2008–2009:
The Recovery Debate

Around Guy Fawkes night in November 2007, a whole box of fireworks exploded in the face of the drug treatment system, when the BBC asserted that only 3% of those who went into treatment became 'drug free'. There were arguments over the figures, but the fuse was lit for a Bonfire of the Vanities which raged over the coming months as to what recovery was all about. Mike Ashton was first up with his forensic examination of the arguments put forward by those he dubbed 'The New Abstentionists'. There was heated reaction to his points which were played out through the pages of *Druglink* and in a series of debates hosted by DrugScope through 2008. Eventually, there was the beginning of a consensus as to what constituted recovery in our sector, led by the UK Drug Policy Commission. The process eventually led to the publication of DrugScope's *Treatment at the Crossroads* report of 2009.

The arrival of the new government heralded the era of Recovery and what some thought would be a full on attack against harm reduction and the treatment policies of recent years. However, the 2010 Drug Strategy was far more pragmatic and evidence-based than many had feared and so, for the most part, we have retained a balanced treatment system, albeit one under severe financial pressures.

What follows are summaries and sections from articles published in *Druglink* during the early stages of the debate.

THE NEW ABSTENTIONISTS – January 2008

Mike Ashton – edited summary by Harry Shapiro

Mike's starting point was that to completely switch the goal of treatment to be only about completing and leaving flew in the face of the evidence for longer-term care involving methadone maintenance (MM). He saw the attack on MM as the primary target of the then Shadow Conservatives through their addictions policy strategy, which asserted that MM as simply prolonged addiction, while at the same time declaring that abstinence was the most effective method of treatment.

He then turned his attention to Scotland and specifically Professor Neil McKeganey's much publicised antipathy towards MM. Professor McKeganey led the team assessing Scotland's drug treatment system through a project known as DORIS (Scotland's version of NTORS). Mike took issue with the key findings from DORIS which like the Conservatives, had prompted Professor McKeganey to declare in favour of abstinence.

Mike conceded that to the ordinary listener to the BBC, treatment outcomes looked poor and that MM does not deliver 'a cure'. So if treatment isn't curing people – what's the point? Having agreed that the figures left treatment vulnerable to attack on various fronts – he went to examine further some of those lines of attack.

He made the following points:

1. Abstinence might be the desirable end point, but look at the death rate from people who were on opiate-blocking naltrexone treatment in Australia and then relapsed – compared to the increased life expectancy of those entering MM programmes.
2. Look at the number of people who left treatment 'drug free' – only to relapse and come back into treatment.
3. What evidence there was concerning treatment outcomes from residential rehabilitation, it couldn't be said to amount to a success story.

Yet all was not rosy in the world of prescribing either: Mike reminded us of the serious deficiencies of the prescribing regime as exposed by the NTA and the Healthcare Commission in 2005 whose major failing seemed to be standardisation through tick box treatment rather than treating people as individuals. And Mike concluded in this section that there was an unpalatable truth to be faced, that not enough was being done to turn peoples' lives around who entered the treatment system.

The final section looked at money and the prospect of pushing more people through the system more quickly in order to make limited resources go further. And this, he thought, was likely to lead to very dangerous situations of people exiting treatment well before they were ready as services starting chanting the 12 week mantra as the limit of their responsibility. He went on to outline the real complexities and expense of being faithful to a belief in recovery – a proper investment by government in life beyond the treatment gates. His final point though, was while it was a huge challenge to make things better – both economically and socially as we continue fight against stigma and discrimination – at least let us not make matters worse by substituting ideology for evidence.

RECOVERY IS KEY

by Professor Neil McKeganey

Mike Ashton is to be congratulated for his article, 'The new abstentionists', in raising one of the most important questions facing the drugs treatment field today: what is drug treatment for? In the last ten or so years the statement 'treatment works' has attained an almost biblical authority. So prevalent has been the agreement with that statement we have hardly even bothered to ask which treatments work best, for whom, in what ways and for how long and under what circumstances? Instead we have signed up to the idea that all treatment is good and more treatment is better.

In the period following BBC reporter Mark Easton's series of Today programme stories on the government's drug treatment record, much harder questions are being asked about whether treatment is indeed worth the £500 million a year that the UK government allocates to it. It seems now that we are either going to have to persuade the government and the public that drug abuse treatment is successful despite the fact over 90 per cent of its clients continue to use illegal drugs, or we are going to have to get much better at enabling drug users to become drug-free.

The second of those options is going to be a tough challenge for a world of drug abuse treatment that over the last ten or so years has turned its face away from the issue of recovery to focus instead on stabilising addicts continued drug use. Sounds a harsh judgement? How else do you explain a world of drug treatment meekly driven by government performance targets that has focused first and foremost on increasing the numbers of drug users in treatment while paying scant attention to the quality of the treatment on offer or the capacity of services to enable drug users to become drug-free?

In Scotland, for example, while we have an estimate of the number of drug users receiving methadone, we have no information on the numbers of drug users becoming drug-free on the basis of substitute drugs they are prescribed. Nor indeed do we have a consistent measure of client progress. What we have instead is an unwavering belief in the value of methadone maintenance and a steadfast reticence in many cases to even assess the progress of those receiving methadone. On that basis it is hard to avoid the conclusion that recovery, as the end point of drug treatment, has been shunted off into some distant siding, in favour of increasing the numbers of drug users in treatment.

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Recovery from drug dependency is an intensive, demanding and in all probability long-term process. It is also a process that is hardly amenable to dealing with over a hundred thousand addicts at any one time. Within the world of education we learnt long ago that increasing classroom size resulted in a reduction in the quality of children's educational experience. In the world of drug treatment we have sought instead to pack in the numbers of addicts in treatment irrespective of the impact those numbers may be having on the quality of the treatment provided.

It is likely that the new version of the UK national drug strategy will place greater emphasis on requiring drug treatment services to focus upon enabling drug users to become drug-free. If that happens, the world of drug treatment will face the enormous challenge of deciding how to deliver high quality, abstinence-focussed treatment to drug users counted in the tens of thousands. In all probability this will come to be seen as an unattainable goal and we will be faced by the choice of either reducing the numbers of drug users in treatment or developing a two-tier world of drug treatment, in which abstinence is the focus of treatment for some drug users whilst maintenance is the focus of treatment for others.

The trouble with that formulation is that it sounds awfully like a kind of drug treatment apartheid and on that basis such a division may well be a bitter pill for the world of drug treatment to swallow. Indeed the idea that there are individuals who we should accept will continue to be dependent on methadone for the rest of their lives, who we should not even try to get drug-free, is an appalling acknowledgement of the past indiscriminate use of methadone. The situation of these lost causes to recovery is all the more concerning since in many cases they will have been led down the road of perpetual prescribing by doctors convinced of the value of methadone maintenance, but who in all probability never explained to their patients that the treatment they were embarking upon may be a one-way road from which they never recover.

If the world of drug treatment is going to belatedly rediscover a sense of the importance of recovery, it is going to arrive at a place that drug users seeking treatment never left. That is a world in which they were seeking help to overcome their drug dependency problems.

The rise of the new abstentionists is about a sea change in the answer to the question "what is treatment for?" Treatment is about enabling some of the most damaged members of our society to get better, to cease their drug use and to build lives that are not focussed on sourcing, financing and using illegal drugs. Nobody thinks for one minute that it is easy to get people off drugs. But now very few people buy into the idea that it is good enough for a drug treatment industry absorbing around a half a billion pounds a year to leave over 90 per cent of its clients still using illegal drugs when their treatment concludes. The world of drug treatment faces an interesting and demanding future. Out of that future, however, we may see the development of a world of treatment that more effectively meet clients' needs and aspirations and which aims to do more than stabilise individuals' continuing drug use.

In 2008, **Neil McKeganey** was Director, Centre for Drug Misuse Research, University of Glasgow