

# RECOVERY FROM DRUG AND ALCOHOL DEPENDENCE: WHAT DOES THE EVIDENCE TELL US?

This is the second report of the Advisory Council on the Misuse of Drugs (ACMD) Recovery Committee. What follows is a 'plain English' summary of the report which readers are encouraged to share with/send to key partners such as Commissioners, Directors of Public Health, Police and Crime Commissioners and others to aid understanding of the key issues.

Summary prepared by **Harry Shapiro**

## What is recovery?

You would think that the answer to that question is simple; somebody is recovered from drug addiction or alcoholism when they stop taking drugs or drinking. And for some people, that is exactly what it does mean. Recovery equals abstinence. But as the studies show, particularly from the USA, it isn't that straightforward. Some studies, for example, use the word 'remission' rather than 'recovery'. What that means is that the individual's drug and alcohol use has changed, so they no longer fit the clinical definitions of dependence. They may be abstinent, but they might also be using drugs or drinking in a non-dependent way.

Furthermore, even if somebody is totally alcohol and drug free, doesn't mean that they are making real progress in their lives or 'recovering'. Obviously it's a step in the right direction, but what if they have no friends, no social networks, nobody who really cares about them? What if they have no secure housing or no job and nothing to look forward to, no investment in the future? What is the most likely outcome? They will start using again.

Even the words can be misleading like re-recovery or re-integration into society. These words suggest that most people in this situation are trying to get back to what you and I would regard as a normal life. But many of those with

serious drug and alcohol problems have never had a normal life, they don't know what that looks like. They may have been the victims of child abuse, come from seriously dysfunctional families, never had any stability in their lives, certainly never had a proper education or held down a job. Part of their recovery is learning how to do the things that we all take for granted like dealing with authorities, filling in forms and so on.

So the ACMD Recovery Committee concludes on this point that recovery can mean different things to different people. Simply being drug or alcohol-free is not by itself recovery and involves a whole range of other important features of a decent life. In the same way

that a business needs financial capital to get off the ground, so people need other sorts of capital to get their life on track.

**Drug and alcohol dependence: not just one ‘condition’**

There are a whole range of factors that determine just how severe somebody’s problems might be; what drug (s) are they using, how frequently, for how long plus all the elements that make us individuals – our personality, our background, our economic and social circumstances and so on. In the same way that dependency is not just one problem, those people experiencing that problem are all different too.

Evidence suggests that while the road is long and difficult, many people do recover and most importantly, the more of that human capital they have, the better their chances. So if somebody had a job before they experienced problems, they have a better chance of getting back into employment later on. However, the outcomes for people do differ depending

on the primary drug problem, so it is more difficult for heroin users than, for example, cocaine users – and more difficult for those who have experienced serious ill-health on top of their drug use (like hepatitis through heroin injecting or cognitive problems caused by dependent drinking). So recovery is a process, and not necessarily an end point because some people may never recover.

**Health warning!**

No, not about drugs or alcohol, but about the evidence itself. There is a lot of evidence out there about recovery, but it can be difficult to interpret the findings:

- It’s hard to compare studies that define recovery outcomes differently; for example, some on abstinence, others on remission
- Different studies have different cut off points beyond which people are defined as successfully drug or alcohol free. The top experts suggests that sustained success can only really

be judged after five years

- If you are doing long-term follow up studies over years, how do you keep track of everybody? If people are lost to the study, are they counted as successes or failures?
- As said above, levels of severity of dependence vary enormously, so trying to compare studies can be like trying to compare apples and pears.
- Having said all that, though, the Recovery Group looked at over 400 studies and within that mass of data some consistent and substantiated themes have been identified.

So what do the outcomes for recovery look like?

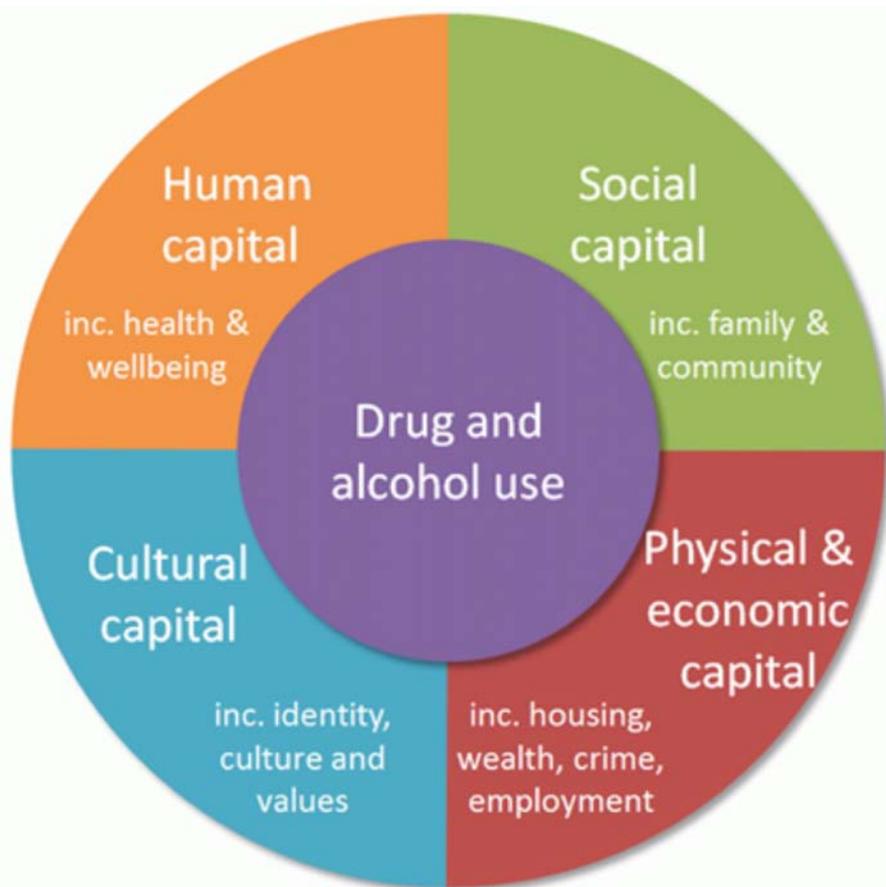
**The big picture**

Most of the studies come from America and use this term ‘remission’ – and that doesn’t necessarily mean being totally drug and alcohol free, but would also include controlled use such that the person was no longer dependent. On that basis, the studies show that the average remission rates for drug and alcohol dependency are in the range of 40%-50%, taking into account small and large studies and those either side of a five year follow-up benchmark.

**Are there differences between different substances?**

Short answer – yes. Sustained recovery or remission from heroin dependency is the toughest nut to crack and even harder if the person was also using crack cocaine. The prognosis for alcohol dependency is more encouraging, better still for cocaine and best of all for cannabis.

This diagram summarises the factors that support or undermine the effort of individuals to overcome their drug or alcohol dependence. Drug and alcohol use is at the centre, and the influencing factors can be categorised as: human capital, physical and economic capital, cultural capital and social capital. If each of these is improved, the prognosis for successful control of the addictive behaviour improves.



## Recovery and substance misuse treatment

There is evidence that some people dependent on drugs or alcohol recover without any formal treatment interventions. But most people will need some professional help and most of the evidence about recovery comes from those who have been in treatment.

Treatment 'works', so long as it is of good quality. Where this is in place, we can expect to see:

- Improvements in individual health
- Reductions in crime
- Reductions in the spread of blood-borne viruses like HIV and hepatitis
- It is also proved to be cost effective and can play an important part in the initial stages of recovery

BUT...another health warning.

Drug treatment is just the start of the recovery process. By itself, it is often not enough, and the beneficial impact can fade quickly. In the UK, the treatment system is largely geared up for heroin users, so most of the available data on treatment outcomes focuses on that group. Studies have shown that it can take years to become free of dependence on heroin – if it happens at all – during which time many people will be in receipt of a prescription of an opiate substitute like methadone. There are often relapses and people can come in and out of treatment several times, trying different interventions including residential rehabilitation. That said, the evidence shows that people will often stay longer in treatment each time. Even so, it is a tough process with no shortcuts and this underlines another important point – the research is clear that any attempt to force people into detox or to impose time-limited prescribing is counter-productive and further increases the chances of relapse.

### Capital concerns

Mentioned above is this idea that all of us need different sorts of 'capital' to lead a normal, productive life. To carry the financial metaphor a step further, those with serious drug and alcohol problems will have many capital 'deficits'.

### Health

At the risk of stating the obvious, this group are likely to suffer a whole range of illnesses and ultimately have a shorter life expectancy than the general population. Lifestyle factors like poor

nutrition, poor levels of hygiene, bad housing, violence and other factors associated with poverty and deprivation will exacerbate the health problems.

### Social support

Rebuilding family relationships can be a critical part of the recovery process. But at the same time, those with drug and alcohol problems often come from troubled and dysfunctional families and families like this can also hinder recovery.

Evidence from the USA of 12-step fellowship groups demonstrates the importance of the support of mutual aid groups, although again this has to be voluntary rather than part of any programme of coercion.

### Crime and economic outcomes

The relationship between drugs and crime is not straightforward, but very generally those with serious drug problems are more likely to engage in the types of crimes aimed at raising funds for drug purchase, such as shoplifting. Drug treatment assists in crime reduction, but having a criminal record will be a significant hindrance in the recovery process, especially when it comes to finding work. All the evidence shows that the employment prospects for those in recovery are not good, although probably better for recovering drinkers than drug users.

### Cultural capital

This is harder to define, but is really to do with how the person sees themselves in the world, their self-esteem, and how the world responds to them. Can the person begin to see themselves in a different light other than 'drug addict' or 'alcoholic'? Will family and the local community accept that this person is trying to rebuild their life and not make judgements based on how the person used to be? The research underlies the importance of 'moving on' by building non-drug using networks and conversely, where there is stigma and discrimination, this can inhibit somebody seeking help in the first place.

### So what can we conclude from all this? Are there reasons to be cheerful?

Yes. Most people will achieve a range of recovery outcomes, especially if they have support. Many people will be able to maintain abstinence or have sustained

control over drug or alcohol use and it is important that supporting sustained recovery remains at the heart of the national drug strategy.

That said, we must not make the mistake that of imagining that recovery is a quick and easy process dependent simply on a bit of will power. There are many ways into addiction and also many ways out. How people make that journey and how successful they are will vary from person to person. Some people may never recover, however much support they receive, yet it would be impossible to predict who they might be, except to say that the less capital people have, the worse their chances.

### So what should the response be ?

1. One size does not fit all. We need more investigations into 'what sort of recovery works' for different groups (drugs/alcohol; men/women; heroin/other drugs and so on)
2. There is no quick fix. Policy makers and local commissioners need to be wary of expecting quick results in terms of recovery outcomes.
3. Investment in treatment remains very important. But that is not the whole solution. There needs to be more broad-based investment to help build recovery capital especially for those groups like heroin/crack users whose recovery journey is the hardest.
4. Local commissioners should encourage the development of mutual aid and community-based recovery organisations
5. We need to find ways of tackling stigma in society which both discourages people from seeking help and inhibits recovery.
6. Government should be funding an in-depth examination of international recovery outcome studies and commissioning original long-term UK-based research into recovery outcomes.

To read the full report, please go to <https://www.gov.uk/government/publications/acmd-second-report-of-the-recovery-committee-november-2013>

To read the first report by the ACMD recovery committee, please go to <https://www.gov.uk/government/publications/acmd-recovery-from-drug-and-alcohol-dependence-an-overview-of-the-evidence-2012>