

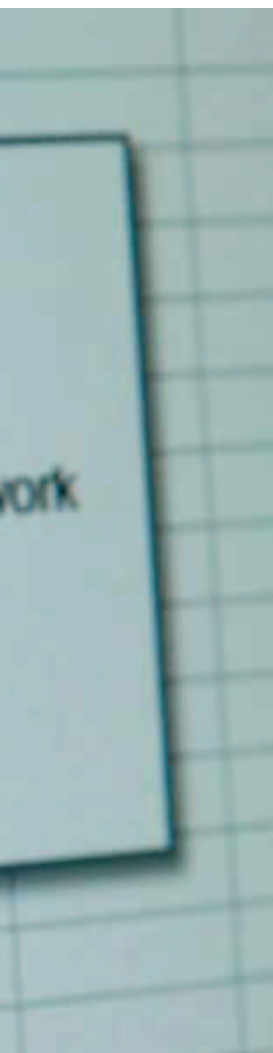
## System error ?

**The NTA has pledged commitment to both increasing the numbers of drug users in treatment and helping more addicts to become drug free. But are the two aims compatible within our treatment system?, asks Professor Neil McKeganey**

One of the most memorable phrases of the conservative government of the nineteen nineties was provided by Michael Howard who, as Home Secretary, made the statement that 'prison works'. If there is a New Labour equivalent to the prison works statement it must surely be that 'treatment works'.

So persuaded were the incoming New Labour government that drug abuse treatment did indeed work that it set up the National Treatment Agency with a multi-million pound budget in 2001 to 'double the number of people in effective, well-managed treatment from 100,000 in 1998 to 200,000 in 2008' and 'increase the percentage of those successfully completing or appropriately continuing treatment, year on year'.

To realise those aims, funding for drug treatment in England and Wales was increased from around £390m in 2002/03 to £800m in 2007/08. That expansion in funding resulted in an increase in the number of addicts in treatment from around 118,500 in 2001 to 202,000 in 2007. As well as being characterised by an unrivalled expansion in drug abuse treatment, the period from 2003 to 2007 was also a time when the focus of attention shifted from the numbers of drug users coming into treatment to the number leaving treatment drug free.



In 2002 the question of how many drug users were leaving treatment drug free was not so much a side issue as a non-issue. The 2002 annual report of the National Treatment Agency, for example, made no mention at all of the numbers leaving treatment drug free. By 2007/08, following the BBC revelation that only 3 per cent of drug users were leaving treatment drug free, the picture could hardly have been more different. Paul Hayes opened the 2007 NTA annual report with the statement that: 'In the year ahead all of us in the field face this challenge to focus our efforts on the outcomes of treatment, to enable more addicts to become drug free.'

But to what extent is the historical focus on increasing the numbers of drug users in treatment compatible with the current commitment to ensure that services are working towards addicts becoming drug free? In one sense these aims are fundamentally incompatible.

In research that James McIntosh and I carried out for our book *Beating the Dragon: The Recovery from Dependent Drug Use* we showed how addicts who had managed to overcome their addiction to illegal drugs had built up a new, non-addict identity for themselves. They had come to see their drug use in a new light – not as something they did for pleasure or as a way of enabling them, in their eyes, to function normally, but as something that was causing massive harm to themselves and those around them.

They needed to build up a new set of relationships with individuals that were not involved in using or dealing drugs. On occasion this could involve moving to a new area where they were not known as someone who had a drug problem. They needed to fill the time they had previously devoted to tracking down and using drugs. They needed to build up a sense of the person they could become rather than the person they had been throughout the years of their involvement with illegal drugs. They often needed to reflect back, with support, on the things they had done to the people they loved most over the years of their addiction and they needed, on occasion, to recapture a sense of the person they might have been had they not gone down the road of protracted and chaotic drug use.

Creating a new non addict identify was not a process of fast turnaround and large numbers but of intensive, faltering work, of two steps forward and one step back, of limitless counselling, appropriate medication, and real practical help delivered sometimes over many years. As drug treatment services are enjoined to develop a recovery perspective that enables more drug users to leave treatment drug free, they will increasingly face the question of how to do that with the large number of drug users they are currently in contact with.

One potential solution to that problem is to begin to segment the addict population. In the simplest terms this could mean differentiating between those addicts who stand a reasonable chance of being able to come off drugs, and for whom a recovery or abstinence focus might be appropriate, and those who are in the midst of their drug use and for whom a maintenance orientation may be more appropriate.

Stated in this way the segmenting strategy may sound like a workable method for dealing with the large number of drug users currently in treatment while at the same time delivering a recovery focused agenda within services. As a solution to the problem of large numbers, however, the segmenting approach is based on the assumption that the population of drug users for whom abstinence based services would be appropriate is relatively small compared to the much larger population of drug users for whom a maintenance approach would be more appropriate.

At the present time, however, we know relatively little about the characteristics of those drug users for whom abstinence and recovery may be an achievable goal. Within the UK we have simply not undertaken the long-term research studies on the natural history of addiction to identify those drug users who may benefit most from a recovery focus. We know from US research that some addicts mature out of their addiction after a period of ten to 15 years of

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chaotic drug use. Based on that work, one might be inclined to target the recovery services on those drug users who are nearing the end of their 15-year career.

The maturing out of addiction research, however, is over 40 years old, and was based on a different continent with addicts who had a very different drug using profile. In addition one may wonder at the wisdom of targeting recovery services on those individuals whose drug use has become an entrenched part of their lifestyle in preference to focusing on those individuals at an earlier stage of their drug using career, and for whom recovery may be a more achievable and less demanding goal.

There is though a radical alternative to the segmenting strategy, which is to ensure that all drug treatment services working with drug users are able to deliver a recovery focus, and to combine that orientation on the part of services with a much clearer articulation of the responsibilities placed upon the clients of services. Within these terms, the aim of drug treatment services would not be to Hoover up larger and larger numbers of drug users, but instead to work intensively with a smaller number of individuals committed to their recovery. Under such a regime the number of drug users in treatment would go down, but the proportion leaving treatment drug free and able to build a sustained drug free life for themselves would increase.

Wholly aside from the issue of how drug treatment services identify which drug users would be suitable for the more costly intensive recovery oriented treatment, there is also the question of where the experience and expertise in recovery is to be found. On the basis that drug treatment services are presently enabling only a tiny minority of drug users to leave treatment drug free, one would have to conclude that the answer to that question would not take one to many of the mainstream services currently available. By contrast, the self-help, abstinence oriented 12-step projects have a wealth of experience in working with drug users to enable them to become drug free.

Irrespective of whether the solution to the problem of developing a recovery focused agenda on the part of drug treatment services is to segment the addict population or to work with smaller numbers of drug users in a more intensive way, there may still be a need for drug treatment services to draw upon the expertise of the self-help groups and to integrate the expertise of those groups into their own work with clients.

*Neil McKeganey is Professor of Drug Misuse Research at the University of Glasgow*