

## Studies/surveys

### Studies, surveys and reviews on treatment

#### The new abstentionists - burning questions about drug treatment

Around Bonfire Night, a rocket was fired at the heart of England's drug treatment structure - someone asked how many patients ended up drug-free. Clothless as the fabled emperor, '3%' came the reply. Bullish engagement and crime reduction claims were dismissed as irrelevant. Scotland had already suffered a similar attack. The new abstentionists were on the march and the statistics seemed to be with them. But their attacks and the defences put up against them were based on questionable assumptions and misinterpreted or just plain mistaken figures. This forensic examination of the claims examines the good and not-so-good to emerge from this episode and finds some inspiration for the future.

**Download:** Ashton M., [The New Abstentionists](#) (PDF 163.5KB)

#### Key reading:

#### Drug and alcohol treatment in the North West of England 2008/09

##### Liverpool John Moore's Centre for Public Health, 2010

This publication details the results of the National Drug Treatment Monitoring System (NDTMS) in the North West of England during 2008/09

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#### Young people's alcohol and drug treatment at the crossroads

##### DrugScope, 2010

Find out more and download the report [here](#)

#### Drug treatment at the crossroads

##### DrugScope, 2009

Find out more and download the report [here](#)

#### Powder cocaine: how the treatment system is responding to a growing problem

##### NTA, 2010

Powder cocaine use among the general population has risen significantly during the past 15 years. According to the latest British Crime Survey, around one in ten adults have tried cocaine at some point in their lives (though only 3% in the past year). Most people who try powder cocaine will not go on to develop an addiction to the substance (this is also true for other illicit drugs). However, the number of individuals accessing treatment for a problem with powder cocaine has risen in recent years (particularly among the 18-24 age group). Most of these people receive effective abstinence-based treatment in the community. Unlike heroin, there is no substitute medication for powder cocaine. Instead, treatment consists of psychosocial techniques, such as cognitive behavioural therapy, which help users to understand and then to change their behaviour. Most powder cocaine users start treatment with a specialist drug treatment service, based in the community, within a week of being referred (on average, it takes just over five days). Powder cocaine users usually refer themselves to treatment, but they also come via the criminal justice system, GPs and other health services, and are sometimes referred by friends and family. So while powder cocaine use has increased dramatically in recent years, the treatment system has responded and ensures that relevant services are open and available to all who need them. In 2008-09 12,354 people were in treatment for a powder cocaine problem; 8,491 of those entered during that year. Of the 8,479 who left treatment in that year, 63% had beaten their dependency. These figures come from the National Drug Treatment Monitoring System (NDTMS), which tracks the movement of people in and out of England's drug treatment system. An additional monitoring tool, called the Treatment Outcomes Profile (TOP), provides a more detailed examination of an individual's progress from the start of their treatment to its conclusion.

Using TOP data, this bulletin looks at a study that tracked the progress of people accessing services for powder cocaine over a period of six months. It contains results on more than 3,000 individuals, making it the single largest review of powder cocaine treatment undertaken so far.

**Download:** [Full report](#) (PDF 671KB)

## **Principles of drug abuse treatment. A research-based guide**

### **NIDA, 2009**

This update of the National Institute on Drug Abuse's Principles of Drug Addiction Treatment is intended to address addiction to a wide variety of drugs, including nicotine, alcohol, and illicit and prescription drugs. It is designed to serve as a resource for health care providers, family members, and other stakeholders trying to address the myriad problems faced by patients in need of treatment for drug abuse or addiction.

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## **Investing in drug abuse treatment: a discussion paper for policy makers: drug abuse treatment toolkit**

### **UNODC, 2010.**

The first part of the paper considers the perspective of a Government or public agency questioning the value of any intervention aimed at drug problems: What would an effective intervention do, regardless of whether the intervention were a punitive, criminal justice intervention, an educational intervention, a new social policy or a treatment intervention? Here the paper examines the characteristics of patients who enter addiction treatments asking where they have come from, who or what agency has referred them to treatment and what goals are expected by those agencies and organizations. This examination is used to develop a set of outcome expectations that would make treatment worth it to a society that might be asked to support such an intervention or policy. The second part of the paper uses these expectations and the outcome measures that derive from them as the operational definition of effectiveness. On the basis of that definition, some of the published research literature is reviewed examining the available evidence for the effectiveness of some of the more prominent forms of substance abuse treatment, comparing them with two common non-treatment policy alternatives for substance abuse: no treatment at all and criminal justice interventions such as jail. The final part of the paper addresses an important question for the policy maker: Why does it appear that addiction treatment is not as potent or as effective as treatments for other disorders? As the basis for that discussion the paper compares addiction treatments with treatments for three well-studied, chronic medical illnesses. The examination of the issue leads to particularly important conclusions regarding how addiction treatment is viewed by the public, how it is typically provided by treatment programmes and how it has been evaluated by researchers.

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## **Needle and syringe programmes: providing people who inject drugs with injecting equipment**

### **National Institute for Health and Clinical Excellence, 2009.**

This guidance is for NHS and other professionals who have a role in the development and management of syringe exchange programmes. It may also be useful for those who inject drugs and their carers and other members of the public. It includes guidance and recommendations on setting up and administering programmes.

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## **Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services.**

### **Department for Children, Schools and Families (DCSF), Department of Health (DH) and National Treatment Agency for Substance Misuse (NTA), 2009.**

The aim of this joint guidance is to support professionals working in adult drug and alcohol treatment services and children, parenting and family services such as Family Intervention Projects (FIPs). It should assist those services to develop local protocols which enable improved joint working, thereby ensuring the children of drug users are protected from harm and their welfare needs met, and improve outcomes for drug and alcohol service users who are parents.

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## **Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm**

### **WHO, 2009.**

The WHO European Region has the highest proportion of total ill health and premature death caused by alcohol in the world. The effectiveness of alcohol policies in reducing this harm has been evaluated mainly in North America and northern Europe, but the general principles are applicable across societies and countries. The evidence summarized in this publication can therefore be applied by policy-makers in every country in the Region to tackle alcohol-related harm. It reviews what is known and not known about the health, social and economic impact of alcohol, education and information campaigns, public support for alcohol policies, supportive infrastructures, the health sector response, community action, workplace policies, drink-driving policies, the availability, marketing and pricing of alcohol, and drinking environments, and the policy implications of this evidence.

**Web:** [Full report](#) (PDF 2MB)

## **Summary of key findings from the Drug Treatment Outcomes Research Study (DTORS)**

**Donmall M., Jones A., Davies L., Barnard M., UK. Home office, 2009.**

This report summarizes the findings from a major national evaluation of drug treatment in England. The study comprised a longitudinal survey of outcomes, a qualitative assessment of the factors that impact on effective treatment, and an economic analysis. The studies key implications are as follows: 1) Drug treatment is effective in reducing the harmful behaviours associated with problem drug use. 2) Regardless of treatment provision and delivery, personal motivation is crucial to successful treatment. 3) Treatment must be sufficiently flexible to meet the differing needs of treatment seekers. 4) The criminal justice system is an equally valid route into drug treatment and 5) Drug treatment is cost-beneficial.

**Download:** [Full report](#) (PDF 300KB)

**Shooting up: infections among injecting drug users in the United Kingdom 2008, An update October 2009****UK Department of Health, Social Services and Public Safety, 2009.**

This report presents available data on the extent and trends over time of infections among IDUs in the UK up to the end of 2008. It includes data on the more severe bacterial infections affecting IDUs, on available markers of HIV and viral hepatitis prevalence and incidence, and on associated risk and protective behaviours

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**Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm****WHO, 2009.**

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**Web:** [Full report](#) (PDF 2MB)

**Identifying the role of families within treatment****Adfam/Madill Parker Research and Consulting, 2008.**

This study has confirmed that families can be a useful resource in treating an individual's substance misuse problem. Among the recommendations are, better information on the impact of substance misuse on families to professionals and the general public and more evaluation to measure successful outcomes of family interventions.

**Web:** <http://www.adfam.org.uk/docets/Identifying%20the%20role%20of%20families%20within%20treatment.pdf> (PDF)

**Guidelines for the evaluation of treatment in the field of problem drug use****EMCDDA, 2007.**

The main objective of these guidelines is to provide a European audience with basic information on the options, elements and procedures of drug-related treatment evaluation. The target readership includes professionals working in treatment services for substance use and dependence, administrators and officials in social and health authorities, researchers dealing with treatment of substance dependence, and those who professionally or politically may have an interest in evidence from treatment evaluation.

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**The impact of violence and abuse on engagement and retention rates for women in substance use treatment****NTA, 2007**

This document describes the available evidence and includes professional opinion from key informants on the impact of domestic violence and abuse on women's capacity to access, engage and benefit from drug treatment

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**Harm reduction findings from the NTA's 2006 survey of user satisfaction in England****NTA, 2006.**

This report investigates the harm reduction support received by the users of drug services, as well as pharmacy-based needle exchange services. Data was collected as part of The NTA's 2006 Survey of User Satisfaction in England (NTA, 2007), which included a section on harm reduction. Self-completion questionnaires were distributed in August 2006 to the clients of Tier 3 and 4 drug treatment services in England, as well as the users of Tier 2 drug services. In addition, a shorter

questionnaire consisting of the harm reduction questions only was distributed in October 2006 to the clients of pharmacy-based needle exchange services. This document reports on data on harm reduction from 10,070 respondents to the combined.

**Download:** [Full report](#) (PDF 616KB)

## **Treating drug misuse problems: evidence of effectiveness**

**Gossop M., National Addiction Centre, 2006.**

This report reviews evidence of the effectiveness of a wide range of drug treatments, including; pharmacotherapies, psychological treatments, twelve step programs, brief interventions, needle exchange schemes and combined treatments.

**Download:** [http://www.nta.nhs.uk/publications/documents/nta\\_treat\\_drug\\_misuse\\_evidence\\_effectiveness\\_2006\\_rb5.pdf](http://www.nta.nhs.uk/publications/documents/nta_treat_drug_misuse_evidence_effectiveness_2006_rb5.pdf) (PDF 811KB)

## **Findings of a survey of needle exchanges in England**

**Abdulrahim D., Gordon D., Best D., NTA., 2006.**

The National Treatment Agency conducted a Department of Health funded survey using three separate questionnaires that were sent to joint commissioners, specialist needle exchange services and pharmacy related services. The survey found that there were many examples of good practice in needle exchange provision however substantial areas and groups are being denied access.

**Download:** [Full report](#) (PDF 2.9MB) **Warning: large file**

## **Needle exchange provision in Scotland: a report of the National Needle Exchange Survey**

**Griesbach D., Abdulrahim D., Gordon D., Dowell K. UK. Scotland. Scottish Executive. Substance Misuse Division. Substance Misuse Research Team, SMRT, 2006.**

The National Needle Exchange Survey aimed to: map needle exchange service provision; investigate the nature of that service provision; identify areas of good and innovative practice; identify problems and impediments in delivering needle exchange services. This report covers Scotland.

**Web:** <http://www.scotland.gov.uk/Publications/2006/06/16110001/0>

## **Improvement review into substance misuse services**

**NTA, Healthcare Commission, 2006.**

The NTA and the Healthcare Commission have agreed to work in partnership to review substance misuse services to bring about improvements in drug treatment services. The first of a series of these national reviews focussed on two key aspects of drug treatment for 2005/2006, whether drug treatment services are prescribing drugs safely and appropriately and whether there is good treatment planning and coordination of services. The national review covered 149 drug action teams (DATs). Drug action teams are partnerships responsible for drug treatment services in England and are made up of representatives from NHS trusts, social services, the police, the probation service and the voluntary sector. Fifty six mental health trusts and 303 primary care trusts (PCTs) within those drug action teams have also been given a rating.

**Web:** <http://www.healthcarecommission.org.uk/serviceproviderinformation/reviewsandinspections/improvementreviews/substancemisuse.cfm>

## **Roles and responsibilities of doctors in the provision of treatment for drug and alcohol misusers**

**NTA, 2005.**

All organisations employing doctors need a robust clinical governance structure that addresses issues of education and supervision. This report recommends that appraisal must be carried out by a trained appraiser with experience of the clinical area. Supervision could be carried across different employing and specialty areas, so for example a consultant addiction psychiatrist could supervise a GP with special clinical interest working in their geographical area.

**Web:** [http://www.nta.nhs.uk/publications/documents/nta\\_doctors\\_roles\\_and\\_responsibilities\\_sept\\_2005.pdf](http://www.nta.nhs.uk/publications/documents/nta_doctors_roles_and_responsibilities_sept_2005.pdf)

## **Service provision for drug users in rural and remote areas of Scotland: a qualitative study: summary report**

**UK. Scotland. Scottish Executive. Substance Misuse Division. Effective Interventions Unit, 2005.**

There are almost 1 million people living in rural Scotland. This accounts for almost 20% of the population. Of there, around 6% live in remote rural areas with the remainder living in accessible rural areas. In August 2004, the Effective Interventions Unit commissioned qualitative research into the issues that influence the effective planning, design and delivery of integrated care for drug users in rural and remote areas from the perspectives of service commissioners, service providers and service users. It found that the lower level and number of services in rural and remote areas and the possibility of drug users being supported by extended families and close-knit communities without recourse to services suggest an unmeasured level of under-reporting in these areas.

**Web:** [http://www.drugmisuse.isdscotland.org/eiu/pubs/eiu\\_090.htm](http://www.drugmisuse.isdscotland.org/eiu/pubs/eiu_090.htm)

## Cannabis and mental health: responses to the emerging evidence

Hunt N., Lenton S., Witton J. Beckley Foundation, KCA, 2005.

There is increasing apprehension about cannabis's possible role in triggering or exacerbating mental health problems, or of inhibiting young people's emotional or social development. This paper discusses the policy issues.

Download: [http://www.internationaldrugpolicy.net/reports/BeckleyFoundation\\_Report\\_08.pdf](http://www.internationaldrugpolicy.net/reports/BeckleyFoundation_Report_08.pdf) (PDF)

## How many people are receiving methadone hydrochloride mixture for opiate dependence in Scotland and what are the prescribing costs per person?

UK. Scotland. Scottish Executive. Information and Statistics Division. Publisher: ISD, 2005.

There is no national routine information which reports the number of people in Scotland who are receiving Methadone Hydrochloride mixture, nor information on the cost per person to the NHS. This report describes a study carried out with the aim of calculating these indicators, to enhance understanding of drug misuse treatment in Scotland.

Download: [http://www.drugmisuse.isdscotland.org/publications/local/isd\\_methadone.pdf](http://www.drugmisuse.isdscotland.org/publications/local/isd_methadone.pdf) (PDF 127KB)

## A national survey of inpatient drug services in England

Best D., O'Grady A., Charalampous I., Gordon D. UK. National Health Service. National Treatment Agency for Substance Misuse, 2005.

This briefing reviews inpatient services, evaluating detoxification provision across specialist units, residential rehabilitation services that offer an initial detoxification and generic medical and psychiatric wards that provide detoxification from drug misuse.

Download: [http://www.nta.nhs.uk/publications/documents/nta\\_national\\_survey\\_of\\_inpatient\\_drug\\_services\\_in\\_england\\_rb12.pdf](http://www.nta.nhs.uk/publications/documents/nta_national_survey_of_inpatient_drug_services_in_england_rb12.pdf) (PDF 829KB)

## National needs assessment for Tier 4 drugs services in England

Day E., Ison J. UK. National Health Service. National Treatment Agency for Substance Misuse. NTA, 2005.

This briefing assesses regional and national levels of Tier 4 provision for primary drug users and to estimate future levels of need for both inpatient detoxification and residential rehabilitation. It is part of a wider work programme, aiming to increase effectiveness and improve capacity for Tier 4

Download: [http://www.nta.nhs.uk/publications/documents/nta\\_national\\_needs\\_assessment\\_of\\_tier4\\_drug\\_services\\_in\\_england\\_2005\\_rb16.pdf](http://www.nta.nhs.uk/publications/documents/nta_national_needs_assessment_of_tier4_drug_services_in_england_2005_rb16.pdf) (PDF 1.8MB)

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