

What does the public really think about addiction and its treatment?

Report on the findings of a DrugScope/ICM poll

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Key findings

19% (1 in 5) respondents had either direct or indirect experience of drug addiction.

77% agreed that investment in drug treatment is a sensible use of government money.

80% agreed that people can get addicted to drugs because of other problems in their lives.

88% of people agreed that be available to anyone with an addiction to drugs who is prepared to address it'.

1. Introduction

What do the public think about drug addiction and drug treatment? What do they expect from drug services in their communities? How supportive is the public of investment in drug treatment? Can voters and taxpayers be persuaded to continue to invest in drug treatment provision in a less clement macro-economic climate, with the prospect of public spending cuts? Assumptions are made about public attitudes – by politicians and civil servants, journalists and commentators, policy specialists and people involved with frontline service provision. But how accurate are they?

Two assumptions are widespread. First, the belief that only the 'politics of fear' can persuade the public to invest in drug treatment – for example, that support depends primarily on demonstrating its effectiveness in reducing crime (particularly acquisitive crime). Second, it has been argued by some commentators that the way drug treatment is organised and delivered in the UK is at odds with

public desires and expectations. It is claimed that public expectations of drug treatment services are simple and common-sensical: they want them to get people off drugs, once and for all. On this view, the public do not want drug services to prescribe substitute drugs like methadone to people with opiate dependencies, at least over extended time periods.

DrugScope recognises that people are fully entitled to worry about drug-related crime, and that this impacts most severely on some of the most deprived communities. There is nothing trivial or disreputable about this concern. It is encouraging that there is public recognition that drug treatment is an effective way of reducing drug-related crime. A poll conducted by Smart Justice in 2005-06 examined the views of 991 adults who had themselves been victims of crime. Half thought that drug treatment under supervision in the community would reduce criminal behaviour by 'addicts', compared to a third who said 'send them to prison'.

The recognition of the role that drug services can play in cutting crime is very welcome. At the same time, we believe an over-reliance on the 'politics of fear' is a barrier to the delivery of effective drug services and the development of effective drug policy.

DrugScope's March 2009 report, *Drug treatment at the crossroads*, concluded by considering the prospects of engaging with the public in a debate about the future of drug treatment that appealed more to the 'politics of compassion', and less to the 'politics of fear'. It made the case for increasing public awareness of the contexts, causes and consequences of serious drug problems – such as childhood abuse, learning difficulties and mental health problems, violence, trauma and family breakdown, worklessness and homelessness. A more socially contextualised approach can better support the commitment to recovery and

social (re)integration. Yet we know very little about public attitudes towards drug addiction and treatment – because there has been a paucity of research in this area.

Earlier this year, DrugScope therefore commissioned public opinion polling from ICM. Our resources only enabled us to dip a toe in the water of a complex and many-faceted subject; but we believe that the findings of this poll are of considerable interest – strongly indicative, if not conclusive. In particular, they suggest that public attitudes to drug addiction and drug treatment are more grounded in the 'politics of compassion' than is assumed by policy-makers.

The main findings of this DrugScope/ICM poll are set out and discussed in this briefing.

2. The findings of the DrugScope/ICM poll

People's experience of drug addiction

We asked respondents 'Have you got personal experience of drug addiction, either directly or in your own family or circle of friends?'. They responded as follows:

Personal experience of drug addiction

Yes	19%
No	79%

Experienced yourself	2%
A member of your family	6%
A friend	11%

One in five respondents told us that they had personal experience of drug addiction, and the figure was even higher for younger

age groups. Over a quarter of respondents (27%) between the ages of 18 and 34 had personal experience, compared to 16% of respondents in the 55 to 64 age group and 7% of over 65s.

The proportion of respondents who had been dependent on drugs themselves may seem fairly modest at 2%, but this amounts to 1 in 50 of a random sample of the general population, and the figure was higher for younger people (4% of 18 to 24 year olds and 5% of 25 to 34 year olds, compared to 2% in the 35-64 age group and nobody over 65).

This question asked specifically about experience of 'drug addiction'. People with direct or indirect experience of alcohol addiction may have responded negatively to this question. While there are differences between drug and alcohol dependency, there are also parallels, and many drug treatment services work with alcohol addiction too. It is likely that a significant number of people responding to this survey will have had direct or indirect experience of alcohol dependency.

The majority of people had personal experience of drug addiction indirectly, many through their friendship networks (11%), others in their family (6%).

The finding that a large number of people have direct or indirect experience of drug addiction is supported by other recent polling evidence. In particular, 13% of respondents to the 'Drugs Uncovered 2008' survey, published as a supplement in the Observer in November 2008, said that in their opinion they had had a problem with drugs at some time. Nearly a third (32%) responded affirmatively to the question 'Do you currently know, or have you ever known, someone who you think has had a serious problem with drugs?'. An Addaction, YouGov and Dubit survey published in October 2008, found that 16% of respondents said that a family member's illegal drug use had caused problems for them, and that this rose to 29% for alcohol.

These figures are probably higher than those in the DrugScope/ICM poll because we asked about 'drug addiction', and not drug-related problems more widely.

The responses to this question in the DrugScope/ICM poll, where further analysis and broken down, with the following findings of particular interest.

Experience of drug addiction by social class

Social class AB	18%
Social class C1	20%
Social class C2	14%
Social class DE	21%

By employment status

Working full-time	22%
Working part-time	14%
Not working	16%

By housing status

Owning outright	14%
Own with a mortgage	17%
Council rent	32%
Other	22%

The proportion of people with personal experience of drug addiction appeared to be fairly evenly spread across social classes. People in work were actually more likely to have experience of drug addiction than people not working.

The findings on housing status are more obviously in line with what would be expected given what we know about the links between drug addiction and social inequality, with more respondents in council rented and 'other' (including private rented) accommodation saying that they had personal experience of drug addiction (including 6% of those in council rented tenures who said they'd been addicted to drugs themselves). These findings may also partly reflect the age of respondents, as young people are less likely to have mortgages or own their houses outright than older people.

What should be the main aims of treatment for drug addiction?

The DrugScope/ICM Poll invited respondents to say what they thought should be 'the main aims of treatment for drug addiction' from a list provided as part of the survey. Respondents could identify as many of the aims as they wished, the results were as follows:

'To overcome the individual's addiction'	70%
'To prevent addicts committing crime in order to obtain illegal drugs'	44%
'To enable drug users to play a full part in society – for example, by getting into training or work'	34%
'To reduce the risks to health – for example, discourage sharing needles'	32%

'To prescribe medicine or other treatment to help drug users to cope with their dependency'	25%
'None of these'	3%
'Don't know'	6%

These findings are interesting in the light of recent public debate about drug policy.

Abstinence and methadone. Almost three quarters of respondents (70%) said that one of the main aims of drug treatment should be 'to overcome the individual's addiction'. Does this show that the public want drug treatment to be more 'abstinence-based'? Perhaps; but we should be cautious about jumping to conclusions. We do not know what respondents mean or understand by 'overcoming addiction' (they might view the use of a drug like methadone as an aid – rather than an alternative – to achieving this aim). Twenty five per cent of respondents identified prescription of medicine or other treatment to help drug users to cope with dependency as one of the 'main aims'.

Crime reduction. While preventing crime was the second most popular response to this question, it was picked by less than half of respondents (44%).

Recovery and social (re)integration. This poll suggests there is significant public support for the greater emphasis on social (re)integration in drug policy. Thirty four per cent of respondents want drug treatment that 'enables drug users to play a full part in society – for example, by getting into training or work'. This number would probably increase if the public was made more aware of the barriers that people who are in, or have been through, drug treatment face in trying to access social capital and get their lives on track.

Responses were broadly similar across gender, age and social class.

Men were more likely to identify crime reduction as a treatment aim (49% of male respondents, compared to 39% of women).

Perhaps surprisingly, respondents in social classes DE, who might be thought to be the most likely to be affected by drug-related crime, were the least likely to identify crime reduction as a treatment aim (41%, compared to 47% of the AB group, 43% of C1 and 46% of C2).

Forty three per cent of the youngest age group (18-24 year olds) said they wanted services to 'enable drug users to play a full part in society', compared to 26% in the 45-54 bracket, 36% of 55-64 year olds and 32% in the 65 plus group.

What is the public's attitude to people with a drug addiction?

We asked respondents whether they agreed or disagreed with a series of statements about people with a drug addiction.

Statement 1: 'There is no excuse for drug addiction – it is always the individuals fault'

Strongly agree	13%
Agree	22%
Neither agree nor disagree	28%
Disagree	24%
Disagree strongly	11%
Don't know	2%

Only thirty five per cent of respondents agreed with the proposition that drug addiction was always the individual's fault. However, looking at responses to other statements in this section of the questionnaire (see below), at least some of this group will also have said that other problems in people's lives can lead to addiction. Younger people are less likely to hold the individual responsible for addiction. Thirty per cent of 18 to 34 year olds agreed that addiction was the individual's fault compared to 41% in the 65 plus age group.

Statement 2: 'People can become addicted to drugs because of other problems in their lives'

Strongly agree	23%
Agree	57%
Neither agree not disagree	12%
Disagree	5%
Disagree strongly	2%
Don't know	2%

Research shows that people are more likely to develop serious drug problems where they have other problems in their lives. These can include experience of trauma and abuse, poverty and deprivation, mental and physical health problems, family breakdown and isolation. This perception is shared by the public. Eight in 10 respondents (80%) agreed that people can become addicted to drugs because of other problems in their lives.

Agreement with this proposition was consistently high for both genders, all age groups and across the social spectrum.

It was most strongly supported by young people (85% of the 18-34 age group, compared to 75% of the 65 plus age group). It was also more strongly supported by the AB social class in this survey, with 86% agreeing, compared to 78% for C1, 79% for C2 and 76% for DE social groups.

Statement 3: 'People who have become addicted to drugs need help and support to get their lives back on track'

Strongly agree	42%
Agree	46%
Neither agree not disagree	7%
Disagree	2%
Disagree strongly	1%
Don't know	2%

There was overwhelming public acceptance that people with drug addictions need help and support. This was supported by no less than 88% of respondents. Out of a sample of 1,039 people, only 32 said that they disagreed that addicts need help and support, and only 12 of those expressed strong disagreement. Again support for this proposition was consistently high regardless of age, gender or social position.

What is the public's attitude to drug treatment and to investment in drug treatment?

Statement 1: 'Drug treatment should be available to anyone with an addiction to drugs who is prepared to address it'

Strongly agree	42%
Agree	46%
Neither agree not disagree	8%
Disagree	1%
Disagree strongly	1%
Don't know	2%

The proportion of respondents who agreed that drug treatment should be available to anyone who has made the commitment to address a drug problem was identical to the proportion who agreed that people with drug addictions need help and support, at 88%. Not far off half of the public (42%) strongly agreed with the statement that anyone seeking help

should be able to access it. This represents strong and unequivocal public support for universal provision of accessible drug treatment services. Only 20 people out of a sample of 1,039 disagreed, and support was consistently high across genders, social classes and age groups. (It may be significant that this was more strongly supported by older people than younger age groups, with 93% of people over 55 saying that they agreed.)

Statement 2: 'Investing in drug treatment is a sensible use of government money so long as it benefits individuals, families and communities'

Strongly agree	27%
Agree	50%
Neither agree not disagree	15%
Disagree	3%
Disagree strongly	3%
Don't know	2%

There was also strong support for public investment in evidence based drug treatment, with over three quarters of respondents (77%) supporting investment in treatment so long as it has demonstrable benefits for individuals, families and communities. Support for this statement was consistently high across genders, age and social class – although support was particularly high amongst the oldest respondents (83% of over 65s, compared to 76% of 18 to 24 year olds). It was also more strongly supported by the AB social class (81%) than the DE group (71%).

It is interesting that a 2002 study in the United States found that 57% thought that 'too little' was being spent on 'dealing with drug addiction' in the US, with only 9% believing that 'too much' was being invested.

Statement 3: 'Drug treatment is of no benefit at all unless the person being treated has completely overcome their addiction'

Strongly agree	17%
Agree	28%
Neither agree not disagree	24%
Disagree	21%
Disagree strongly	6%
Don't know	4%

More people agree than disagree that drug treatment can only be said to be beneficial where someone overcomes their addiction, with 44% agreeing and 28% disagreeing with this. The findings were broadly the same across genders, ages and social class. This does not necessarily mean that the public endorses an 'abstinence-based' approach, as other findings suggest that many would accept prescribing as a means of overcoming addiction.

Undoubtedly there is a section of the public who want the drug treatment system to be focussed on achieving abstinence. At the same time, the public's view appears to be more nuanced than has been assumed by some recent critics of the drug treatment system. Less than one in five respondents (17%) expressed 'strong agreement' with this proposition. Over a quarter (28%) either had no opinion or did not know.

Impact of direct and indirect experience on attitudes

It is tempting to conclude that the high numbers of respondents identifying themselves as having personal experience of drug addiction help to explain the high levels of support for drug treatment evinced by this poll. In fact, when the responses of people with and without personal experience are compared, they are broadly similar.

3. Conclusions

So what can be concluded on the basis of this poll? It might be said that it raises as many questions as it answers, but it does provide a useful indication of public opinion, that is encouraging for those of us who are concerned to sustain support for investment in drug treatment, and who want to do so with a greater emphasis on 'compassion' and less focus on 'fear'. Note four points in particular.

Personal experience. A high proportion of people have direct or (more often) indirect experience of drug addiction – no fewer than 1 in 5 respondents to this poll. This proportion would probably be significantly higher if personal experience of alcohol addiction was included – and this excluded people who have experience of serious problems with alcohol or drugs falling short of 'addiction'. It is often assumed

by drug policy specialists that people's understanding of drug problems and drug services is mainly shaped by the media and politicians. Direct personal experience may be much more important than is generally recognised. It is tempting to conclude that this will have significant implications for public attitudes. In fact, our poll suggests that the attitudes of people who have indirect personal experience are broadly in line with those of the public as a whole.

Treatment outcomes and approaches.

Our findings appear to give some support for the claim that the public wants drug treatment services to work towards 'abstinence'. Seven out of 10 respondents said one of the 'main aims' of drug treatment should be to 'overcome the individual's addiction'. Almost half of respondents agreed that 'drug treatment is of no benefit at all unless the person being treated has completely overcome their addiction'. While not downplaying these findings, a poll of this kind is of limited value in assessing public attitudes to treatment modalities. It is not clear, for example, whether the public would accept a role for methadone and other substitute drugs as a means for achieving the goal of 'overcoming addiction'. It should be noted that public support for drug treatment depends – obviously – on its effectively delivering benefits for individuals, families and communities. It is likely that people want evidence-based interventions, subject to assessment by relevant clinical specialists, that will actually deliver the right outcomes, not treatment modality by plebiscite.

Crime and compassion. Less than half of respondents (44%) said that preventing addicts committing crimes was a 'main aim' of drug treatment; over a third (34%) endorsed the aim of 'enabling drug users to play a full part in society'. There is a real opportunity to engage the public in a debate about the role of drug treatment in addressing social exclusion, and the importance of removing the barriers that can prevent people in treatment from accessing housing, training and employment. The public recognise that people often develop drug addictions because of other problems in their lives, and that they need help and support to get their lives back on track.

The public supports investment in drug treatment. Nine out of 10 respondents said that drug treatment should be available to anyone with an addiction who wanted to address it. Over three quarters support investment of taxpayers' money in effective drug treatment provision. (A previous ICM poll on the NHS published in the Daily Mirror in January 1999 asked whether a range of different services should be available free of charge on the NHS – 54% of respondents believed drug treatment should be, compared to 39% who did not.) Of course, this doesn't mean that the public would necessarily favour investment in drug treatment over investment in other areas of health and public policy. Agreeing that investment in drug treatment is a 'sensible' use of Government money is not the same thing as saying it should be a priority compared, say, with investment in mental health or cancer services, or public housing, or support for the arts. It does, however, indicate a genuine public desire for investment.

There is much that is encouraging in the findings of this poll for those who believe the public can be persuaded to support drug treatment on the basis of 'compassion', and not only 'fear'.

These findings are not unique to the UK. In 2008, the Substance Misuse and Mental Health Services Administration in the United States (SAMHSA) sponsored a nationwide survey in America on attitudes to substance abuse and the effectiveness of drug policy. Less than one fifth of Americans (18%) said they would think less of a friend or relative who was in recovery from addiction, and most Americans said they would feel comfortable being friends (66%) or working with (63%) someone in recovery from a substance misuse problem – although that leaves around a third who would not.

Our sampling of public opinion is a prelude to a conversation with the public that is yet to begin in earnest. Public perceptions and opinions are largely supportive and sympathetic, despite the routinely negative and stigmatising portrayals of people with drug dependency in some sections of the media and in some recent public debates. Much could be achieved if the public were engaged in a more positive debate that could reflect and support the greater policy focus on recovery, integration and social inclusion.

For the full analysis of the results and for info on the *Drug treatment at the crossroads* report, go to www.drugscope.org.uk