

“The NDTMS figures reveal that 27,969 adults left the drug treatment system free from dependency in 2010-11 – an increase of 18% compared to last year, and 150% compared to five years ago”

DRUG TREATMENT AND RECOVERY IN 2010-11

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Drug treatment and recovery in 2010-11

The coalition government's 2010 Drug Strategy announced a significant shift in emphasis for England's drug treatment system. "Instead of focusing primarily on reducing the harms caused by drug misuse," it said, "our approach will be to go much further and offer every support for people to choose recovery as an achievable way out of dependency."

This statement has defined the direction of the drug treatment system during 2010-11. Treatment services, practitioners and managers have been looking closely at their organisational structures and working practices, and adjusting them where necessary, to ensure they are doing as much as they can to help more drug users make a full recovery from their dependency.

But the task of promoting recovery is not as straightforward as it sounds, for drug addiction is a chronic condition characterised by the risk of repeated relapse and remission. It can take an individual several attempts over a number of years to finally overcome his or her dependency and lead an addiction-free life. There is no quick solution, and what may work for one person will not necessarily work for another.

Against this background the latest figures from the National Drug Treatment Monitoring System (NDTMS) make encouraging reading...

Five key findings from the data for 2010-11

1 27,969 adults left the drug treatment system free from dependency in 2010-11 – an increase of 150% compared to 2005-06

2 96% of drug users coming into the system had to wait no more than three weeks to get treatment in 2010-11

3 Fewer users came into treatment for heroin or crack dependency – 52,933, a reduction of around 10,000 in just two years

4 The number of heroin and crack users coming into treatment aged 18-24 has more than halved since 2005-06

5 The over-40s are the largest age group starting treatment in 2010-11 (16,251, and around 80% for heroin and/or crack use)



MORE ARE RECOVERING

The NDTMS figures for 2010-11 reveal that 27,969 adults left the drug treatment system free from dependency in 2010-11 – an increase of 18% compared to 2009-10 (23,680), and 150% compared to 2005-06 (11,208).

At the same time, fewer drug users are starting treatment. From a peak of 84,520 new cases in 2008-09 it fell to 79,255 in 2009-10 and has dipped further to 74,028 in 2010-11 (see chart 1). Waiting times have also reduced – 96% of users coming into the system waited no more than three weeks to get treatment in 2010-11, compared to 94% in 2009-10 and 93% in 2008-09 (see table).

What these numbers tell us is that while fewer users are coming into the treatment system they are being seen quicker and more of them are overcoming addiction, giving them the potential to make a full recovery.

LONG-TERM IMPROVEMENTS

The annual snapshot of figures for 2010-11 has been augmented by the availability of six years' worth of robust drug treatment data, which the NTA has been analysing to produce a more accurate picture of the way the treatment system works and what happens to individuals as they progress through it.

WAITING TIMES FOR TREATMENT 2006-11

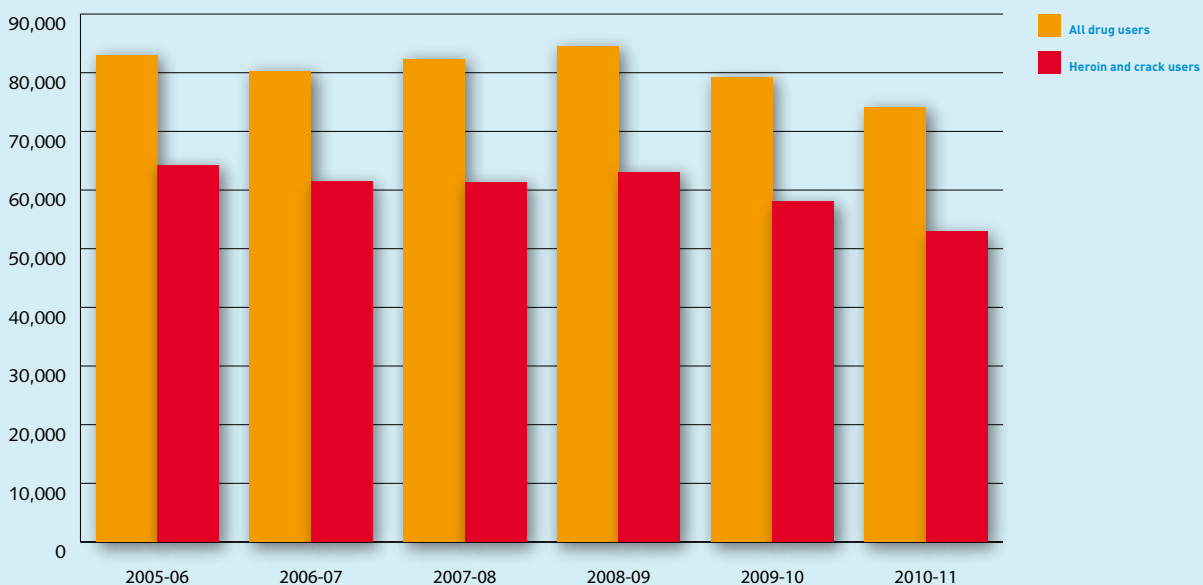
	Less than three weeks	More than three weeks
2006-07	87%	13%
2007-08	91%	9%
2008-09	93%	7%
2009-10	94%	6%
2010-11	96%	4%

This analysis has revealed that 255,556 adult drug users have entered a treatment programme for the first time since April 2005, mainly for heroin addiction.

When we break this number down we find that 71,887 (28%) of these people have successfully completed their treatment over the past six years and have not returned (this finding is especially revealing – even more so than the standalone statistics for any single year – precisely because none of them have since come back into the treatment system).

This breakdown of the figures also shows that 84,179 (33%) of these people are still in treatment (some may have left and subsequently returned); and a further 99,490 (39%) left having

1. NUMBER OF ADULTS STARTING TREATMENT 2005-11



“More drug users are recovering from addiction, fewer need treatment, and those who do need it are getting over their addiction quicker”

not completed their programme, remain outside the treatment system and have not subsequently returned.

These figures reflect the often unpredictable nature of drug dependency and the ongoing cycles of relapse and remission. But they also show that the more recently someone started treatment for the first time (i.e. 2009 compared to 2005), the more likely they are to complete it successfully. Additionally, drop outs and relapses are falling. More drug users are recovering from addiction, fewer need treatment, and those who do need it are getting over their addiction quicker.

HEROIN AND CRACK IN DECLINE

NDTMS figures for 2010-11 show a continuing trend for fewer drug users coming into treatment for heroin and/or crack dependency. The number starting treatment in the past 12 months was 52,933, a reduction of 10,000 in just two years (it was 62,963 in 2008-09, falling to 58,016 in 2009-10 – see chart 1; for the breakdown of drug type for 2010-11, see chart 5).

This ongoing reduction in the number of heroin and crack users coming into treatment, which first became apparent in 2008-09, is especially evident among the under 40s. In particular, the number of heroin and crack users aged under 30 coming into

treatment has dropped significantly in recent years – those aged 18-24 have more than halved since 2005-06 and the 25-29s have come close to matching this (see chart 4).

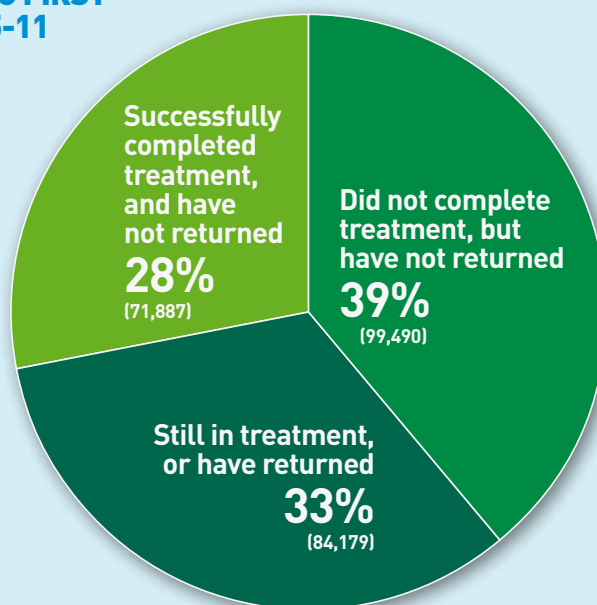
On the other hand, the number of heroin and crack users aged 40 or over entering treatment has just levelled-off after consistent rises up to 2009-10. The over-40s remain the largest age group among people starting treatment in 2010-11 (16,251), with around 80% of those for heroin and/or crack use (see the table overpage).

These NDTMS figures showing a steadily falling demand for heroin and/or crack treatment echo the findings from the Centre for Drug Misuse Research at the University of Glasgow, which recently estimated there were just over 306,000 heroin and crack users in England during 2009-10. This compares to the estimate of 321,229 for 2008-09, and the peak of 332,090 for 2005-07.

The Glasgow prevalence estimates also suggest the most marked decline in the number of heroin and crack users took place among the younger age groups (those up to 35 years old) while the 35s and over have failed to shift meaningfully one way or the other.

A closer look at the long-term NDTMS figures shows that most drug users recover within the first two to three years of starting

2. STATUS OF ALL ADULTS WHO FIRST ENTERED TREATMENT 2005-11



“Why are younger people turning away from heroin and crack; and why do older users seem to be stuck on them?”

NATIONAL ESTIMATES OF HEROIN AND/OR CRACK USE*

	2005-07	2006-07	2008-09	2009-10
Heroin and/or crack use	332,090	328,767	321,229	306,150

*Figures were not calculated for 2007-08, and all the estimates are subject to a 95% confidence interval

treatment, leading us to wonder whether this period amounts to a window of opportunity during which we can successfully treat drug addiction.

We will continue to monitor this situation, and will use any further emerging evidence to inform best practice. But even if this window of opportunity really exists, that doesn't mean it suddenly slams shut after two years – plenty of users still recover from dependency after that.

Even so, some treatment services may be making more of this apparent window, as they record better success rates than others with similar treatment populations. Again, though, nothing is set in stone, and there is plenty we can do to help services: one local area, for example, has gone from delivering well below average success rates to well above average in the space of just three years with NTA support.

EXPLAINING THE TRENDS

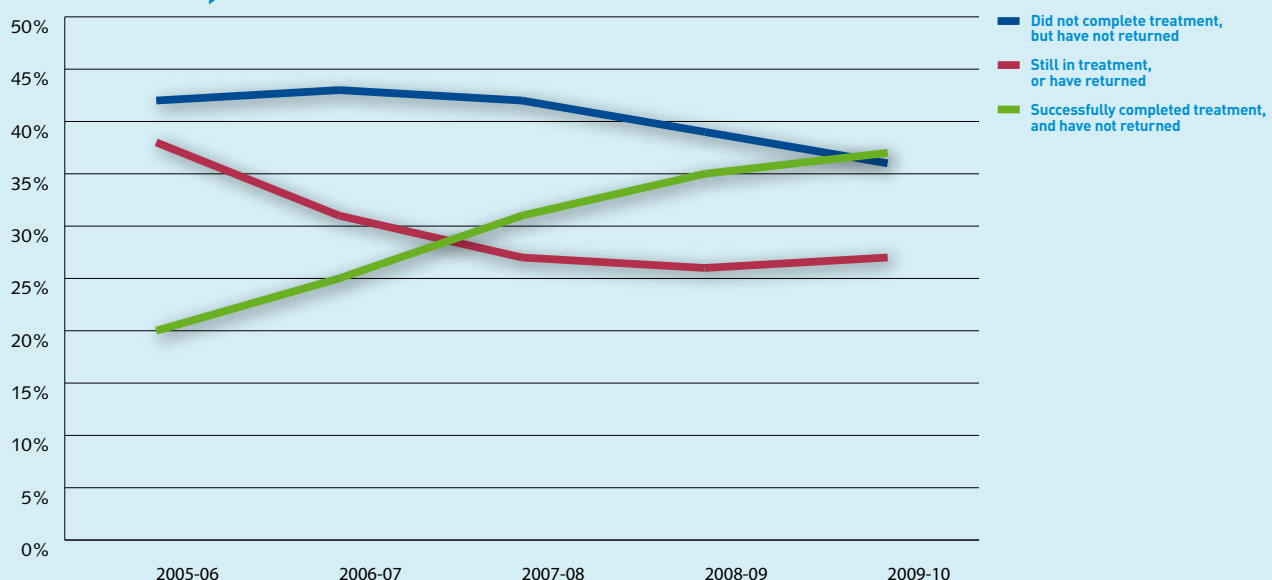
The long-term figures raise a number of questions, not least: why are younger people turning away from heroin and crack, and why do older users seem to be stuck on those drugs?

For the over 40s, the most reasonable explanation for the statistics' stubborn refusal to move is that we are experiencing an aftereffect from the heroin epidemic starting in the 1980s, before treatment was widely available.

This epidemic was fuelled by the appearance of smokeable heroin and carried over into the 1990s, spreading from city to city and region to region. Many of the over-40s now in the treatment system (and, indeed, outside it) are those who have been using steadily for many years but are finding their health is failing much more readily as they get older. They are finally seeking help to recover from their dependency once and for all, though many of the social, economic and other health problems related to prolonged heroin use may mean they find it hard to make genuine progress.

One plausible account for the decline in heroin use among the under 35s is that it has fallen out of favour. The generation of drug users in the 80s had little idea how much damage heroin

3. STATUS OF ALL ADULTS WHO FIRST ENTERED TREATMENT 2005-10, BY YEAR





ADULTS AGED 40+ STARTING TREATMENT, BY DRUG, 2010-11

	n	%
Opiates only	7,259	45
Crack only	1,076	7
Opiates & crack	4,615	28
Cocaine	923	6
Cannabis	1,248	8
Other/unknown	1,130	7
TOTAL	16,251	100

could cause to their lives and those around them. However, the generations that followed have seen what the drug has done to the people who started taking it 20 to 30 years ago and are now consciously avoiding it.

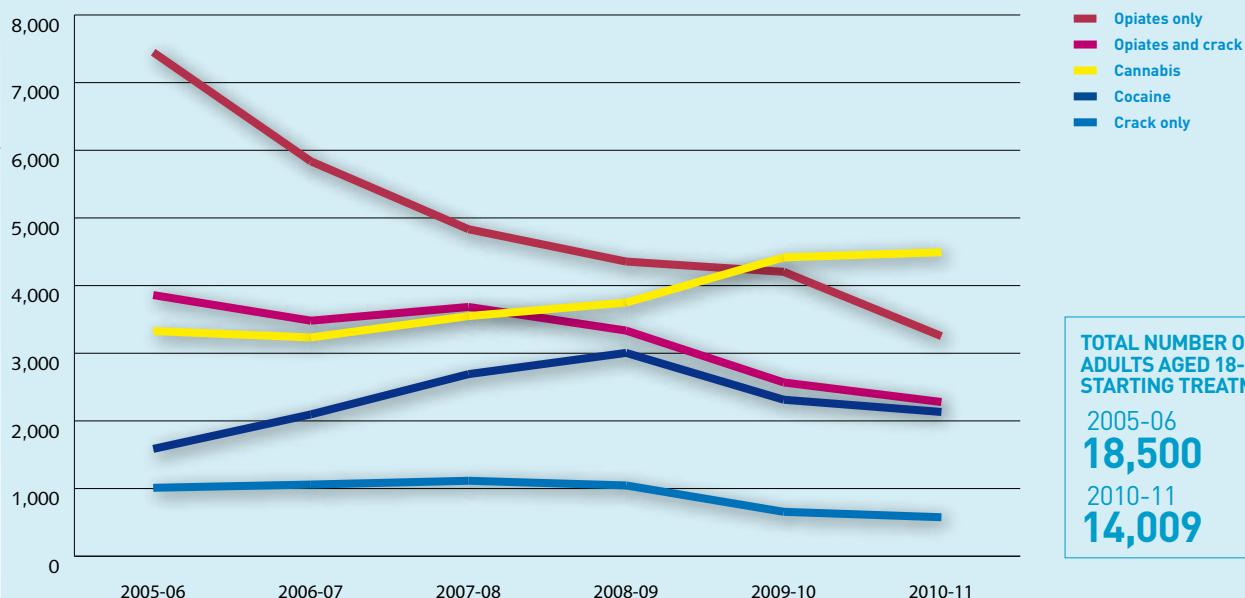
As for crack, in England its use has generally gone hand-in-hand with heroin. The crack epidemic predicted for the 90s never fully materialised and didn't create a substantial new group of addicts. Instead crack became mostly a secondary drug for heroin users, complicating and deepening their drug use and the attending health and social consequences. As heroin use has declined, so too has its associated crack use. Interestingly, fewer people have

also been coming into treatment for problems with powder cocaine during the past few years, perhaps reflecting lower purity.

But while the decline in heroin and crack use among the younger age groups is encouraging, their cannabis use remains a concern. Indeed, it is the only drug for which increasingly numbers of young adults are coming into treatment. NDTMS figures show that last year it overtook heroin only as the biggest single category of drug for 18-24s coming into treatment, while in 2010-11 it's 3,253 for opiates only and 4,493 for cannabis (see chart 3). Heroin remains the most prevalent drug when the opiates and crack category is added to the opiates only, though both these categories have been in decline since 2007-08 while cannabis has risen.

However, this does not necessarily mean more young adults are using cannabis – indeed, the British Crime Survey suggests fewer of them are using cannabis. Instead, the rise in numbers could be more readily explained by the treatment system raising its priority for treating problematic cannabis use. What's more, the increased demand for treatment suggests that as stronger strains of the drug have become more popular (such as skunk), more young people who use it are experiencing problems. Finally, the marked fall in those using heroin means there is more capacity within the system to treat young people using cannabis.

4. NUMBER OF ADULTS AGED 18-24 STARTING TREATMENT 2005-11, BY DRUG



“The drug treatment system can continue to meet demand and help more people to recover from drug dependency”

LOOKING AHEAD

These latest figures reveal an overall picture of drug treatment in England in 2010-11 of declining drug use more or less across the board, fewer drug users coming in for treatment, and better results for those who do.

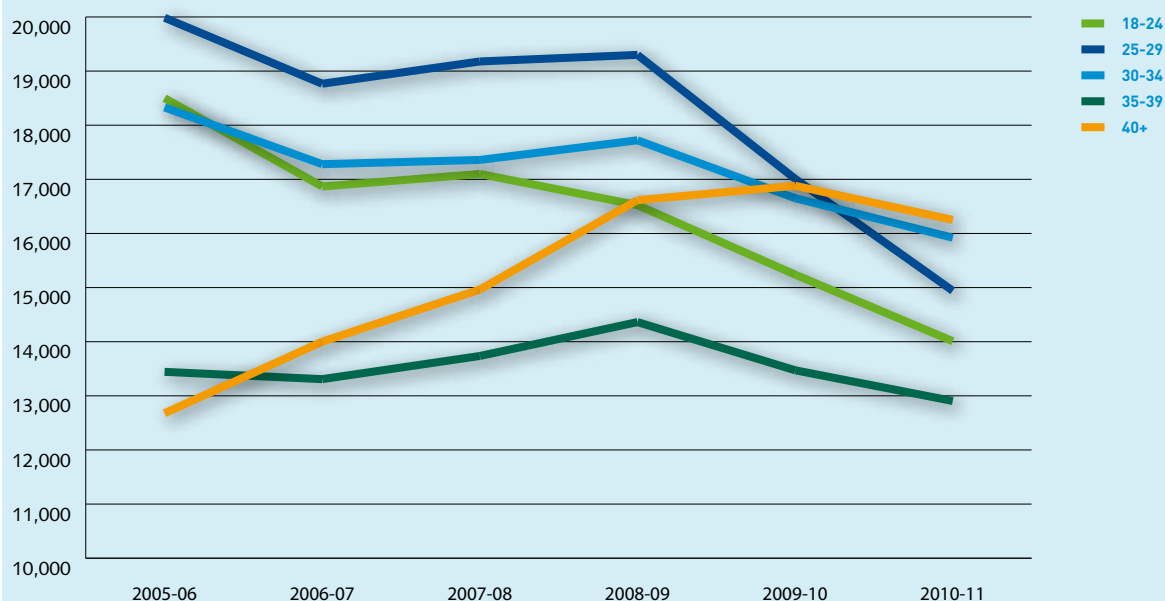
Together, these trends are cause for us to be optimistic that the drug treatment system can continue to meet demand and help more people to recover from drug dependency and turn their lives around. The efforts of users, workers and service providers to put recovery at the heart of treatment are paying off.

However, this optimism must be tempered by caution. These trends are still in the early stages and it will be several more years before we can be confident we are seeing a sustained decline both in addiction and treatment demand.

Furthermore, changing patterns of drug use are unpredictable and often create an impact that takes some time to manifest itself within the treatment system. We also face a huge challenge in continuing to tackle the problem of older, entrenched drug users who find it difficult to make progress through the treatment system.

In the meantime the system, and those who work in it, must remain focused on sustaining the increases in the number of drug users who complete their treatment successfully, and on giving everybody who needs help the ambition and best opportunity to recover from dependency. ■

5. NUMBER OF ADULTS STARTING TREATMENT 2005-11, BY AGE



Drug treatment and recovery in 2010-11 on the frontline

Richard Johnson is the managing director of ANA Treatment Centres, an abstinence-based residential treatment service in Portsmouth...

“Each client’s recovery is their own and needs to be measured on its own merits”

“We were pleased when we saw the government’s drug strategy because it championed a lot of the things we have been trying to achieve here. We have always believed that you need to help clients with accommodation, education, and work if they are to succeed.

“For us, the measure of success is not when clients leave us. We look further ahead. We like to see them prosper without us. It’s when they’ve come to aftercare for a year or two, are in good health, have a job, some qualifications. When they have friends and family returning to their lives, they’re doing well.

“That said, everybody’s recovery is different. If someone has tried and failed a few times, it’s a success if we can get them through treatment. Each client’s recovery is their own and needs to be measured on its own merits. But in general, when we see a client back in the community, leading a healthy and worthwhile life, that’s when we can say that person has done it.

“Happily, it is a frequent occurrence. Portsmouth has a thriving recovery community and many of the recovery champions here are former ANA clients. We’ve seen hundreds of clients make good.

“We want our clients to have a recovery ambition when they start with us. For our part, we have to believe they can change, even if they have a previous conviction list as long as your arm. We have to believe that one day something will click and they will become a productive member of society. You can’t fake that belief; positive regard, dignity and respect are essential components of our service.

“Our primary stage is the beginning of the recovery journey for our clients. This is the entry point to residential treatment,

where they have a detox if necessary and embark an intensive programme to address their addiction. Their freedom of movement and communication is voluntarily limited. They buy themselves time out from society, to get to grips with why they are with us. The treatment strand at the forefront here is therapy – in groups and in one-to-one meetings.

“The secondary stage puts theory into practice in a safe, supported environment. Therapy continues, but life skills, health and wellbeing and planning for the future come to the forefront. Most of our clients come from an urban environment and that’s where they are going back to, so our view is that part of the recovery should be in a real situation, in the town, in the thick of it, where there are temptations and they have to learn to resist them.

“The third stage is less intense, and meant for those who want to start contributing to society but still need a bit of support and a programme behind them. Clients can access our move on accommodation, where we have a licence agreement that requires them to look after their accommodation, to remain abstinent, to attend our aftercare, and to seek paid or voluntary work, or restart their education.

“Our clients really have to want to get on with life. We are the catalyst that gets them moving. We teach them life skills, such as cooking, budgeting and so on. We also work with a local college, which runs accredited courses that have genuine value.

“Our programme is quite structured and often demanding. But we do a lot of nurturing as well. We get people to take responsibility for themselves. But our commitment means we get commitment from the clients. It is contagious.”



Photo: not of actual person

Drug treatment and recovery in 2010-11 on the frontline

Steve is 43 and has just completed the tenth week of a 12-week treatment programme at ANA for heroin addiction...

"How did I find my way to ANA? My appendix burst last November and I spent six days in hospital. I couldn't get any heroin in there. So they gave me methadone and then referred me to a local community drug project. I knew I had to sort myself out, so I asked about treatment. From that point it took me a while to get stabilised, give some clean urine tests, and then I came to ANA in July.

"I struggled at first. I'm not good at being told what to do. I'd been on one of these programmes about six years ago, so I knew what to expect but I still fought it. I gradually came round, though.

"The last time I left treatment, I kept drug dealers' numbers on my phone. This time it feels different. Here, they work with you more. And I'd really had enough of my life. The day I left the hospital, the thought of going back to that life terrified me. Ten weeks ago I was in a mess. I wasn't taking care of myself. Since then I've regained two stones in weight.

"I am cautiously optimistic about the future. I've still got a lot to do. I've got to keep going to Narcotics Anonymous meetings. Every Wednesday there is an aftercare group. I'm going to need that support. I've got a lot of friends who are clean and sober. This is key, to be honest. I think without that support I wouldn't have a chance. I live in Southampton, where the support community isn't as big, but I'm going to travel to Portsmouth for meetings, and to just stay in touch. They said 'you can call up if you ever need to, if you feel you're going to use or whatever'. They've been very supportive.

"For anyone coming into a place like this, if they haven't had enough of life on drugs I don't think much can be done for

them. It's about personal responsibility. Here, they confront you and point things, but they also guide you so you can see it for yourself. They give you a gentle push in the right direction. But if you're not willing to listen, you won't go far."



Not real name; photo not of actual person

"The last time I left treatment, I kept drug dealers' numbers on my phone. This time it feels different. And I'd really had enough of my life"

Drug treatment and recovery in 2010-11 on the frontline

Written off by many as a lost cause, mother of two Debbie has been abstinent for two years following treatment at ANA...

"Before I came into ANA my life was totally written off. All the professionals said there was no hope for me. I was hopeless. I was the sort of person who was going to die early in a dirty flat, with a needle hanging out of my arm. I had been hopelessly lost in the world of drugs since I was 11 or 12 years old and that was all that my life was going to be. Not many people from where I lived got clean or knew about recovery. They either died or they went to prison.

"For years, people tried to get me to change. They put me in prison. They put me on probation with a treatment condition but none of it ever worked. Everyone was telling me how much I needed to change but it didn't matter because at the time I didn't want to change.

"Then I hit rock bottom. Social Services were going to take my baby away and put her up for adoption because I was incapable of looking after her. I didn't know how to look after myself so I certainly didn't know how to love and take care of a baby. But it was the catalyst I needed.

"I went into ANA in Farlington in September 2009, worked through the different stages and I have now been abstinent for two years from alcohol, drugs and any mood altering chemicals. I don't even smoke. And that is amazing for me.

"My life used to be a horrific nightmare of day-in-day-out active addiction. Today, my life's not like that. I have my daughter living with me. I have a flat and I've just been offered a job motivating under 25s for positive change. I do a lot of voluntary work, helping the homeless, trying to get people into detox facilities as well as taking

"Social Services were going to take my baby away. It was the catalyst I needed. Treatment saved my life"

an NVQ level 3 working therapeutically with addictions through my voluntary work. So it's all positive stuff and it all started through coming into ANA.

"I'm in a fantastic place now. I've made a complete turnaround and I'm happier than I've ever been. I use my experiences to help people like me and to talk to professionals to try and change things like how services are commissioned to try and get more peer led support which was a big help to me in my recovery journey.

"I am one of the success stories.

Treatment saved my life. Being away from the people I was with and the drugs gave me the space I needed. For years I felt very isolated and alone and I don't have to be like that anymore. Today, I have good friends, a purpose in life and I can be a productive member of society.

"I still come back for aftercare and to get support because life without drugs is hard when you have immersed yourself in that lifestyle for so long. It's a work in progress and I'm taking it one day at a time." ■



Not real name, photo not of actual person



The NTA would like to thank the staff and clients at ANA Treatment Centres in Portsmouth for their help and cooperation with the photographs and case studies for this publication

**The National Treatment Agency for
Substance Misuse**
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