

BREAKTHROUGH TO RECOVERY

As the country awaits a new government, can we hope for improvement in guiding desperate, vulnerable people towards true recovery from addiction?

The Conservative Party adopted 70 policies, and Labour 39 policies, from the Centre for Social Justice, founded by Iain Duncan Smith – so his inspirational policy proposals on these pages could be a wish soon to come true.

At the end of January, Iain Duncan Smith MP spoke to a gathering of commissioners and providers dedicated to full recovery and evidence-based treatment – people who have a proven track record in demonstrating that offering people with addictive disorders a full continuum of care is not mere theory but has been successfully implemented in practice.

The setting, *Breakthrough to Recovery*, was organised by BAC O'Connor treatment centres, whose CEO is Noreen Oliver.

Addiction Today editor Deirdre Boyd was there and introduces Iain Duncan Smith's words to a wider audience.

“Although both the Conservatives and Labour have adopted Centre for Social Justice policies, I do not claim to speak for the next government – this article emanates from my role as founder of CSJ, an independent think-tank established in 2004 to seek effective solutions to poverty: to put social justice at the heart of UK politics and build an alliance of poverty fighting organisations in order to reverse social breakdown in the UK. Addiction is high on this agenda.

To put the scale of addiction into context, consider the following facts.

There are 327,000 problem drug users of heroin and crack cocaine alone. This is more than 10 per 1,000 of the adult population – compared to 4.5 for all drugs in Sweden and 3.2 in the Netherlands. Addiction devastates our local communities, particularly our poorest areas. The Cabinet Office estimates that the harms arising from drug abuse, including health and social costs, amount to £24 billion a year.

The National Treatment Agency for Substance Misuse was established in 2001 to tackle drug addiction. Regular readers of *Addiction Today* will be familiar with its failings – despite the fact that its bureaucracy has grown dramatically: from 30 to 184 employees, with annual operating/administration costs standing now at £20 million a year. Since 2001, the NTA's 'Pooled Treatment Budget' has reached £2.7 billion. Spending on prescribed methadone alone has reached £300 million a year. Up to 1.65 million children are living in homes where a parent has a serious drug or alcohol problem.

CURRENT TARGETS ARE FOR PROCESS, NOT LIFE CHANGE.

There has been an obsession with getting addicts into 'treatment' alone, rather than recovery. Success is measured as completion of 12 weeks 'in treatment' – usually a methadone script; I have heard anecdotes that sometimes even less is offered. It seems there has been no strategy or incentive to reduce the numbers on maintenance treatment, or move people from dependence to independence.

A FATALISTIC ADDICTIONS STRATEGY.

In 2008-9, only 8,980 of 207,000 addicts claimed by the NTA to be in structured treatment completed it free of illegal drugs: only 4%.

Of those, only 4,600 had access to residential rehabilitation. In the space of two years – until *Addiction Today* began campaigning last year – 20 residential rehabilitation centres closed down, despite an increase in the number of addicts seeking treatment.

In the same period, the number of heroin users prescribed methadone reached 147,500.

The NTA hails this as a success, because a record number of addicts are described as “in treatment”.

This obsession with numbers in treatment alone, alongside a fatalistic and undignified strategy of maintenance not recovery, fuels such ongoing failure.

It also creates divisions between organisations offering recovery and those which desire to implement good-practice harm reduction leading to abstinence but have been prevented from referring clients on to residential rehab or similar-based daycare.

ALCOHOL IS NEGLECTED.

Increasing levels of alcohol harm have hit society and a growing culture of binge drinking has emerged, especially among young people. Alcohol consumption by UK children has doubled in the past 15 years.

As alcohol harms have increased in recent years, the gulf between need and access to treatment has widened dramatically. Expenditure on alcohol treatment accounts for only 6% of the overall drugs budget.

By contrast with a highly interventionist approach to drugs policy, the government's approach to the damage of alcohol has been remarkably *laissez faire*. Its willingness to significantly liberalise licensing laws indicates that it does not take the threat of alcohol seriously.

FAILING TO PROTECT COMMUNITIES.

28% of our drugs budget is spent on enforcement, compared to 75% in the Netherlands and 54% in Sweden. Since 2003, the quantity of drugs seized has fallen, the price has dropped to a record low, and cocaine use has risen dramatically.

In 2006, the Netherlands seized three times more cocaine than the UK. Drugs are cheaper and more widely available than ever before.

Drugs education programmes, such as *Talk to Frank*, have failed on prevention and intervention, instead progressively focussing on harm reduction and risk minimisation, which can be counter productive. ”



IAIN DUNCAN SMITH MP has been Member of Parliament for Chingford and Woodford Green since 1992.

Before that, he served in the Scots Guards for six years. He has also been a businessman – working in the defence and publishing sectors. He was appointed to the shadow Cabinet when William Hague became Conservative leader. He held the social security and then the defence portfolios, then was elected Conservative leader in September 2001. His policies on school choice and NHS reform are still at the heart of today's Conservative agenda. After David Cameron took on the Conservative leadership in 2003, he established the Centre for Social Justice to continue his commitment to compassionate conservatism. He chaired the seminal *Breakdown Britain* and *Breakthrough Britain* documents.

More details are available for readers at www.centreforsocialjustice.org.uk and at www.iainduncansmith.org/text.aspx?id=1

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Have
A
Dream

FROM WISHES TO LIFESAVERS: THE CSJ CORE PROGRAMME FOR REFORM

STRUCTURAL REFORM

REPLACE THE NATIONAL TREATMENT AGENCY WITH AN ADDICTION RECOVERY BOARD.

- This will shift culture from maintenance and harm reduction as an end-goal to full recovery. The new board will be chaired by a minister and led by an individual committed to full recovery and evidence-based treatment.

- Alcohol treatment is patchy and managed by Primary Care Trusts with little central direction. The ARB would rectify this by bringing alcohol treatment on a level with drug treatment and providing an integrated strategy.

- Treatment of dependency on prescribed and over-the-counter drugs is negligible. This would also be strategised by the ARB.

ABSTINENCE-BASED TREATMENT VOUCHERS.

Personalised treatment vouchers will more quickly enable addicts who want to enter residential treatment and break free of dependency. With some provision made for the unstable nature of recovery, vouchers will be available on a time-scaled system.

TREATMENT REFORM STANDARDS OF RECOVERY.

The system of tiered models of care and the setting of targets should be replaced with new standards of recovery. This would be a needs-led system, monitored and measured in terms of real outcomes – including abstinence, improved mental health, employment and housing.

RESIDENTIAL REHABILITATION EXPANSION.

Expansion should be undertaken to move from 2,400 beds to 10,000. In time, it should be compulsory for addicts to be offered a residential place should they be available, preventing beds being left empty. We cannot continue to use residential rehabilitation as a last resort.

GREATER RECOGNITION AND USE OF PEER SUPPORT GROUPS.

Drug and Alcohol Action Teams will develop close contact with local groups and direct clients to them, to take advantage of the sponsorship, mentoring and peer support offered. Compulsory signposting (not attendance) to meetings will enable recovering addicts to access services.

EXPAND RESIDENTIAL TREATMENT FOR FAMILIES AND YOUNG PEOPLE.

Families and children must be actively prioritised for treatment in order to break the cycle of addiction. Social workers, drugs counsellors and child-protection services must work together to identify and help families where children are at risk from parental substance abuse, and would otherwise be likely to enter the care system.

PRISON TREATMENT REFORM.

We will end the present government's fatalistic approach to addiction. A strategy for drug and alcohol reforms in prison will complement those undertaken in communities. It will include robust enforcement, a review of detection and testing regimes – including the introduction of innovative voluntary drug-testing regimes, rebalanced treatment provision to move from harm reduction and maintenance to recovery, new approaches to judicial review, and sensible measures to assist stable resettlement.

PROTECTING COMMUNITIES REPLACE THE ADVISORY COUNCIL ON THE MISUSE OF DRUGS (ACMD) WITH A NEW ADVISORY COUNCIL ON ADDICTION.

A new council will include social scientists, child psychologists, psychiatrists and experienced recovery-based treatment practitioners.

AN EVALUATION OF CURRENT DRUG AND ALCOHOL PREVENTION.

An independent evaluation of existing prevention provision will be commissioned.

OVERALL-ENFORCEMENT SPENDING REVIEW.

An urgent and independent review of current enforcement policy should be undertaken, making full consideration of international models and good practice.

