Problem Drug Users

Conclusions

All of the responses show that many people had clear ideas about not only what was important for them in taking control of their lives, but in maintaining that control. Some of the sample may already be able to draw on aspects of their recovery capital to help them take control. Responses suggested that most of them still have hopes of moving on. Moreover, some had had periods of abstinence and had directed and been supported to reduce their use of a prescribed drug. The services and staff are viewed positively by many people and it would seem that people are happy to engage in treatment. More peer contact at the start of people's journeys could be beneficial to engagement.

However, the sample also shows that for many there are a number of factors hindering them from moving on. Few people had strong family relationships. Some of the sample had chronic health problems. A number of people had serious alcohol problems. Some felt tied in a number of ways by their choice of OST and a number of people, including long-term maintenance clients, did not appear to have had detox opportunities. Some people reported infrequent and brief contact and this was underlined by an apparent lack of awareness amongst people of what other services beyond OST was available. Where people were aware of services the use and feedback of those services was mixed. The most striking theme that emerged throughout people's stories was that even though the group contained people with long-term 'careers' both as users and as clients of services, many people still held the belief that they would stop using and had ambitions and ideas of how they would be able to do this.

The comments overall presented a mixed picture of which services people found helpful. This reinforces the idea that a one size does not fit all and care needs to be individualised. Also, a lack of awareness and limited experience of using a range of services makes it difficult to conclude what service options would be helpful. It could be suggested that it will be difficult in some cases to be able to create personalised care packages when contact is infrequent or brief and discussions do not necessarily generate 'ambitions' from either parties.

Moreover, for some the journey to move on to being an 'active citizen' may seem insurmountable. People reported chronic health problems, social isolation and welfare dependency. For some OST had become the barrier, viewed as affecting their ability to gain employment. As we have seen in this sample, for many people their use and, sometimes in parallel, their treatment has spanned many years and for some that experience would appear to be largely dominated by methadone maintenance. This was also suggested in people's descriptions of their awareness of other services beyond prescribing services.

The 2010 NTA Business Plan states that

> *"protocols will focus practitioners and clients on abstinence as the desired outcome of treatment, and time-limits on prescribing will prevent unplanned drift into long-term maintenance. (NTA, Business Plan 2010)"*

It is also difficult to make conclusions about what type of services are viewed as significantly helping this sample group to take control of their lives, when responses suggest that there appears to be a lack of awareness and an absence of experience of using other services. If the treatment journeys of numbers of the drug using group are chiefly dominated by methadone maintenance, how will services be able to

construct care “around individuals’ aspirations and capabilities” as urged by the NTA. (NTA, Commissioning for Recovery, 2010,) It may be difficult in some cases to be able to create personalised care packages when contact is infrequent or brief and discussions do not necessarily generate ‘ambitions’ from either parties.

Most of the sample still has hopes of moving on and articulating ambitions. In much of the recent literature on recovery and abstinence and indeed in the wider public health field there is a growing recognition of the importance of taking an asset-based approach to care (Morgan and Ziglio, 2007)[1]. The NTA Business Plan is effectively adopting this approach in its assertion that care planning should “take into account positive aspects of the individual’s potential to recover, rather than focussing solely on their limitations and problems.” (NTA, Business Plan 2010, p.13)[2]

At this point, in a report such as this, it is traditional to call for more choice in treatment and recovery. The rhetoric around the choice agenda is easy to support. But what does it mean? We are dealing with a highly marginalised group, whose recent choices have contributed, at least in part, to their current predicament. It is fashionable to lay the blame for an over reliance on OST at the doors of the prescribing agencies who provide OST. But, at a very basic human level, they are only responding to the constant requests for maintenance medication that are made by this client group. Why do so many ‘choose’ OST?

Why don’t we spend time examining, in simple terms, what the reality of choice is for a drug addict? For example, if you choose to remain in active addiction (in or out of OST) you are unlikely to get your housing problems solved. You will have a much better chance in every area of your life if you choose, and are successful in, abstinence based treatment and recovery. Harsh but true. We could repeat the usual mantra and call for more services and a greater choice of options. But, to what end. According to Glasgow University, there are some 2000 problem drug users in Stockton. The vast majority have been in, or are still in, treatment. The outcomes and Payment By Results agenda will soon be on us and we will be asked what real difference the treatment system in Stockton has made in terms of the numbers of people who have improved their psycho-social condition, successfully completed treatment and gone into employment. At the moment we can respond by saying that the Stockton treatment system is a success in terms of public health and safety. In other words, the primary beneficiaries of the investment in drug treatment in Stockton have been the wider community. They are less likely to be the victim of a drug driven acquisitive crime or contract a BBV. It is debatable whether the individuals with substance use disorder (and their immediate families) have benefited as much. This may not be a problem. Public health and safety is important. It might be the most important outcome for the vast majority of people in Stockton. However, if we were asked to repeat this survey in another two years time, we would hope to find significant numbers of people in active recovery. Time will tell.