treatment, in accordance with clinical guidelines set by NICE. A mixture of NHS and voluntary sector providers supply the actual treatment.

Getting better and getting on with life

A balanced system ensures that people get the treatment that is right for their individual needs and circumstances.

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

A typical heroin addict can go in and out of treatment several times, experiencing repeated false dawns. Typically, it takes six attempts over six years to get clean.

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 right answer for every problem drug user. NICE recommends residential rehabilitation in certain cases for people who are ready to 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.

The latest research suggests that every £1 invested in drug treatment saves society two-and-half times that in the crime and health costs of drug addiction. NICE estimates the costs generated by each injecting drug-user add up to £480,000 over their lifetimes.

Effective drug treatment can bring many benefits to a community. Chiefly, while addicts are in treatment they use fewer illegal drugs and commit less crime to fund the purchase of drugs from street dealers. There is also less risk to public health from drug litter. Additionally, individual users are better able to cope, so can attend education and training, hold down jobs, and look after their families.

Drug users are also more likely to complete their recovery if they have wider support to help them rebuild their lives. These services include stable homes. The majority of rough sleepers are problem drug users, and meeting the housing needs of addicts significantly reduces drug use. Those who receive mental health care also achieve better outcomes.

Other vital areas of support include employment prospects (drug coordinators in Jobcentre Plus offices help users on benefit get into treatment, and ultimately into work) and social and family networks (involving family members and carers in treatment ensures more successful outcomes).

The results of treatment

We collect a lot of information about users in the system, but we'd like to know more about the outcomes of treatment. We've been collecting robust data for just four years, less time than it typically takes a heroin addict to recover.

The extra information we are now collecting through the Treatment Outcomes Profile tool will give us for the first time a rounded picture of the impact of treatment and other care.

The relapsing nature of addiction means we cannot assume all



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▶ **Communities benefit while drug users are in treatment, as they can hold down jobs and look after their families**

▶ **Users are more likely to complete their recovery if they have wider support, such as stable homes, employment prospects, and help from social and family networks**

» **The user must want recovery and be prepared to make radical lifestyle changes, which require help and support from family, friends, and mutual aid networks**

those who successfully complete treatment will stay drug-free. However, we now have enough data to track the careers of those who left treatment in a single year.

Of the 13,000 people recorded as successfully discharged from treatment in 2005-06, almost 20% relapsed the following year, about 10% relapsed the year after, and nearly 5% last year.

This means just over 30% of successful completions were a false dawn (to be expected given the nature of addiction), but also that the system recycles people to have another go.

Two-thirds (9,000) did not return to treatment over the three years, and so are likely to have sustained their recovery. Moreover, half of the 30,000 people recorded as dropping out in 2005-06 did not come back for further treatment over the three-year period either.

Although some will have been in prison, and a few may have died, we can assume a significant proportion will have overcome their dependency and achieved sustained recovery, 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.

We will continue to use relevant data, and new figures, to understand better the experience of those who leave treatment.

The first step on the road to recovery

Record investment has expanded the availability of drug treatment and cut the time people have to wait for it.

Having got record numbers of users into treatment quickly, the system is now focused on moving people through treatment, and getting them safely out the other end.

We are encouraging drug workers to be more ambitious for their clients.

We are also working with practitioners and providers to agree a national programme to improve skills.

Our goal remains to get more users into treatment, help them recover from dependency, and reintegrate them into society.



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