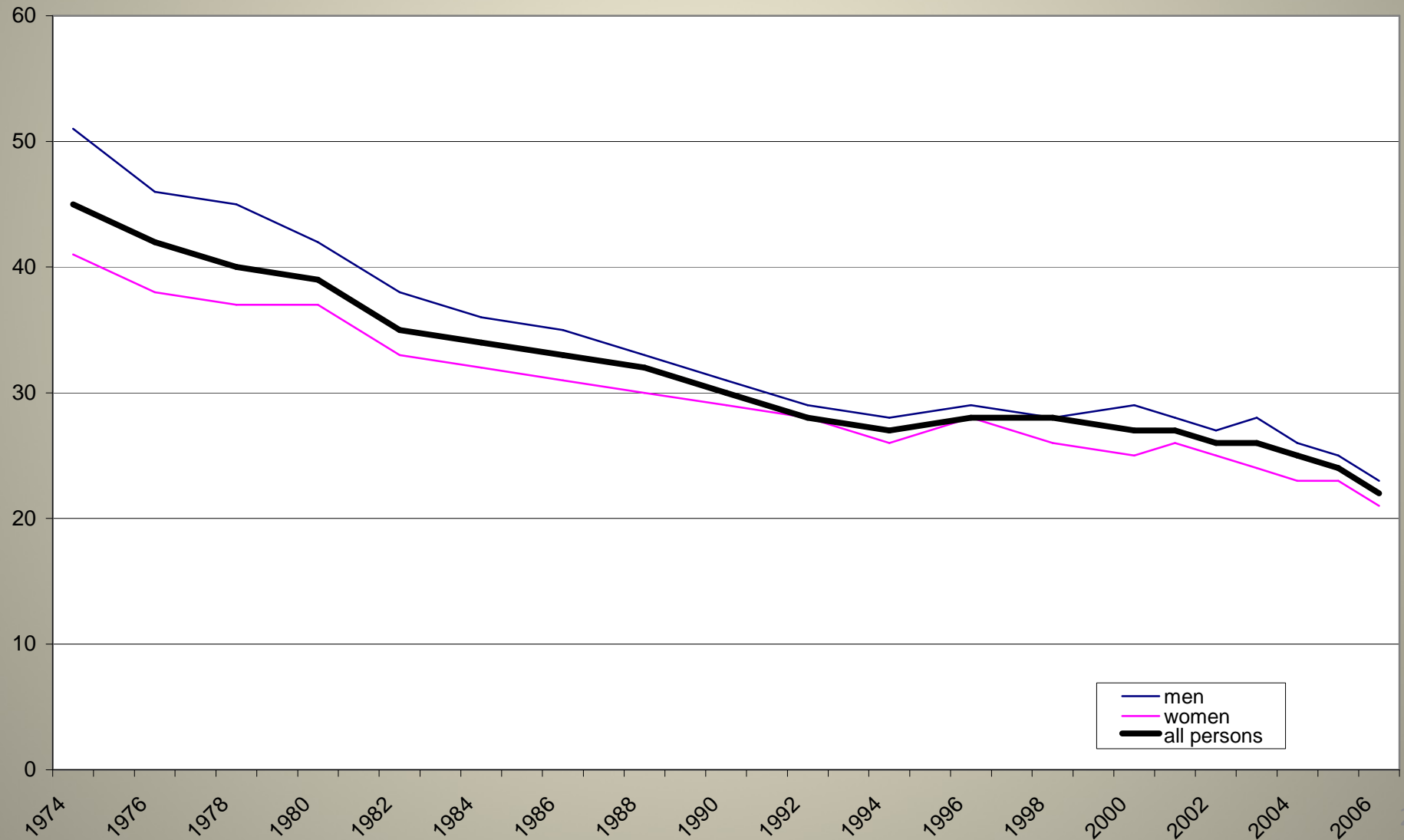


Treatment of addiction: what's needed?

Colin Drummond
Institute of Psychiatry
King's College London

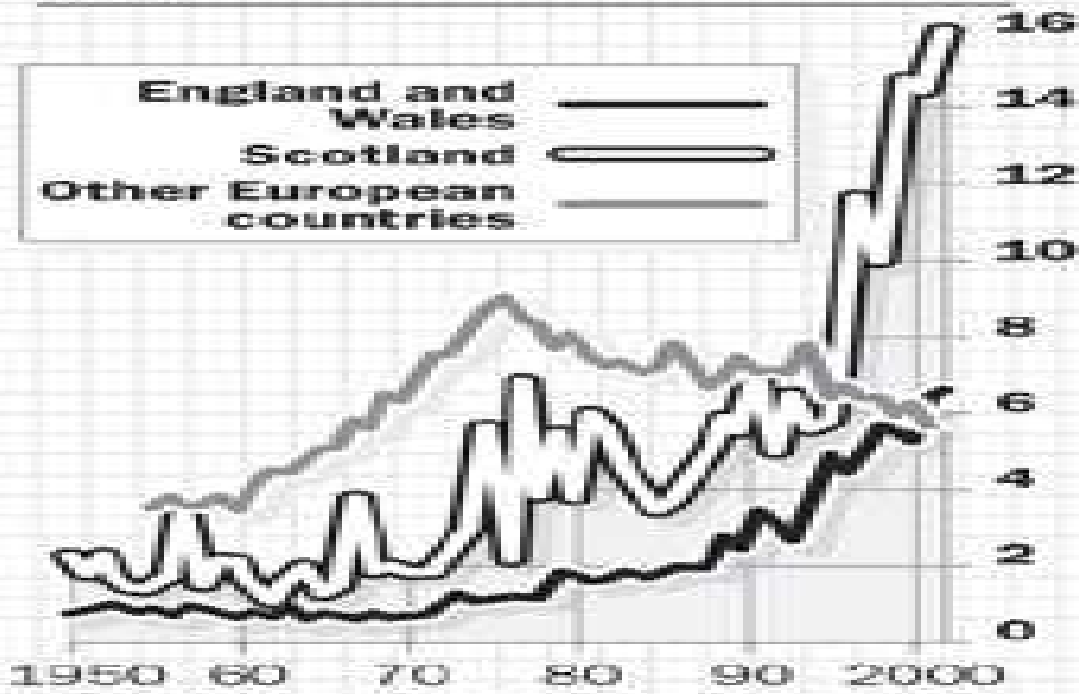
Prevalence of cigarette smoking: Great Britain, 1974 to 2006 (General Household Survey 2006)



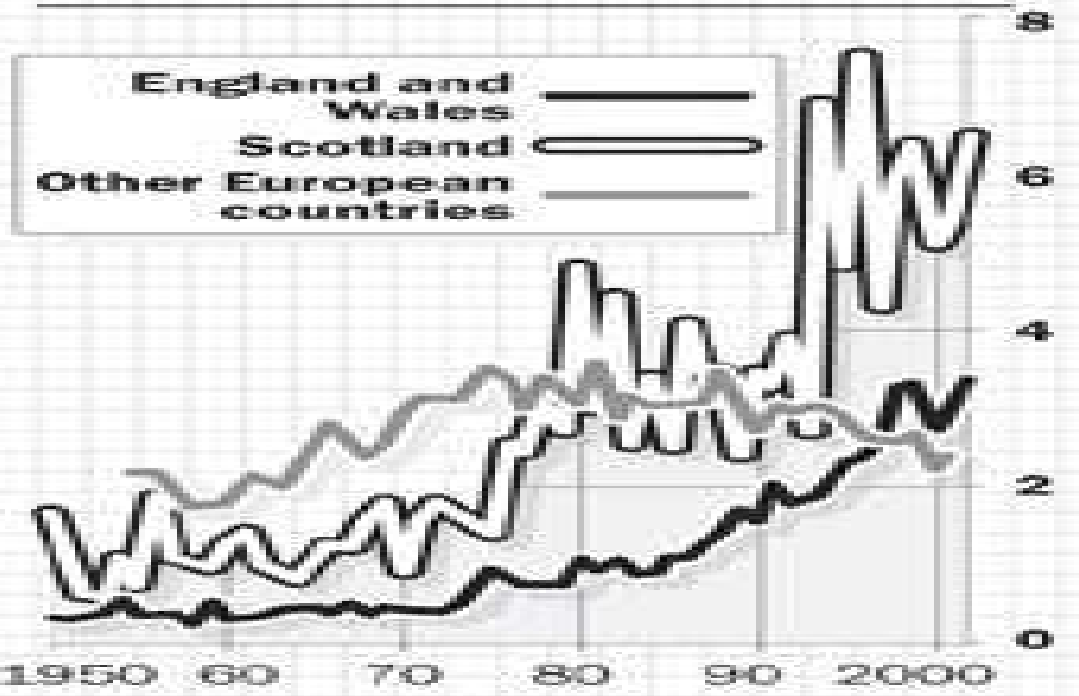
CIRRHOSIS DEATHS

(Per 100,000, age 15-44 years)

Men

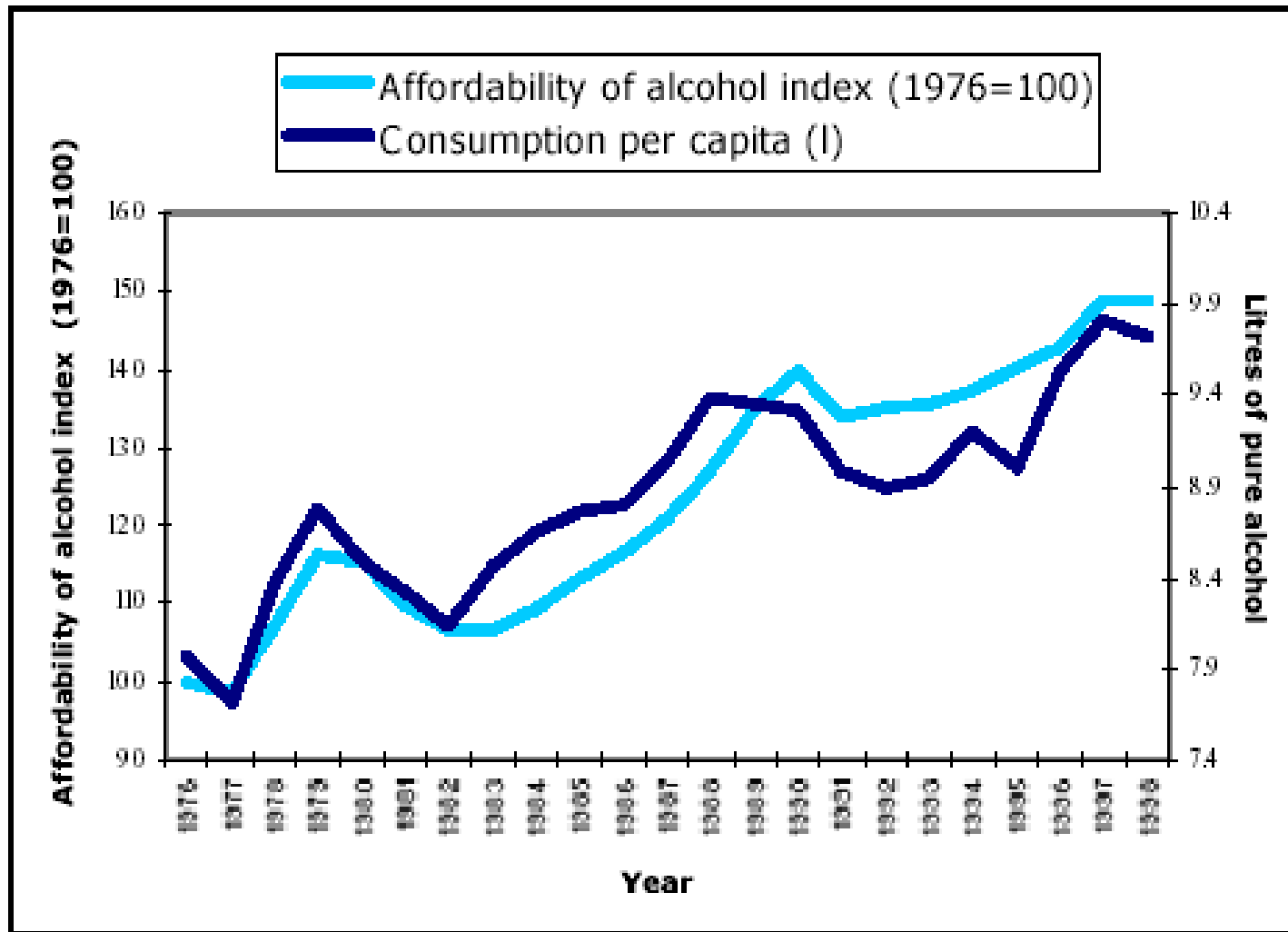


Women



Rising trends in deaths from chronic liver disease

TRENDS IN AFFORDABILITY AND CONSUMPTION, UK



So the issue is more complex than simply restricting price and availability for the whole population

Harm indicators

- Drug related mental health admissions 2006, as primary or secondary, 38,170 (19,018 in 1996)
- Drug poisoning admissions 10,047 (7,057 in 1996)
- Users in service contact 195,464 (85,000 in 1998)
- Deaths 1573 in 2006 (rates steady)
- 50% of IDUs infected with hepatitis C
- 25% IDUs infected with hepatitis B
- 1.3% IDUs with HIV
- 293,325 episodes of treatment (17% successfully completed during the year, 14% dropped out and 69% still in treatment)
- Also fall in drug related crime

Prevalence of drug use among population aged 16-50, England and Wales, 2006

- 10% had used an illicit drug in the last year (12.17% in 1998)
- 5.9% had used in last month (7.1% in 1998)
- 3.4% had used a class A drug in the last year (2.7% in 1998)
- 24.1% had used any drug last year (31.8% in 1998)

Outcome from methadone treatment

Illicit use

	Improve	Decline
Treatment	135	65
No treatment	65	135

HIV risk behaviour

	Improve	Decline
Treatment	122	78
No treatment	78	135

Drug-related crime

	Improve	Decline
Treatment	170	30
No treatment	30	170

**WHAT IS WRONG WITH
CURRENT TREATMENT POLICY?**

'Linda'

- Linda is a 31 year old single woman who presented to the specialist alcohol treatment service for her 4th episode of help seeking in 3 years.
- Alcohol misuse from age 17, dependence from 23. Now severely alcohol dependent and drinking in binges of a bottle of vodka daily lasting for 7-10 days per month
- Some arrests for drunk and disorderly

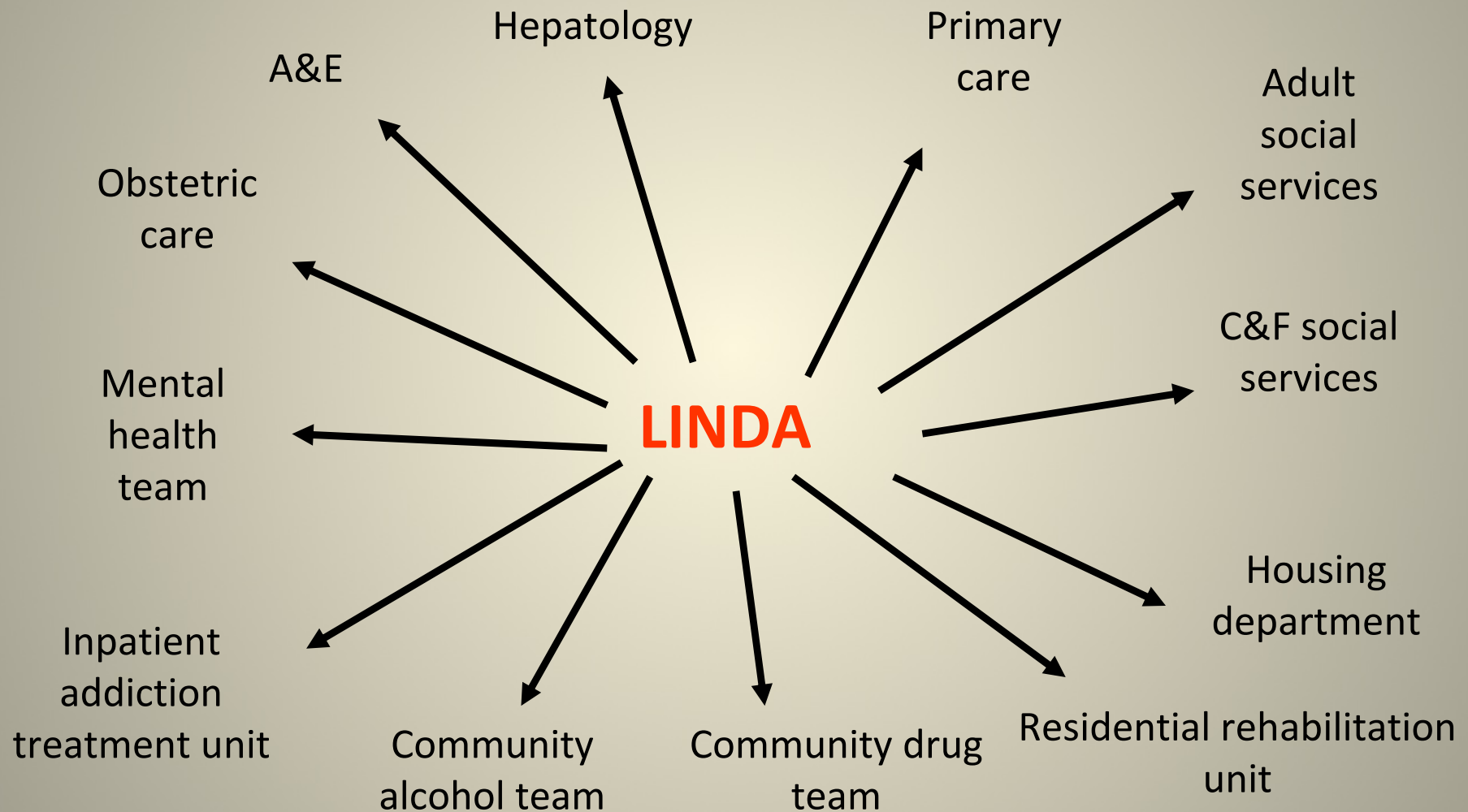
Linda: II

- Also misuses cannabis, ecstasy (MDMA), valium, recently heroin injecting again
- Currently 18 weeks pregnant with second child, first child adopted last year due to child neglect. Social services instituted new care proceedings 2 weeks ago.
- She has had no antenatal care for this or the previous pregnancy
- Currently homeless, living partly with substance misusing boyfriend and friends' and family's houses.
- Some arrests for 'possession' of class A and B drugs

Linda: III

- Hepatitis C positive and currently jaundiced
- Past history of sexual abuse, treatment for eating disorder and personality disorder
- Frequent disengagement from SM treatment
- Previous IP detox and residential rehab x2
- Numerous self harm episodes and treatment for “severe depression and brief psychotic episode” by mental health team.

A myriad of service interfaces



So what's the problem?

- Narrowing of focus to addiction
- Treatment as an agent of social control
- Emphasis on collective benefit over the individual's needs
- Emphasis on quantity rather than quality
- Focus on process rather than content
- De-emphasis of professionalism and expertise
- Ideology versus evidence

So what's needed?

- Better balance between collective and individual need
- Recognition of complex cases
- Greater emphasis on quality & extensity
- Greater range and flexibility
- Greater emphasis on alcohol
- Skills and competencies
- Long term sustainability