

DRUG TREATMENT 'CONSENSUS STATEMENT'

We have come together because we are concerned to ensure that public debate about drug treatment recognises the progress that has been made in improving the lives of individuals, families and their communities. Treatment services are available to anyone trying to access them within a week on average, and most people coming into treatment are staying long enough to get real benefit from it.

There is overwhelming evidence that properly funded and evidence-based drug treatment delivers benefits for individuals, families and carers, neighbourhoods, communities and society at large. This applies to the whole range of services, from programmes providing injecting drug users with clean needles to abstinence-based residential programmes.

- There are an estimated 400,000 problematic heroin and crack cocaine users in the UK; nearly 1.5 million adults will be significantly affected by a family member's illegal drug use. An estimated 3.5 million adults in the UK are dependent on alcohol.
- Drug treatment improves lives but also saves money in subsequent health, social and criminal justice costs. Estimates of the cost benefits have ranged from £2.50 to £9.50 for every £1 spent on drug treatment. While some have disputed the exact cost savings, no one seriously questions the cost-effectiveness of drug treatment.
- The introduction of harm reduction services in the UK in the 1980s and 1990s resulted in one of the lowest rates of HIV infection among injecting drug users anywhere in the world. HIV prevalence among injecting drug users has stabilised at around one per cent (although Hepatitis B and C infection is more widespread).
- Some people with serious drug problems commit crimes to pay for drugs, by removing or reducing dependence on illegal markets, drug treatment can break this link. The Home Office reports that acquisitive crime – such as shoplifting, burglary, vehicle crime and robbery – to which drug-related crime makes a significant contribution, fell by 55 per cent between 1997 and 2007.

While recognising that we are building on solid and substantial achievements, we would like to see a commitment to taking the next steps forward to creating world class treatment services.

- We need to develop better links between different health, social care and support services to support recovery. Drug and alcohol problems do not occur in a vacuum, and they cannot be solved in a silo. Many of the people who use drug services arrive at the door with multiple problems and needs - often their drug use is linked to experience of childhood abuse or adult trauma, to mental health problems, homelessness, family breakdown and other problems.
- We need a balanced drug treatment system that is focussed on recovery, quality of outcomes and re-integration and not only the numbers of people coming into services. Drug services should not simply be about stabilising people on methadone or getting them off drugs, they should also be involved in finding people places to live and opportunities to learn or work.
- Treatment should be personalised with service users fully involved in decisions about their treatment with their needs driving the care planning process. The

important role that families and carers can play in supporting treatment and recovery should be acknowledged and supported.

- We need to develop drug treatment services that can work with different forms and patterns of drug misuse, such as stimulant problems and multiple or 'poly-drug' use, including alcohol. Our treatment system needs to balance a focus on heroin and crack cocaine with other forms of substance misuse and harms related, for example, to alcohol, cannabis, ketamine, GBL/GHB and so called 'legal highs'. Alcohol treatment should be available to all who need it.

We believe that investment in drug treatment is vital and should continue and be a priority for public health.

Above all, we are calling on all politicians - along with other decision-makers and opinion formers - to commit to an evidence-based and non-partisan approach to drug policy, which respects the advice of independent experts, such as the Advisory Council on the Misuse of Drugs and the National Institute for Clinical Excellence. In this respect, the same principles should apply to drug treatment as apply to treatment of cancer, heart disease, diabetes, depression or schizophrenia.

Where investment in drug services is driven by research and evidence, it delivers for tax payers and is cost effective too.

Decision-makers and opinion formers have a responsibility to make sure that taxpayers' money is spent wisely, on services that deliver on public priorities and with public benefits. We recognise that tough decisions need to be made between competing priorities, particularly at a time of spending restraint. But we also know that any disinvestment in drug treatment services will leave some of the most excluded and marginalised in our society with no second chances and no route back. It will also result in greater costs in the long run, as we pay the price of not intervening in support of people who are prepared to face up to their drug problems and try to get their lives on track.

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