

# TREATMENT TRENDS

## THE STATISTICS TELL THE STORY

Addiction notification statistics can be used to answer some of the important questions about recent developments in the treatment of addiction. Notifications are sent to the Home Office by doctors, who are legally obliged to supply certain details of patients they attend who they know or suspect are addicted to one or more of a list of thirteen opiates (including heroin) or cocaine. Notifications from prison doctors aside, the number of addicts notified directly reflects the *demand* for medical treatment of addiction or of related complaints.

Only a minority of addicts are notified — now anywhere between a quarter and a tenth according to different estimates — but trends in notification numbers also probably reflect trends in the overall extent of opiate addiction, and therefore in the unmet potential need for treatment. **Figure one** shows that since 1980 the demand and the need for treatment have probably both been sharply increasing. Nor can this be accounted for by a steady accumulation of addicts plus the relapse of the previously addicted, because there has been an even steeper rise in the number of addicts notified for the first time.

In response to the first wave of young heroin addicts in the '60s, the government set up a network of specialised hospital treatment centres. At first they succeeded in taking over treatment of the majority of existing and new addicts from GPs, who had been banned from prescribing heroin for addiction. But the specialist centres have been unable to absorb the much larger waves of 'new' addicts (many will have been addicted for several years before being notified) in the '80s, most of whom have turned to GPs for treatment. As **figure three** shows, assessment and treatment of

opiate addiction is no longer the preserve of specialists, one of the main facts behind recent re-evaluations of the treatment system and an important feature of the current debate.

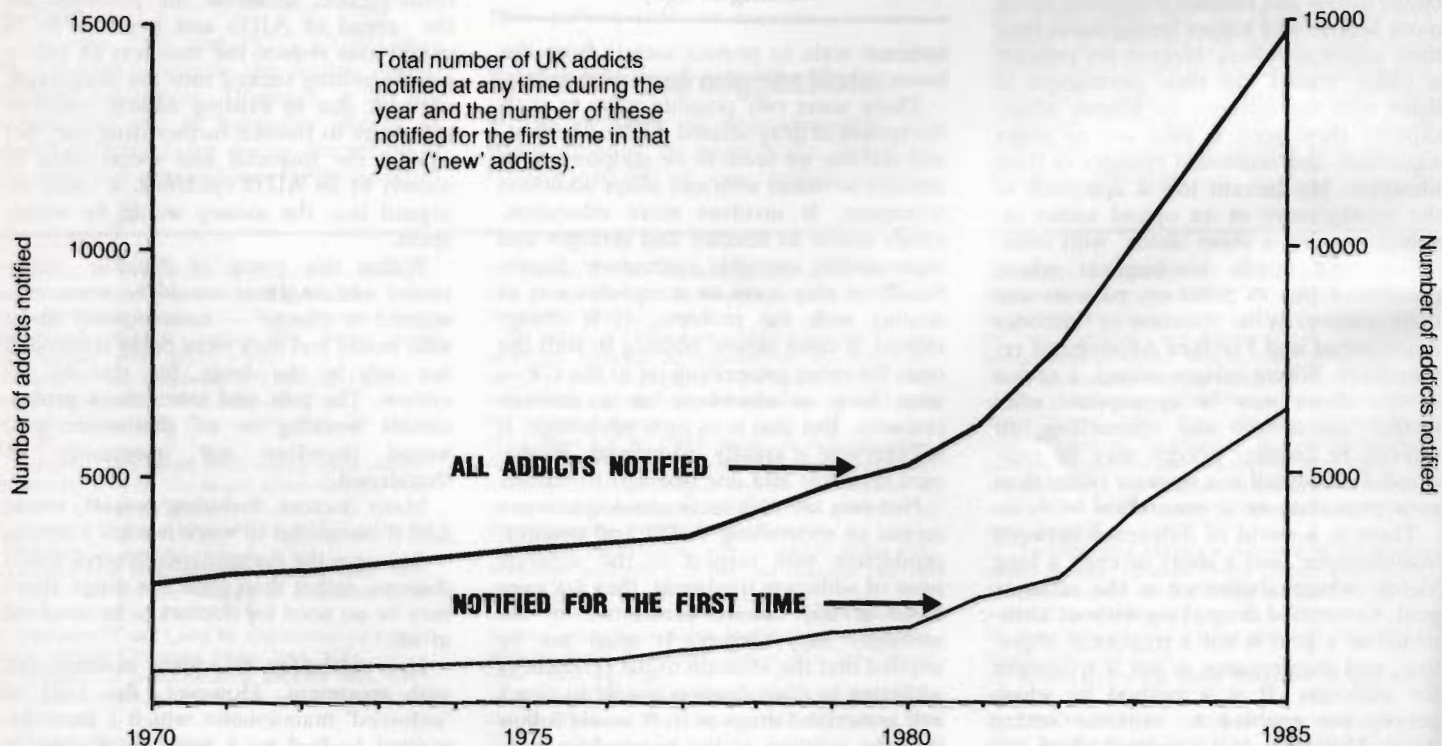
Initially many hospital centres prescribed addicts the drug they wanted — heroin. But in the mid-70s, the balance tipped from attracting addicts into treatment and prescribing drugs that would keep them there, towards prescribing regimes that denied the addict the legal means to continue their heroin/injecting lifestyle, and then sought to move them relatively quickly to total abstinence from opiates (**figure four**). Some observers suggest 'consumer resistance' to these regimes is why most addicts seeking treatment now go first to GPs, and why many more do not seek medical help of any kind.

But even if the treatment centre doctors — with few exceptions, the only ones who *could* prescribe heroin for addiction — returned to heroin prescribing, they would now be in 'competition' with a large, well organised illicit market of a kind that did not exist in the '60s (**figure five**). With illicit supplies relatively easily available, the extent to which heroin prescribing can now induce addicts into treatment must be much less than in the '60s or early '70s.

Integrating — or choosing between — attracting new patients into treatment, confronting existing patients' addiction, attempting to undercut the illicit market, and, now, preventing the spread of AIDS — in the context of a greatly increased addiction problem and an established illicit market — these are the unenviable alternatives facing addiction treatment today. □

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### How many addict patients? How many new patients?

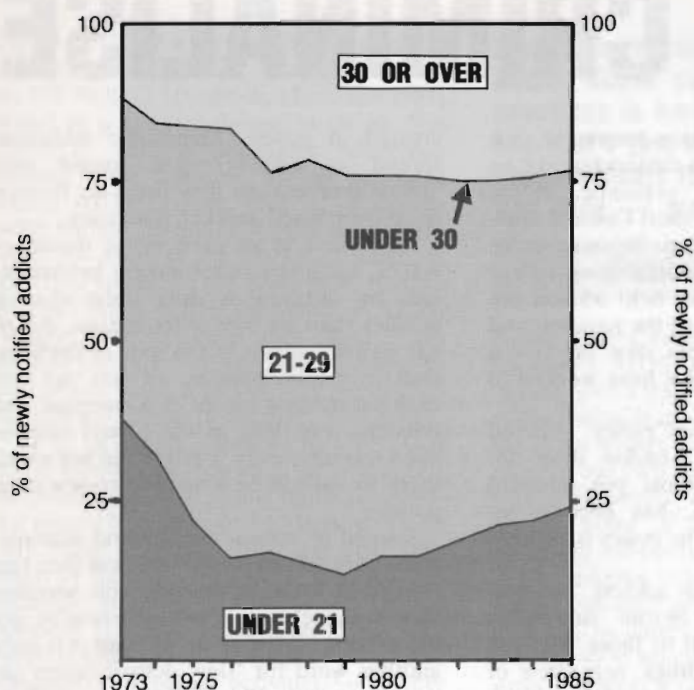


**1** THE FUNDAMENTAL CHALLENGE. Coping with and — if possible — countering the recent rapid increase in the demand for treatment is the fundamental challenge facing addiction treatment today. The number of notified addicts nearly doubled in the ten years from 1970: in the first five years of the '80s, the

figure has all but tripled. The number notified for the first time, an indicator of the rate of spread of addiction, rose even more steeply — by two and a half times between 1970 and 1980 and then quadrupling in the following five years. See figure 2 for the ages of these 'new' addicts and figure 3 for the doctors who notified them.

## Are 'new' addicts getting younger?

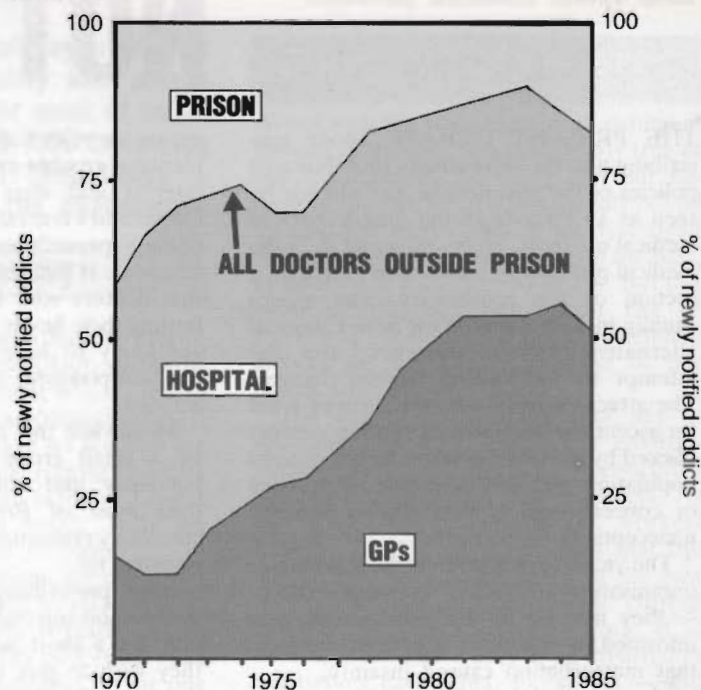
Cumulative percentage of UK addicts notified for the first time aged under 21, 21-29, or 30+.



**2 THE NEW YOUNG ADDICTS.** Throughout the '70s and '80s newly notified addicts have been mainly in their teens or twenties. Though rising since 1979, the proportion of under-21 year olds is still less than in the early '70s, but the numbers are far larger — over 1500 in 1985 compared to 310 in 1978.

## Where do 'new' addicts go for treatment?

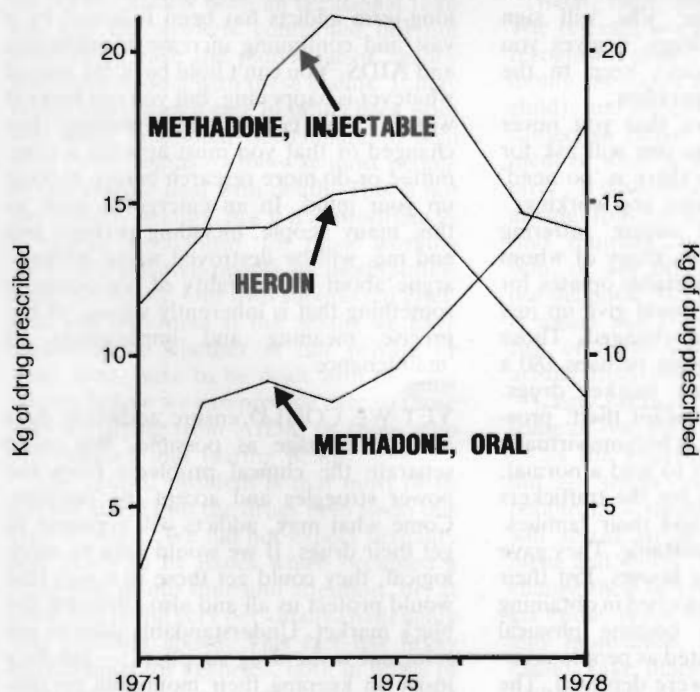
Cumulative percentage of addicts notified for the first time who were notified by GPs, hospital doctors (mainly in the treatment centres), or by prison medical officers.



**3 GPs IN THE FRONT LINE.** The general practitioner has become first port of call for most of the increasingly large waves of new young addicts seeking treatment. Hospital treatment centres — set up to divert addicts away from GPs — have been relegated to second place.

## What drugs do treatment centres prescribe?

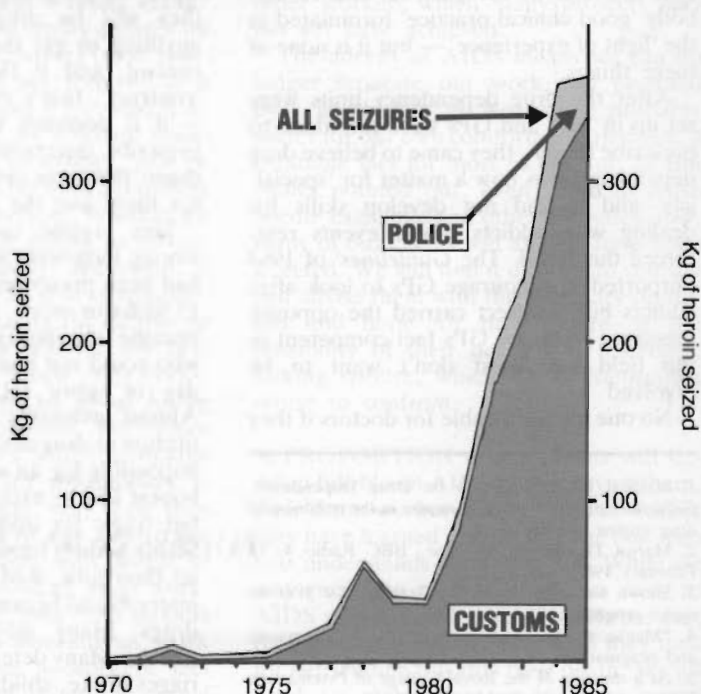
Quantities of heroin (injectable) and injectable or oral methadone prescribed to addicts by NHS hospitals in England and Wales.



**4 THE MOVE AWAY FROM HEROIN.** Soon after being established in the late '60s, hospital treatment centres began to switch addict patients from heroin — their drug of choice — to injectable and then oral methadone. By 1977 just one in ten of all addicts in treatment were being prescribed heroin.

## How big is the illicit market?

Quantity of heroin seized by UK Customs and police and cumulative total seizures.



**5 COMPETITION INCREASES.** In the first years of the '70s prescribing had been controlled and smuggling was minimal. In the late '70s, most seized heroin was *en route* elsewhere. But now hundreds of kgs of smuggled heroin destined for the UK market are seized — and many more hundreds are not.