Drug use is declining, more drug users are recovering. The original pool of heroin and crack addicts is shrinking. Even so, plenty of work remains to be done...

**DRUG TREATMENT 2012: PROGRESS MADE, CHALLENGES AHEAD**
Drug trends 2012

Drug use is down
Fewer people are using drugs

3.3m 2005
2.9m 2011
16-59s who said they had used drugs that year

There are fewer heroin and crack users in England

332,000 2005-06
306,000 2009-10

And fewer are injecting

130,000 2005-06
103,000 2009-10
60% will stop injecting after six months in treatment

Fewer people are in treatment for drug use

210,815 2008-09
197,110 2011-12

Average waiting time for treatment is down
Lower numbers reflect the falling prevalence of addiction, not reduced access

9 weeks 2001
5 days 2011-12

More drug users are recovering

29,855 2008-09
11,208 2011-12

Successful treatment completions

37,156 2008-09
17,517 2011-12

Fewer people are dropping out of treatment

Successful treatment completions (% successfully completed and not returned)

41% 2008-11
27% 2008-11

The prospects for people starting treatment today are better (% successfully completed and not returned)

29% of the entire treatment population successfully completed and have not returned (2005-12)
Younger people are doing better

- Fewer 16-24s are using drugs (used that year): 25% in 2005, 19% in 2011
- Fewer 18-24s need treatment for heroin or crack: 12,320 in 2005-06, 4,690 in 2011-12
- Fewer under-30s are dying from drug misuse: 299 in 2011, 677 in 2001

People who use heroin are getting older

- The over-40s are now the only age group whose treatment numbers are going up
- 16,187 started a new course of treatment in 2011-12
- 61,695 are in treatment overall
- More over-40s are dying from drug misuse: 802 in 2011, 504 in 2001

Crime is down

- Drug treatment prevents an estimated 4.9m crimes every year
- 4,900,000

Saving an estimated

- £960,000,000

Costs to the public, businesses, criminal justice and the NHS

For every £1 taxpayers spend on drug treatment, they save £2.50 in reduced crime and lower costs to the NHS
Contrary to popular perception, drug addiction is rare. While many people use illegal drugs, only a few will ever become addicted. Of the three million or so people who use drugs in England, only around 300,000 use the most problematic drugs, heroin and crack, and over half of those are in treatment.

People addicted to heroin and crack are concentrated in the poorest communities of the country. They also tend to lack the social resources many of us take for granted. They have not succeeded in education, have little work experience, lack supportive relationships and often suffer with mental illness – all these problems contribute to their slide into drug addiction and make it so much harder to overcome.

Many of the people in treatment today started using drugs during the recessions of the 1980s and 1990s. As their addiction took hold they became a public health risk to themselves and the wider community via injecting drug use and the threat of blood-borne viruses such as hepatitis and HIV. Just as they put an increasing burden on the NHS they posed a significant crime problem. England’s drug treatment system was set up to help these people and their communities.

The foundations of the current system were laid in 2001, when the NTA was asked to improve the availability and quality of drug treatment services. The objective was to double the number of drug users able to access treatment and so cut crime and improve public health. It met that goal, though it sometimes prioritised societal gain ahead of individual recovery. But when the coalition government’s 2010 Drug Strategy refocused on the individual rather than society, the NTA headed the drive to help more people in treatment to aim at, and succeed in, fully recovering from their drug addiction.

Many more are now starting to recover. Figures reveal that over the past few years, drug treatment in England has become increasingly effective at helping drug users get better. That original pool of heroin and crack addicts is shrinking. And because far fewer young people are using heroin or crack, it is not being topped up.

All the signs are that drug treatment in England continues to head in the right direction. Though demand is generally declining in most areas, services remain open to anybody who needs them, and they are helping more and more of these people to make a full recovery from their addiction. Even so, plenty of work remains and there will be challenges ahead, particularly from the current recession and its challenging financial conditions. The task here is to maintain investment and safeguard the gains drug treatment has made in recent years. There is also the problem of new drugs, prescription drugs and alcohol; the need to help former drug users find the jobs and houses that will sustain their recovery; and the structural adjustment of the NTA’s functions transferring to Public Health England and local authorities taking charge of commissioning.

These challenges and more will provide a stiff test as we move ahead. But for now, we can feel confident that drug treatment in England is in a good position and making the progress we all need it to...
1. The extent of drug use and addiction

Drug use is common in England: according to the latest British Crime Survey, around 36% of the population has used an illegal drug at some point in their lives. But it is not so common as many fear: 9% have used in the last year, and 5% in the last month. The British Crime Survey also reports that the overall number of people using drugs is falling.

Of those who do use, most are in their mid-teens to mid-thirties. Drug use is also slightly more common among the more affluent, and slightly less common among certain ethnic groups. Cannabis is the most-used drug, accounting for 77% of all recent use. However, 7% of the population used it in 2010, down from 11% in 2001.

Drug users put their health at risk from intoxication and side effects such as lung damage. Many experiment and move on. Others adapt their use to their economic, social and domestic circumstances; they continue to risk their health but avoid the slide into dependency.

Drug addiction is far less common. Some 2.8 million people in England use drugs, but only 300,000 of them use heroin and/or crack, the drugs that cause the most problems. Around 165,000 heroin and/or crack users are currently in treatment in the community. Another 30,000 people are being treated for cocaine, cannabis, ecstasy and other drugs. Compared to other countries, England has been able to offer treatment to a high proportion of its addict population.

Heroin addiction is a particular problem in poorer communities and affects mostly those who struggle in other areas of life, such as education, employment and mental health. Many have criminal records. More men than women become addicted.

Drug use became part of their everyday existence during the drug epidemics of the 1980s and 1990s, when unemployment combined with readily accessible, relatively cheap, smokeable heroin to create an escalating number of addicts. As dependence took hold, some began injecting. This coincided with the arrival of AIDS, adding dramatically to the risks associated with injecting. Drug-related crime soared, as did deaths related to drug misuse.

Out of this worsening situation the modern drug treatment system in England emerged to offer a range of services that encompassed needle exchanges to reduce the public health risks and dedicated treatment for offenders to cut crime. Now
it also focuses on providing readily accessible treatment that helps drug users to stabilise and then begin what is often a lengthy and difficult journey to recovery.

Today, we are seeing far fewer new heroin or crack addicts coming into treatment. The total number of people coming into treatment for the very first time fell from 64,663 in 2005-06 to 25,237 in 2011-12. Much of this reduction comes from declining numbers of heroin addicts. There were 47,709 new entrants in 2005-06 (74% of the intake) but only 9,249 in 2011-12 (37%).

There are several reasons for this decline. First, the expansion of treatment places has enabled many of the most problematic heroin and crack addicts, who started using in the 1980s and 1990s, to be treated. Second, the number of new addicts may be falling because the drug is less attractive, particularly among younger adults. They have seen the damage it can wreak and are steering clear. Previous economic prosperity also contributed to minimising the conditions that foster drug epidemics, while the heroin supply itself has been disrupted.

But among those people new to treatment and those continuing, heroin remains the biggest problem. This year, out of the total 197,110 adults in treatment 96,343 were receiving help for heroin dependency and a further 63,199 for heroin and crack. Together, they account for 81% (159,542) of those in treatment. Cannabis and cocaine accounted for just 8% and 5%.

So while demand from heroin and crack addiction is easing and the system is responding to those who do need help, complacency is not an option when drug use and addiction remain major contributors to ill health, crime and poverty.

### 2. Progress over the past 12 months

This year’s treatment data provides further evidence that demand is falling. It shows the total number of people in treatment was 197,110, down from the 204,473 in 2010-11. This is the first time the total has dipped beneath 200,000 since 2006-07. The number of new treatment starts (i.e. people completely new to treatment or those returning) also fell, from 74,028 last year to 69,434 this year, the lowest level since robust records began.

The drop in the number of people entering treatment has been consistent across substances. Most fell by around 10% or less. The only drug to rise significantly was cannabis, up...
“The standout figure for 2011-12 is that those who completed successfully is at an all-time high – 29,855, up from 27,969 last year”

by 11% compared to 2010-11 (from 9,508 cases to 10,544). However, this is not necessarily an indicator that more people are using cannabis. In fact, the British Crime Survey suggests cannabis use is declining. Instead it is likely that more people who already use cannabis are experiencing problems, particularly with stronger strains of the drug, while treatment services are more responsive to their needs.

Treatment is also more accessible than ever. Waiting times have improved year-on-year since 2005, though only incremental improvements remain possible: 97% waited no more than three weeks from referral to first appointment, up from 96% in 2010-11. In 2005 the average wait for the first appointment was nine weeks; in 2012 it is just five days.

Even more than the falling numbers of people in treatment, the standout figure for 2011-12 is that those who completed successfully is at an all-time high – 29,855, up from 27,969 last year, reflecting the emphasis on recovery in the coalition government’s 2010 Drug Strategy.

The news on drug-misuse deaths for the year is more hopeful. ONS figures show that deaths are not increasing at the rate they were a decade ago and that overall they continue to fall, from a peak of 1,800 in 2008 to 1,461 in 2011. However, deaths are still too high and there have been more among the ageing heroin-using population. Their long history of drug dependency leaves them in poorer health and at a greater risk from overdose.

There is also a sharp contrast among deaths for the over-40s and under-30s – 802 over-40s died in 2011 (up from 504 in 2001), while 299 under-30s died (down from 677 in 2001).

3. Seven years of continuing improvement
An accumulation of data across a seven-year period (2005-12) provides an even more vivid picture of the progress that drug users and treatment services have made. As well as showing that fewer people are coming into treatment, it reveals that more of those who do come in are recovering from their addiction.

Overall, of all the unique individuals who have received treatment between 2005 and 2012 (366,217), 29% (104,879) have completed treatment successfully and not returned. This is an achievement for these people given the chronic, relapsing nature of drug dependency and particularly of heroin addiction. But it is also an endorsement of
treatment services that have worked hard to address the individual needs of drug users, to give them best possible chance of overcoming their dependency and getting their lives back on track.

As a result, the prospects for anybody entering treatment for the first time today are positive. They are likely to do better and in less time – while 22% of those who started in 2005-06 have since completed treatment successfully and have not since returned, the rate for those who started in 2010-11 is 44%.

Ultimately, the seven-year data shows that as of 31 March 2012, 36% of the 366,217 individuals had dropped out of treatment but have not returned, 35% were still in treatment, and 29% had completed their treatment successfully and not returned.

A closer look at the figures reveals that in the three years from 2005-06 to 2007-08, the proportion of the treatment population that had completed successfully and not returned was 27%. But in the three years from 2008-09 to 2010-11, it had risen to 41%. We hope to see these proportions continue to shift increasingly in favour of successful completions.

4. Variations between the young and the old
The data also reveals very different stories for younger and older people.

On one hand, the number of 18-24s coming into treatment continues to fall, and the number of them needing treatment for heroin has plummeted. In the past year alone, the number of this group who came into treatment for heroin has dropped by 23% (to 4,268, down from 5,532 in 2010-11). And it is down nearly two-thirds from 2005-06, when 11,309 came in.

Besides heroin, fewer young adults are having problems with most other illicit drugs. The overall number coming into treatment for the first time has dropped markedly, from 18,500 in 2005-06 to 12,655 in 2011-12.

The only drug that has seen any sustained increase among this age group is cannabis, where the number of new cases went up from 3,328 in 2005-06 to 4,741 in 2011-12. But as we saw earlier, it is unlikely this is a result of wider use.

There have been fears that the 18-24s would turn to new illicit substances, such as mephedrone, but overall there has

### 4. Outcomes for all adults starting treatment for the first time, 2005-08 and 2008-11

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<th>2005-08</th>
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<td>Successfully competed and not returned</td>
<td>27%</td>
<td>41%</td>
</tr>
<tr>
<td>Still in treatment or returned</td>
<td>30%</td>
<td>22%</td>
</tr>
<tr>
<td>Dropped out</td>
<td>43%</td>
<td>37%</td>
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not been a rise in this group of substances. While the number treated for mephedrone has risen in recent years, this has been offset by a corresponding decline for similar substances, such as ecstasy. What’s more, the figures remain small compared to other drugs.

On the other hand, the over-40s are the only age group whose numbers are going up. Just over 16,187 started treatment in 2011-12, accounting for 23% of the full intake.

The over-40s now make up almost a third of the whole treatment population, with around 61,695 individuals out of the total 197,110. It is likely a significant proportion of these people started taking drugs during heroin epidemics of the 1980s and 1990s, their health is now failing badly, so they have sought treatment but find it difficult to overcome their entrenched dependency.

So while fewer younger adults are adding to the treatment pool, the over-40s are a source of concern and present a significant challenge for services. In response, an expert group of clinicians has recently set out how treatment services give these long-term, entrenched drug users every chance to recover from their addiction.

5. Looking ahead
Drug treatment in England has improved a lot since 2005, and this year’s data shows these improvements are sustained.

On 1 April 2013 the NTA’s functions will transfer to Public Health England, a new executive agency of the Department of Health. The task for PHE is to ensure that drug treatment in this country continues to deliver a high-quality, evidence-based, recovery-orientated service to anybody who needs it.

There will be challenges ahead. The population of ageing heroin addicts is shrinking, but to ensure it keeps shrinking we must offer them recovery-orientated treatment. We are also in a long recession, and these have been the times when the generation that lacks opportunities elsewhere has turned to illicit drug use, causing problems for all of us (for example, in Greece HIV rates among injecting drug users have leapt alarmingly in the past two years). This, and the fact that drug-dependency trends can take several years to develop, means we can’t be sure what is around the corner. Services today are still dealing with drug use that started several years ago. But we do know that if we remain focused and committed, that if investment is maintained, we will be ready to respond to whatever may happen.

5. Rate of 18-24s starting a new course of treatment for heroin, 2005-12

6. Rate of over-40s starting treatment, and among all in treatment, 2005-12
“It’s not stopping that’s hard. It’s staying stopped. One thing that helped me were supportive networks”

Steve’s road to recovery has been long and bumpy, but a moment of clarity resulted in the 41-year old finding a home, a job and a drug-free life...

“I first realised I had a problem when I got into heroin. I didn’t think the alcohol and cannabis in my early teens were a problem. The first time I sought treatment was around 1989. Before that, the stigma put me off asking for a methadone prescription. I thought it would follow me round like a black mark and stop me doing things like going abroad. But in the end I was so desperate I was willing to put up with it.

“I went onto a methadone prescription as well as diamorphine reefers, but they ended up being currency and I carried on using on top. There was no such thing as a psychosocial intervention back then, so it wasn’t a surprise it didn’t really work for me.

“Up until 2008 there wasn’t a time when I wasn’t either in prison or on a prescription.

“The last two times I went into prison I was on what they called a stop course. They didn’t have the IDTS treatment programme back then but they did have rehabilitation. It was the first time I realised there could be a life away from using for me. Before, when I was released from prison there was little support. I was pretty much left to my own devices, back on a script and the cycle started again.

“In 2008 I ended up in hospital following an alcoholic seizure and I had a moment of clarity. I remember thinking: ‘I can’t do this. I can’t use any drugs any more’.

“I came out of hospital and went to see my keyworker and this time instead of going straight onto a script I went into a structured day programme. It was brilliant. For the first time I wasn’t using any illicit substances and I was meeting other people who either weren’t using or who were keeping to their scripts. It was a good programme and for a couple of months I used nothing. I became one of the poster boys for the area. I even cut the ribbon at the opening of the new CRI building.

“But I still hadn’t been educated about addiction. It was never explained to me that my real problem was me. My history showed that if I was in prison or in a relationship or had some support I did great and could leave the drugs alone, but when I was left to my own devices the wheels always fell off. So once again I relapsed.

“I couldn’t go back to the keyworker after that. The only barrier was me. But eventually I got over it. I went back a couple of months later and asked my keyworker to refer me to a 12-step structured day programme. With ongoing support through mutual aid and the program, I’ve not used since and will celebrate four years drug/drink free on 11 November 2012.

“But it’s not stopping that’s hard. It’s staying stopped.

“One of the biggest things that helped me in my recovery were supportive networks and somewhere to live. After the day programme I went into supported housing for a while where I was around people like me who were in recovery. It really helped.

“I’ve been out of treatment for more than two years and for the past 15 months I’ve been working with CRI in Rochdale. I’m doing so many things now I’m in recovery that I never thought I’d be able to do. I’m living my life beyond my wildest dreams.”
“The system had changed. There was more information. People were better trained. There were care plans”

Drug treatment real-life story 2

A sense of direction and a solid plan for getting there have been the keys to successful treatment for 44-year-old Rob...

“I’ve used lots of different drugs over the years but it was heroin that brought me into treatment when I was around 20 years old. It started off pretty slow. I wasn’t using every day, just with friends. But gradually I realised that when I woke up in the morning I was feeling ill, although I didn’t realise for a while that it was the heroin doing that.

“Luckily there was a community-based treatment centre near me and some of my friends were going there, so I was able to get into treatment quite quickly. My keyworker arranged for my GP to prescribe methadone but there was no real talk about why I was using. That sort of thing came much later and I think it’s made a huge difference. I cut down but because I didn’t understand why I used drugs, I carried on using.

“I also didn’t have the relationship with the keyworker that I have now. I didn’t feel able to admit I was having difficulty coming off the heroin, so six months later I fell out of treatment.

“I tried again a couple of times, but the system hadn’t really changed and it became a pattern.

“Five years ago, I decided to take stock of my life. There was a death in my family and because I’d lost touch with them I heard about it through friends. I took a hard look at myself and decided that I really wanted to change this time.

“I was lucky because this time the system had changed. There was more information available. People were better trained. There were care plans. It felt like things had turned a corner. You’d go along to your keyworker and get more information about what your triggers might be and it felt like more was expected of the service user. It was like ‘You’ve come in here because you want to get some control in your life.’ The expectation was there and there was an agreement between keyworkers and users. It felt like I was more involved in my treatment. I had a lot more support and worked with the keyworker.

“I went back on a methadone script, but this time it was different. I saw a health psychologist as well and that helped a lot. This time there was a plan. It was as if we were all working in partnership. There were different options available to me and we agreed to take small steps. This time they didn’t force me to do anything until I was ready. I didn’t reduce until we both felt it was the right time. That change in the system made a difference.

“Now I’ve moved off the methadone script and on to Suboxone and I’ve been reducing that so I’m now taking half the amount, but that’s been my decision. I feel stronger and more able to cope so I asked to reduce. I am scared though. I’m anxious because I don’t want things to fall apart, but I know that I’ve got support if I need it.

“Two years ago I got involved in service-user programme and we set up a social enterprise to bid to provide local peer support services. Now I’m part of that on a voluntary basis. Our ethos is health within yourself.

“Being in treatment has helped me to finally find some direction. I’m doing something. It has definitely been invaluable in changing a lot of aspects of my life for the better.”