

National Treatment Agency for Substance Misuse

Parliamentary briefing: December 2008

As this year marks the launch of the new ten year Drugs Strategy, the National Treatment Agency for Substance Misuse (NTA) would like to take the opportunity to brief parliamentarians on the next steps for drug treatment in England and provide an update on the latest research available. Drug treatment forms one important strand of the Drugs Strategy, alongside prevention and tackling supply.

The aim of drug treatment is for the user to overcome their addiction, whilst making families and communities safer, as treating drug misuse reduces the harm caused to others. Having greatly increased the availability of drug treatment, the NTA is working with local teams to ensure individuals can access the treatment most likely to work for them, and measuring improvements in drug users' lives so that we can continually drive up the quality and effectiveness of treatment.

Drug treatment works: for families, communities and individuals

"The effect of substance misuse is like ripples in a pond – the repercussions go outwards from the user to affect not only their direct family, but all the others who come into contact with them."

Ian and Irene MacDonald, Cheltenham Parents' Support Group

Getting addicts into drug treatment so that they tackle their addiction pays dividends for both the families they come from and the communities they live in.

- It significantly reduces crime in the community - new empirical research just published by the NTA shows a dramatic drop in criminal activity of those in drug treatment;
- It is the first step to overcoming addiction and regaining control of lives blighted by dependency on illegal and harmful drugs – the individuals and their families'; and
- Being in treatment reduces drug use, prevents the spread of blood borne viruses and reduces the risk of drug overdoses.

Latest research on crime reduction

New research conducted by the University of Manchester and published by the NTA has linked anonymised information from the Police National Computer to data from the National Drug Treatment Monitoring System (NDTMS). A comparison of criminal activity before admission to drug treatment, and 12 months after treatment has begun (including substitute prescribing), shows a dramatic cut in the number of crimes committed¹.

¹ NTA research paper 'Changes in recorded offending following commencement of prescribing treatment for drug misuse,' (University of Manchester) published 17 November 2008.

Theft, the most common offence, nearly halved, and violence was reduced by more than half. The key findings are listed here and the full research is available at: <http://www.nta.nhs.uk/>. ACPO has welcomed the findings:

“The Home Office Drug Strategy provides a well balanced approach to reducing the overall harms in relation to drug use. While police enforcement activity will always be a key element, I am delighted to see objective evidence that other areas of the strategy, in this case, drug treatment, are contributing to a reduction in crime and thus a reduction in the harm caused to local neighbourhoods.”

Tim Hollis, Chief Constable, ACPO lead on drugs

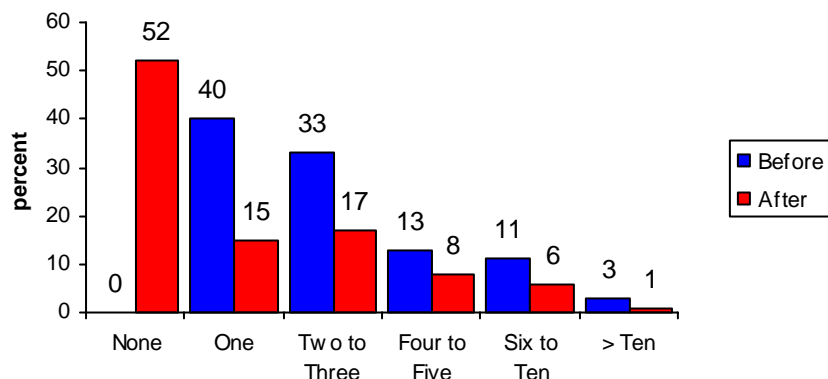
Number of charges (all offence types) brought against the sample in the year before and the year after starting prescribing treatment, by type of offence: n=1,476

Offence Group	Number of charges	
	Year before	Year after
Theft	1234	635
Absconding or bail offences	504	334
Breach of an order	438	473
Drugs (Possession and small scale supply)	430	138
Other motoring offences	402	159
Violence	273	120
Fraud and forgery	266	82
Public Order or Riot	170	84
Handling	100	41
Criminal or malicious damage	97	58
Drink driving offences	87	24
Soliciting or prostitution	83	31
Drugs (import or export or production or supply)	75	11
Other Burglary	53	33
Domestic Burglary	44	35
Taking and driving away and related offences	20	22
Theft from vehicles	18	10
Robbery	12	11
Other	66	16
Not recorded	9	31
Total	4381	2348

The research shows that the majority (52%) of those who were tracked, all of whom committed at least one offence prior to starting treatment, do not commit any crime in the 12 months after. The findings were even starker for a sub-sample who were charged with acquisition or drug-related offences, whose crimes reduced by two-thirds.

1,000 people in the criminal justice system are now being placed in contact with drug treatment services every week, as a result of co-operation between services. As well as improving the availability of drug treatment, the NTA is working with partner agencies like the National Offender Management Service and HM Prison Service to open up the routes into drug treatment where they are most needed. Drug-related crime has fallen by around a fifth since the police started testing those arrested for a range of crimes often linked to drug use.

Number of charges (all offence types) brought in the year before and the year after starting prescribing treatment: n=1,476



Drug treatment works: for individuals

“Most individuals come into drug treatment wanting to end their dependency on drugs. For some, this can be achieved in a relatively short time. For others, particularly those with entrenched heroin and crack cocaine problems, treatment can take many years. For all, the success of treatment is judged on its impact on the quality of people’s lives.”

Baroness Massey of Darwen, Chair, NTA

We know that treating drug addicts reduces the harm caused to society. But does it help them beat their addiction?

Once addicted, overcoming dependency is a serious and difficult task: for the individual, their family, and for the people who work with them. For some, it can take years, and will involve periods of relapse. UK and US studies over a long period of time show that even among entrenched heroin and polydrug misusers, 10-15 per cent of people will be abstinent from their drug of dependency after one year, 25-40 per cent by five years and 64 per cent by 12 years. Twenty years after starting heroin use, research suggests only 25 per cent of heroin addicts will still be dependent, as 75% will have overcome their dependency. Drug addiction can be a chronic and relapsing condition, however this evidence shows the majority can conquer their addiction, even if it takes years.

In England, access and successful completion of treatment has improved significantly

In 2007/08, of the 202,000 people in contact with the treatment system, 190,000 were successfully engaged as follows:

- 35,000 completed treatment successfully (compared to 13,000 in 2004/05)
- 80,000 were retained in treatment throughout the year
- 75,000 were retained for 12 weeks or longer.²

The evidence shows that users need to stay in treatment for at least 12 weeks for them and the community to gain lasting benefit, and a small number – 6 per cent (12,000) – sadly dropped out of treatment before reaching this point. This is however fewer than previous years.

² Statistics from the National Drug Treatment Monitoring System, published October 2008
http://www.nta.nhs.uk/areas/facts_and_figures/national_statistics.aspx

Improving treatment effectiveness

Now that numbers and access to treatment are consistently rising, contributing to making communities safer and improving the health of individual users, the NTA will be focusing on matching the quantity with quality.

The NTA will continue to promote evidence-based practice, drawing on the expertise of researchers and professionals to improve effectiveness of treatment, working in partnership with the National Institute for Clinical Excellence (NICE) and the Healthcare Commission. The new Treatment Outcomes Profile (TOP) means that the effectiveness of drug treatment will be measured by real outcomes in users' lives, as well as numbers in treatment and how long users stay.

NTA supports balanced drug treatment systems whereby individuals can access the range of treatments they need to overcome their addiction, including harm reduction services, substitute prescribing, psychosocial interventions, abstinence-based inpatient and residential treatments, and new approaches where appropriate.

Key organisations involved in drug treatment, from the Royal Colleges of GPs and Psychiatrists to voluntary sector providers and users and carers groups, want to retain and improve balanced treatment systems so that the needs of all drug users are addressed.

"The treatment system needs to be ambitious for those using services, and we need to foster that ambition in them. Most users do not want to be in treatment for the rest of their lives. They see treatment as a means to help them overcome addiction and gain control of their lives."

Paul Hayes, Chief Executive, NTA

Prioritising support for children, young people and families

A key priority for the NTA continues to be improving treatment for young people with substance misuse problems. The Drugs Strategy puts a new emphasis on preventing harm to children, including the children of drug addicts and those living with addicts. The NTA is working with three Royal Colleges (of Psychiatry, Paediatrics and General Practice) to produce a workforce plan for those professions in relation to children and young people. The NTA is also working with DCSF, the Department of Health, the Youth Justice Board and the Ministry of Justice to develop guidance to support effective and consistent treatment across the community, and between the community and young people in care.

About the NTA

The NTA is a special health authority created by the government in 2001 to improve the availability, accessibility and effectiveness of treatment for drug dependency in England.

The NTA is formally responsible to the Department of Health but is also jointly accountable to the Home Office as the lead for drug policy with government, the Department for Children, Schools and Families as the lead for young people and the Ministry of Justice, which shares responsibility for treatment in prisons with the Department of Health.

For further information on the work of the NTA and the role of drug treatment, please contact Claire Ainsley, Public Affairs Manager, NTA on 020 7261 8673 or claire.ainsley@nta-nhs.org.uk