



The Department of Health's

Task Force to Review Services for Drug Misusers

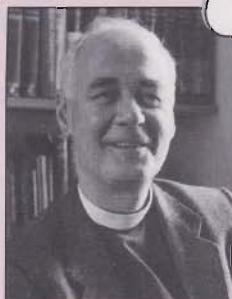
A progress report

by

John Polkinghorne

*Chairman of the Department of Health's
Task Force to Review Services for Drug Misusers*

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**The Reverend Dr John
Polkinghorne**

On 21 April 1994 Dr Mawhinney, then Minister for Health, announced that he intended to commission a wide-ranging review of the effectiveness of treatment services for drug misusers in England. I know that this announcement has caused a great deal of interest in the drugs field and, perhaps, some concern. The purpose of this article is to introduce the Task Force established to undertake this review, of which I am Chairman, and to explain how we intend to go about our work.

Terms of reference

To conduct a comprehensive survey of clinical, operational and cost effectiveness of existing services for drug misusers; to review current policy in relation to the principal objective of assisting drug misusers to achieve and maintain a drug-free state, and the secondary objective of reducing harm caused to themselves and others by those who continue to use drugs; to make recommendations where appropriate and to report to Ministers.

Membership

The Task Force is made up of people from a wide range of backgrounds, some with professional expertise in the provision of services for drug misusers and some from other professional areas, chosen to bring, in the Minister's intention, "a fresh perspective" to this important area. Dr John Strang, the Chief Medical Officer's consultant adviser on drug misuse is our medical adviser. Sue Street, Director of the Central Drugs Coordination Unit and Sarah Paul from the Prison Healthcare Directorate are both observers on the Task Force. The Secretariat for the Task Force is provided by the Department of Health. Whatever our backgrounds, we are all aware of the misery and harm that drug misuse can inflict on individuals, their families and the community as a whole. The full membership of the task force is:

The Reverend Dr John Polkinghorne President of Queens' College, Cambridge (chair)

Dr Michael Farrell Consultant Psychiatrist in drug dependence at the Maudsley Hospital

Dame Margaret Fry Non-executive member of South and West Regional Health Authority

Dr E Josse General Practitioner

Mr James Kay Director of Healthwise, Liverpool and member of the Advisory Council on the Misuse of Drugs

Mr Denis O'Connor Deputy Chief Constable of Kent

Ms Rosemarie Ramsay Lawyer, and Vice Chairman of Brixton Drugs Project

Miss Esther Rantzen Member of the Health Education Authority

Mr Robin Sequeira President of the Association of Directors of Social Services and Director of Social Services, Dorset County Council

Mr Tony Shaw Chief Executive of Southampton and South West Hampshire Health Commission

Mr Tony Sheehan Nurse and Chair of the RCN Substance Misuse Forum

Mr David Taylor Audit Commission

The Rt Reverend William John Westwood Bishop of Peterborough

Programme of work

Dr Mawhinney has left the Department of Health, and the findings of our review will now be submitted to Mr John Bowis, Parliamentary Under Secretary of State for Health, who has assumed overall responsibility for drug misuse at the Department. We are due to report our findings in January 1996.

The Task Force held its first meeting on 1 June and we have now met five times. Our early meetings were spent in familiarising those who, like myself, are new to this specialist field with the issues, and then in considering the areas on which we should focus our work. We are acutely aware that drug misuse is a complex and challenging area for study. We have only a finite time in which to produce our response to Ministers, and a finite budget within which our work must be contained. Nevertheless, I am determined that we should do justice to the issues we address, and that the findings of our review should result in clear advice to purchasers about what constitutes a sound investment of resources, thus producing measurable benefits for individuals and for society as a whole.

If we are to succeed, it is essential that our recommendations be based on sound information, as quantitatively reliable as possible. To achieve that we must depend on the help and cooperation of services themselves. The NHS Executive has written to health authorities, local authorities and NHS trusts, asking them to encourage services to participate in this review. The programme of work we are commissioning will seek to encompass every aspect of service provision. I very much hope that those services which are approached to be part of our sample will cooperate fully with the people undertaking work on our behalf.

Census of drug services

The first, and now completed, piece of work was a comprehensive survey of drug services undertaken for us by Professor Suzanne MacGregor of Middlesex University. The data from this 'census' has been compiled on a computer database, and will provide us with invaluable quantitative information about services, the activities they undertake, staffing, numbers of clients and funding arrangements. For example, we should be able to interrogate the database for information on the numbers of services providing treatment and care for young people, or for amphetamine users; whether a service offers HIV or hepatitis C testing; the numbers of services which are involved in prescribing and which drugs they prescribe; whether services have a waiting list for treatment; and so on. This service directory will provide essential information to underpin all the other studies the Task Force is putting in hand.

Information collection

Much of our work will be commissioned from researchers experienced in the drugs field, and some from management consultants. In order to examine service provision itself, we shall be asking drug users themselves for their views of the services available to them. We shall also form a view, from the findings of this work, about where there may be gaps in service provision, and we shall make recommendations about how these gaps might be filled in the future. Task Force members are also keen to hear the views of people working in the field. In addition to the written evidence from key individuals and professional bodies which we have now received, we are expecting to undertake a programme of visits to a range of services. We shall also invite a small number of people to present oral evidence to us over the forthcoming months.

Written evidence

In August we invited written evidence on a range of treatments and issues including but not limited to:

- Approaches to rapid withdrawal (detoxification)
- Methadone maintenance
- Types of rehabilitation
- Self-help groups
- Approaches to gradual withdrawal
- Sale/exchange of needles and syringes
- Support and counselling

Other areas on which we suggested evidence might be given included:

- | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 1 The aim(s) of drug misuse services in general | 10 Reaching misusers not in touch with services |
| 2 How to address gaps in service provision | 11 The role of the General Practitioner |
| 3 Services for young people | 12 The role of other professionals: nurses, probation officers, social workers, youth workers, teachers, etc |
| 4 Services for non-opiate users | 13 The training of drug misuse workers |
| 5 Women and drug services | 14 Issues for purchasers |
| 6 Ethnic minorities and drug services | 15 Issues for providers |
| 7 Services for prisoners | |
| 8 Access and referral to services | |
| 9 Entry criteria applied by services (if any) | |

Focus on outcomes

The Task Force has selected a range of outcome measures against which the success of treatment will be judged. These include abstinence from drugs, reduction in drug use and risk-taking behaviour, improvement in physical health and psychological wellbeing, improved social functioning (in relationships, employment, education/training etc) and a reduction in criminal activity.

The outcomes on which we wish to focus are:

Drug use

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|-----------------------------------------------|---------------------------------------------------------------------|
| 1 Abstinence from drugs | 5 Reduced use of street drugs |
| 2 Near abstinence from drugs | 6 Change in drugtaking behaviour from injecting to oral consumption |
| 3 Reduction in the quantity of drugs consumed | 7 Reduction in the frequency of injecting |
| 4 Abstinence from street drugs | |

Physical and psychological health

- 1 Improvement in physical health
- 2 No deterioration in physical health
- 3 Improvement in psychological health
- 4 Reduction in sharing injecting equipment
- 5 Reduction in sexual risk-taking behaviour

Social functioning and life context

- 1 Reduction in criminal activity
- 2 Improvement in employment status
- 3 Fewer working/school days missed
- 4 Improved family relationships
- 5 Improved personal relationships
- 6 Domiciliary stability/improvement

National Treatment Outcome Research Study

A major part of our review will be a study looking at the progress of up to 1000 clients coming into services over a three-month period early next year. The National Treatment Outcome Research Study (NTORS) will be conducted by the National Addiction Centre in London, under the supervision of Dr Michael Gossop. Dr John Marsden, who until recently worked as research manager at Turning Point, will be working with him.

The progress of clients will be followed for the full length of the study, whether they remain in treatment or not. The following treatments will be represented in the sample:

- residential rehabilitation;
- inpatient drug dependence unit treatment;
- outpatient/community-based methadone reduction treatment;
- outpatient methadone maintenance.

These particular treatments have been selected because they are thought to be capable of providing particularly large samples of clients to provide statistically reliable evaluations. Treatments involving smaller entry numbers of clients will have to be surveyed by more qualitative methods. Services participating in, and funded by, the Department of Health's recently announced pilot oral methadone maintenance programmes will be asked to include their clients in this study.

Outcome study extended

The Task Force will receive a first report from the National Treatment Outcome Research Study in November 1995, providing information on the progress of clients over the first six months. We recognise that this is early days to measure clear outcomes from treatments for drug misuse, but I am confident that it will offer significantly improved information than we have at present on the initial effectiveness of various interventions. In recognition of the limited information that this exercise will give us in the time available, I asked the Minister for the study to be extended, beyond the life of the Task Force, and I am glad to say that it will now continue until at least November 1996. This will enable a comprehensive judgement of the longer-term effects of treatment to be made. A further report on the progress of clients will be made to the Department of Health.

Many of the treatments to be included in the National Treatment Outcome Research Study are relevant mainly to people dependent on opiates. The Task Force has therefore considered how it should address the issue of the effectiveness of service provision for other aspects of drug misuse. We are clear that we need to examine services for non-opiate users, including those who use amphetamines and crack/cocaine, the particular challenges posed to services by young people, the role of GPs in the care and treatment of drug misusers and drug misuse in pregnancy. We shall be looking at the role of and effectiveness of community-based services and of needle exchange schemes. With the Prison Healthcare Directorate's help we shall be looking at the care and treatment of drug users in prison. We shall also be considering appropriate training for people working in drug services.

International literature reviews

A further aspect of our work is to benefit from what has been learned by people working in this field in other parts of the world. A series of international literature reviews have been commissioned by the Department of Health, and these will be available to inform us on various aspects of drug misuse and service provision. The reviews and their authors are:

<i>Detoxification and gradual withdrawal</i>	Dr Herb Kleber
<i>Needle and syringe exchange</i>	Dr Don Des Jarlais
<i>Residential rehabilitation</i>	Dr Rob Hubbard
<i>Methadone reduction treatment</i>	Dr Charles O'Brien
<i>Maintenance approaches to treating drug misusers</i>	Dr Richard Mattick
<i>Reaching drug misusers not in touch with services</i>	Dr Robert Booth
<i>The consequences of drug treatment for criminal behaviour</i>	Dr Peter Reuter

Government Drugs Strategy

You will see, from this brief outline, that the Task Force has ahead of it a prodigious work programme. We know that the results of our labours are keenly awaited by many individuals and organisations, including the Department of Health and the Central Drugs Coordination Unit. The recently published draft Government Drugs Strategy for the period 1995-98 commits the Department of Health to address a number of issues following the outcome of our review. In particular the strategy requires the Department to:

- ensure that cost-effective and appropriate services are accessible to those experimenting with drugs and problem drug misusers;
- identify what further steps need to be taken to ensure that young people have access to adequate and effective early intervention services;
- continue to encourage a range of initiatives which minimise the risks and damage of drug misuse both to communities and to individuals who are not drug-free eg. syringe and needle exchange schemes and advice on safer sex;
- ensure that purchasers have access to appropriate sources of advice and consultancy to inform purchasing decisions.



I expect the next twelve months to be a challenging and interesting time for members of the Task Force. We believe our work to be important, and we are seized of the responsibility that has been placed on us by the Minister to make this review relevant, the findings appropriate, and the outcome a better provision of high quality, demonstrably effective services for the future. I hope you will support us in our work, and that over the forthcoming months my team and I will have the opportunity to meet with many of you providing services and to learn from your knowledge and experience.