

THE STORY OF DRUG TREATMENT



*Effective treatment
Changing lives*

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The story of drug treatment

“The goal of all treatment is for drug users to achieve abstinence from their drug – or drugs – of dependency. For some this can be achieved immediately, but many others will need a period of drug-assisted treatment with prescribed medication first. Drug-users receiving drug-assisted treatment should experience a rapid improvement in their overall health and their ability to work, participate in training or support their families.”

The 2008 Drug Strategy, ‘Drugs: protecting families and communities’.

The context

Drug use is common in our society. About one third of the population admits to taking illegal drugs at some stage in their lives. About one fifth of young adults say they recently used drugs, mostly cannabis. Few go on to develop problems.

Approximately one in seven of those in their late teens and early 20s use Class A drugs at some stage, mainly powder cocaine. Most consume recreationally, and few develop problems.

Less than 2% of the population ever use opiates (such as heroin) or crack in their lifetime. Of those, most use only a handful of times, stop when they see where it’s leading, and never become addicted.

The purpose of the drug treatment system is to reduce misuse and the harm it causes. Other agencies are responsible for prevention and enforcing measures that target illegal drug use.

Drug treatment therefore focuses on those who become dependent, and whose drug use causes problems for themselves and others.

Opinion polls show that over three-quarters of the public believe drug treatment is a sensible use of taxpayers’ money so long as it benefits individuals, families and communities.

The challenge

There are about 330,000 problem drug users in England, i.e. heroin and crack addicts. Three-quarters of them are on welfare benefits, and two-thirds are in drug treatment (though the groups overlap they are not identical).

Around half (161,000) are receiving help through structured drug treatment in the community. A further 60,000 are in prison or receiving help through the criminal justice system.

Drug services also treat another 50,000 people for other types of misuse, e.g. cocaine and cannabis.

The government spends £800m a year providing treatment and related measures to reduce the harm caused by drugs. Anybody who needs help can access it quickly, and the numbers in structured treatment are growing.

Not every illegal drug user requires treatment. Many people who illegally use heroin, crack, cocaine or cannabis do not become addicted.

To reduce the risk to public health, the National Institute for Health and Clinical Excellence (NICE) recommends that needle exchange services are available across the country to provide free equipment, health advice and vaccinations to injecting drug users.

This protects them and their communities, costs the NHS about £100m a year, is accessed by about 117,000 people, and is a valuable gateway into structured drug treatment programmes.

The role of the National Treatment Agency for Substance Misuse (NTA) is to get drug misusers into treatment so they can recover from dependency and reintegrate into society.

» **Less than 2% of the population ever use heroin or crack**

» **Three-quarters of the public believe drug treatment is a sensible use of taxpayers’ money**

Key developments in drug treatment

1985 Britain's first needle exchange for injecting drug users launched, in response to the spread of HIV/Aids

1990-96 The number of people addicted to drugs more than doubles; drug-related deaths go up

1996 A task force review commissions the National Treatment Outcome Research Study (NTORS) ▶▶

The target population

Addiction is characterised by compulsive behaviour where obtaining and using drugs becomes more important to the user than anything else. Dependence can be diagnosed as physical or psychological, but recurrent drug misuse that falls short of clinical dependence is still problematic.

Heroin and crack are highly addictive drugs, so regular users risk becoming dependent. Those who do become dependent share common characteristics – they are highly vulnerable, are less resilient, have fewer personal skills, and lack social support mechanisms.

Consequently, they tend to be concentrated in the poorest communities. They are active offenders, suffer poor mental health, and are unemployed, lack educational attainment, and struggle to function socially.

For such people, in these circumstances, it is easy to get into drugs, and hard to get out – so they are more likely to become addicted.

However, individual drug users are all different, so their needs and responses to treatment will vary:

- some will misuse but not develop dependency, and stop of their own accord
- others will have enough personal and social capital to grow out of dependency as they mature and take on responsibilities, such as jobs and families
- some will gradually overcome dependency, given enough time and help, and become abstinent in later life
- others will need help with problems other than drug misuse, such as mental health, unemployment and criminality
- a minority may be so badly affected by drug addiction they are unable to stop using at all, and will continue to need treatment and support throughout their lives.

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. So it needs long-term management, with short-term clinical intervention for acute episodes.

However, it does not fit the popular medical stereotype of diagnosis, treatment, and cure. There is no instant remedy, though over time most people are able either to overcome dependency or to manage it and lead normal lives.

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

Their employability declines, their families suffer distress, and their children may be at risk of neglect. Their communities are plagued by crime and blighted by drug litter.

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

Treatment offers an individual the prospect of ongoing management and long-term recovery.

Treatment also offers society an immediate respite from the harm caused by drug misuse, and a gateway through which drug users can rebuild their lives and reintegrate.

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▶▶ **Individual drug users are all different, so their needs and responses to treatment will vary**

▶ **1998** Early NTORS findings reveal that treatment reduces drug use, cuts crime and improves health

1998 The first national drug strategy: 'Tackling drugs to build a better Britain'. There are around 85,000 problem

drug users engaged in treatment in England

The treatment system

Most adults contact treatment services direct to seek help, although some are referred by their family doctor 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. These commissioners represent the NHS, local authority care services, the police and probation, and assess local need annually.

Half of the funding for drug treatment is earmarked through the Department of Health, a quarter comes from other government departments through the criminal justice system, and the rest is supplemented locally by Primary Care Trusts (PCTs) 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.

Drug treatment is supplied by a mixture of NHS and voluntary sector providers. Treatment for alcohol dependency among adults is commissioned and funded separately by PCTs.

However, services for young people cover both drug and alcohol misuse. Addiction among young people is rare, and support is geared to reducing the harm caused by misuse of alcohol or cannabis, or both.

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Patterns of recovery

There is no one-size-fits-all solution. A balanced treatment system ensures that individuals get the type of treatment that is appropriate to their changing needs and circumstances.

Treatment alone can only go so far. Continued drug use and relapse will almost certainly occur after treatment unless the user wants recovery and is prepared to make radical lifestyle changes.

Making that change and maintaining it requires help and support from outside the treatment system – family and friends, mutual aid networks, education and employment opportunities, and community acceptance.

Experts would expect a heroin addict to go in and out of treatment several times, experiencing repeated false dawns. It can take six attempts over six years to get clean.

However, over a 20-year period, two-thirds of addicts do establish sustained recovery. To achieve that, they need treatment for their addiction, plus additional support to address their other problems.

▶ A balanced system ensures that individuals get appropriate treatment

▶ It can take six attempts over six years to get clean

2001 The NTA is established in England, with £142m of dedicated funding for drug treatment

2002 The Audit Commission report 'Changing Habits' sets the local treatment agenda for the NTA

2004 The Audit Commission finds "impressive progress", with waiting times down and more users in treatment ▶▶

The balance of treatment

Just as there are a variety of ways into drug dependency, there are a number of routes to recovery.

The NTA advocates a balanced treatment system in which individuals can access the treatment most likely to work for them. Local commissioners can choose from a broad spectrum of appropriate treatment options, including substitute prescribing and residential rehabilitation.

NICE guidelines make clear that the opiate substitutes methadone or buprenorphine should be offered as the front-line treatment for heroin dependency.

Clinicians advise this is the best way to stabilise problem drug users in the short-term while their dependency is treated. Methadone reduces the cravings that addiction causes, enabling individuals to stop taking illegal drugs and start to rebuild their lives.

Currently about 131,000 users in treatment (two-thirds of all adults in treatment) are prescribed opiate substitutes by their doctors. Some are maintained on high doses to prevent withdrawal, but many are prescribed reducing doses as a step towards recovery.

Once heroin addicts are stabilised, treatment offers a full range of options, including detoxification for those who wish to be abstinent. Detoxification involves in-patient treatment, but there is a high probability of relapse.

Substitute prescribing does not apply for those dependent on other drugs such as crack, powder cocaine, other stimulants, or cannabis (together accounting for about a quarter of all adults, and almost all young people in treatment).

These people should be treated with psychosocial interventions, which aim to change their behaviour and help them deal with their problems.

Moving through treatment

All drug users in treatment should have a personal care plan that assesses their needs and maps out the steps they will take through treatment. This will cover not only drug use but also health, social functioning, and criminal involvement.

The rate at which individual drug users can move through treatment is a matter for their clinicians and the keyworkers who case-manage their care plan.

NICE recommends a psychosocial component for all treatment interventions. These 'talking therapies' include one-to-one motivational interviewing, incentive schemes, behavioural therapy for couples and families, and mutual aid groups.

Residential rehabilitation is a form of treatment that is suitable for some people at certain times in their lives, but is not the appropriate answer for every problem drug user.

Most drug users, even those requiring intensive treatment, can make adequate changes to their behaviour while in the community, and do not need to go into hospital or residential services at all.

NICE recommends residential rehabilitation for certain categories of drug user, such as those with mental health and housing problems, those who are ready to be drug-free, or those who have been detoxed but not benefited from community-based psychosocial treatments.

▶▶ **About 131,000 users in treatment are prescribed opiate substitutes**

▶▶ **Residential rehabilitation is suitable for some people at certain times**

▶ **2004** The NTA takes responsibility for NDTMS, the National Drug Treatment Monitoring System

2006 The number of people engaged in drug treatment in England is more than double the 1998 baseline

2007 The Home Office estimates there are more than 332,000 problem drug users in England

The benefits of treatment

The aim of treatment is to overcome dependency, and reduce the harm caused by drugs to users, their families and communities.

In the meantime, society benefits while problem drug users are supported in treatment programmes. They are less likely to die or infect others, will commit fewer offences, are more employable, and better able to function as parents.

Research shows that staying in treatment for at least 12 weeks has a lasting positive benefit in reducing the harm associated with addiction.

Every pound invested in drug treatment saves society the crime and health costs of drug addiction. The Home Office estimates every £1 spent saves £9.50. NICE estimates the health and crime costs of each injecting drug-user is £480,000 over a lifetime.

The benefits of drug treatment include:

- **people in treatment use fewer illegal drugs**
 - drug use falls dramatically (between one-third and a half) during the first three months
- **they commit less crime to fund the purchase of illegal drugs**
 - thefts by addicts on community treatment programmes fell by half, according to drug monitoring data that was matched with Police National Computer (PNC) records
 - burglary, theft and other acquisitive offences fell by a quarter among addicts on the Drug Interventions Programme
 - self-reported crime, mainly shoplifting, fell substantially after treatment, and remained at a quarter of intake levels after five years, according to NTORS
- **there is less risk to public health**
 - the number of injecting drug users (IDUs) has fallen by 15% in three years
 - two-thirds of them are vaccinated against hepatitis B (up from a quarter)

– HIV rates among IDUs are lower than other countries and falling (one in 90)

- **individuals are better able to cope, so can undergo education and training, hold down stable jobs, and look after their families.**

Ultimately, the opportunity that treatment offers to individuals is to enable them to take control of their chaotic lives, overcome their dependency, and reintegrate into society. Drug users are more likely to successfully recover through treatment if they have wider support to rebuild their lives.

Wraparound services foster:

- **stable homes**
 - the majority of rough sleepers are problem drug users. Meeting the housing needs of addicts significantly reduces drug use, and those who receive mental health care achieve better outcomes
- **employment prospects**
 - a network of drug coordinators in Jobcentre Plus offices will ensure more drug users on benefit are helped into treatment, and those in treatment on benefit are helped into work
- **social and family networks**
 - involving family members and carers in treatment ensures more successful outcomes, helping users lose the addict identity and escape from the drug subculture.

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▶ **Drug use falls dramatically in the first three months of treatment**

2007 The national average waiting times for drug treatment fall from nine weeks to one

2007 National Institute for Health and Clinical Excellence (NICE) guidance endorses treatment practice

2007 'Drug misuse & dependency' guidelines reshape treatment practice in line with expert opinion ▶▶

The record of improving treatment
England has an ambitious drug treatment programme, which currently caters for around half of the country's problem drug users and has the highest rate of new entrants in the world.

The overall number of individuals in contact with treatment services has more than doubled over ten years (to a record 202,666 last year).

Four out of five either complete a treatment programme satisfactorily or stay in treatment long enough (12 weeks) for them and the community to gain lasting benefit.

The numbers of individuals successfully completing a drug treatment programme has risen steadily to more than 34,000 last year.

The average waiting time to start drug treatment has fallen from more than two months in 2001 to under a week now.

However, the numbers in the National Drug Treatment Monitoring System (NDTMS) need to be handled with care, for measurable outputs are not the same as successful outcomes.

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The outcomes of treatment

By its nature, illegal drug use is covert.

We collect a lot of information about users in the treatment system, but know little about those outside.

The study of addiction recovery is in its infancy. Much of the scientific evidence comes from what we have learned through observing people in treatment programmes in the US, which may not be applicable to the UK.

We don't know as much as we would like about the outcomes of treatment. We have only been collecting robust data for four years, less time than it typically takes a heroin addict to recover.

The extra information now being collected through the NTA's Treatment Outcomes Profile (TOP) tool will give us for the first time a rounded picture of how treatment and associated care impacts on the lives of drug users.

Early results from TOP participants show that two-thirds of heroin users and more than half of crack users cut their consumption significantly, with at least one third of either becoming abstinent altogether.

However, the relapsing nature of addiction and recovery means we cannot assume that all those who successfully complete a course of treatment will immediately become drug-free.

Until now our best insight into sustained recovery came from longitudinal studies in the UK and the US, which suggests a clear pattern for treatment seekers: ten to 15% are drug-free after a year; more than a quarter after five years; and two-thirds after 12 years.

However, the NTA has now accumulated enough data from NDTMS to track the careers of those who left treatment in a single year, and demonstrate how the system is more dynamic than an annual statistical snapshot implies.

Of the 13,000 people recorded as successfully discharged from treatment in 2005-06, for

▶ **2008** The second national drug strategy is launched: 'Drugs: protecting families and communities'

2008 Dedicated funding for drug treatment in England is £398m

2009 The criminal justice system puts 1,000 offenders in contact with treatment services every week.

example, almost one fifth relapsed the following year, about one tenth relapsed the year after, and nearly 5% last year.

This means just over 30% of successful completions proved to be a false dawn – to be expected, given the relapsing nature of addiction – but also that the system gives people the chance to have another go.

Nevertheless it showed that 9,000 people (two-thirds) did not return to treatment over the three years, and are therefore likely to sustain their recovery.

Moreover, half of the 30,000 people recorded as dropping out in 2005-06 (and thus on the face of it potential failures) 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 another way of enabling them to divest themselves of the addict identity and escape the drug subculture.

The insight that NDTMS offers into long-term success will grow over time as the data series extends. Meanwhile the NTA is seeking support across government to access other relevant data sets – from prisons, the PNC and the NHS – to better understand the experience of those who have left treatment.

The changing shape of treatment

Record investment has expanded the amount of treatment available and cut the amount of time people had to wait for it.

Having got record numbers of problem drug users into treatment quickly, the focus of the system is now shifting to moving people through treatment, and getting them safely out the other end.

Some critics have a point: the system had become too reliant on the immediate benefits to society of users being in treatment, and insufficiently focused on the long-term benefits to the individual of being in recovery.

This is why we are encouraging drug workers to be ever more ambitious for their clients, by providing them with the tools they need to upgrade their skills.

The 'Routes to Recovery' series of publications will offer a template of treatment options to enable drug workers to better judge which intervention is most appropriate in what circumstances.

We will work in partnership with practitioners and providers in the field to establish a skills consortium. This will build on existing good practice to agree a national programme to improve competence in drug services.

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

▶▶ **With record numbers of users in treatment, the focus is now on moving people through treatment**

▶▶ **We are encouraging drug workers to be ever more ambitious for their clients**

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