DRUG TREATMENT 'CONSENSUS STATEMENT'

This consensus statement was drafted by four national charities (the Drug Sector Partnership) – Adfam, DrugScope, eATA and the Alliance – and is supported by many other charities and organisations.

If you or your organisation would like to 'sign up' in support of the consensus statement please email your details to info@drugsectorpartnership.org.uk

Please include your name, your organisation, postal address and a telephone contact number. We are inviting chief executives/directors or the chair of trustees to sign the statement on behalf of their organisation, but also welcome support from individuals. Only your name and organisation (not your contact details) will be published.

"We have come together because we are concerned to ensure that public debate about drug treatment recognises the progress that has been made in improving the lives of individuals, families and their communities. Drug treatment services are available to anyone trying to access them within a week on average, and most people coming into treatment are staying long enough to get real benefit from it.

There is overwhelming evidence that properly funded and evidence-based drug and alcohol treatment delivers benefits for individuals, families and carers, neighbourhoods, communities and society at large. This applies to the whole range of services, from programmes providing injecting drug users with clean needles to abstinence-based residential programmes

- There are an estimated 400,000 problematic heroin and crack cocaine users in the UK; nearly 1.5 million adults will be significantly affected by a family member's illegal drug use. An estimated 1.6 million adults in the UK are dependent on alcohol.

- Treatment improves lives but also saves money in subsequent health, social and criminal justice costs. Estimates of the cost benefits have ranged from £2.50 to £9.50 for every £1 spent on drug treatment. While some have disputed the exact cost savings, no one seriously questions the cost-effectiveness of drug treatment.

- The introduction of harm reduction services in the UK in the 1980s and 1990s resulted in one of the lowest rates of HIV infection among injecting drug users anywhere in the world. HIV prevalence among injecting drug users has stabilised at around one per cent (although Hepatitis B and C infection is more widespread).

- Some people with serious drug problems commit crimes to pay for drugs, by removing or reducing dependence on illegal markets, drug treatment can break this link. The Home Office reports that acquisitive crime – such as

shoplifting, burglary, vehicle crime and robbery – to which drug-related crime makes a significant contribution fell by 55 per cent between 1997 and 2007.

While recognising that we are building on solid and substantial achievements, we would like to see a commitment to taking the next steps forward to creating world class treatment services.

- We need to develop better links between different health, social care and support services to support recovery. Drug and alcohol problems do not occur in a vacuum, and they cannot be solved in a silo. Many of the people who use drug and alcohol services arrive at the door with multiple problems and needs - often their drug and/or alcohol use is linked to experience of childhood abuse or adult trauma, to mental health problems, homelessness, family breakdown and other problems.

- We need a balanced treatment system that is focussed on recovery, quality of outcomes and re-integration and not only the numbers of people coming into services. Drug services should not simply be about stabilising people on methadone or getting them off drugs, they should also be involved in finding people places to live and opportunities to learn or work.

- Treatment should be personalised, sensitive to ethnicity and diversity, with service users fully involved in decisions about their treatment with their needs driving the care planning process. The important role that families and carers can play in supporting treatment and recovery should be acknowledged and supported.

- We need to develop drug treatment services that can work with different forms and patterns of drug misuse, such as stimulant problems and multiple or 'poly-drug' use, including alcohol. Our treatment system needs to balance a focus on heroin and crack cocaine with other forms of substance misuse and harms related, for example, to alcohol, cannabis, ketamine, GBL/GHB and so called 'legal highs'.

- Drug and alcohol treatment services should be available to all who need them - in prison, probation, community and residential services.

We believe that investment in drug and alcohol treatment is vital and should continue and be a priority for public health.

Above all, we are calling on all politicians - along with other decision-makers and opinion formers - to commit to an evidence-based and non-partisan approach to drug and alcohol policy, which respects the advice of independent experts, such as the Advisory Council on the Misuse of Drugs, and the National Institute for Clinical Excellence. In this respect, the same principles should apply to alcohol and drug treatment as apply to treatment of cancer, heart disease, diabetes, depression or schizophrenia.

Where investment in drug and alcohol services is driven by research and evidence, it delivers for tax payers and is cost effective too.

Decision-makers and opinion formers have a responsibility to make sure that taxpayers' money is spent wisely, on services that deliver on public priorities and with public benefits. We recognise that tough decisions need to be made between competing priorities, particularly at a time of spending restraint. But we also know that any disinvestment in drug and alcohol treatment services will leave some of the most excluded and marginalised in our society with no second chances and no route back. It will also result in greater costs in the long run, as we pay the price of not intervening in support of people who are prepared to face up to their drug or alcohol problems and try to get their lives on track."

June 2010

Supporters of this statement include the following organisations and individuals:

Carole Sharma, Chief Executive, Federation of Drug and Alcohol Professionals (FDAP)

David Royce, Chief Executive, CRI

Lord Victor Adebowale, Chief Executive, Turning Point

Simon Antrobus, Chief Executive, Addaction

John Jolly, Chief Executive, Blenheim CDP

Karen Biggs, Chief Executive, Phoenix Futures

Katie Hill, Acting Chief Executive, eATA

Martin Barnes, Chief Executive, DrugScope

Mike Trace, Chief Executive, RAPT

Nick Barton, Chief Executive, Action on Addiction

Steve Hamer, Chief Executive, Compass UK

Ursula Brown, Chief Executive, The Alliance

Viv Ahmun, Director, Equanomics UK

Vivienne Evans, Chief Executive, Adfam

Don Shenker, Chief Executive, Alcohol Concern

Stuart Campbell, Chief Executive Officer, Westminster Drug Project

Ian Wardle, Chief Executive, Lifeline Project

Lucie Hartley, Chief Executive, EDP Drug and Alcohol Services

Tim Young, Chief Executive, The Alcohol and Drug Service (ADS)

Dr Chris Ford, Clinical Director, Substance Misuse Management in General Practice (SMMGP)

Sally Scriminger, Chief Executive, Foundation 66

Charles Fraser CBE, Chief Executive, St Mungo's

Mike Cadger, Director, Airedale Voluntary and Alcohol Agency – Project 6

Jason P Gray, CARAT Senior Practitioner, HMP Hull

Dr Daphne Rumball, Consultant Psychiatrist (specialising in Addictions)

Lady Rhona Bradley, Chief Executive, ADS (Addiction Dependency Solutions)

Tessa Corner, Chief Executive, StreetScene Addiction Recovery

Noreen Oliver MBE, Founder & Chief Executive, The BAC O'Connor Centre's

Roger Bastable, Chair of Management Board, FutureHope

Francis Cook, Chairperson, InnerAction

Steve Mills, Nurse Practitioner, Primary Alcohol Team

Tony Lee, Founder, Lancashire User Team and R.E.P.S (Recovery, Empowerment, Peer Support)

Jon Royle, Chief Executive, The Bridge Project

Chris Bradley, ex-service user

Avril Tully, Executive Director, Developing Initiatives Supporting Communities (DISC),

Maggie Telfer OBE, Chief Executive, Bristol Drugs Project

Anton Derkacz, Chief Executive, KCA (UK)

The UK Harm Reduction Alliance (UKHRA)

Alex Mackie, service user