

Drug treatment programmes should focus on recovery, says review

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Drug treatment programmes should support patients to recover from their dependency rather than letting them drift into long term maintenance treatment with substitutes, recommends a review by an expert group, signalling the direction of new clinical guidance for services in England.

In an interim report published on 15 July, the group recommends greater emphasis on individual recovery care planning with a range of interventions, including greater use of psychosocial support as well as drug substitutes, aiming to achieve abstinence and reintegration.

The National Treatment Agency for Substance Misuse asked the group to review the evidence on the role of opioid substitution and provide guidance to clinicians about more effective provision of treatments, after concerns about the numbers of people on long term drug substitutes.

The interim report follows the shift seen in the government's drug strategy for England, published last year, which moved the focus from harm reduction to recovery after criticism of treatment programmes for maintaining too many people on methadone (*BMJ* 2010;341:c7168, doi:10.1136/bmj.c7168). The report stated, "for too many people currently on a substitute prescription, what should be the first step on the journey to recovery risks ending there."

The expert group, which includes addiction specialists, drug service providers, and former service users, found a strong body of research evidence for the effectiveness of opioid substitution treatment. But it considered that there had been, in some instances, over-reliance on medication.

John Strang, chairman of the expert group, director of the National Addiction Centre, and head of the addictions department at King's College London, said, "The drive in recent years to reduce waiting lists and retain people in treatment has generally been successful with the result that much larger numbers of patients with addiction problems now enter treatment. This has undoubtedly been accompanied by significant benefits for many patients and the communities in which they live.

"However, the desire of clinicians to secure these benefits has led, in some instances, to over-reliance on medication and patients being allowed to drift into long term maintenance."

The group considers better results can be achieved by constructing comprehensive recovery care plans built around individual patients, which are "personally meaningful" and "owned by the patient." These may include opioid substitution,

but will also involve psychosocial interventions and provision of housing, employment, and training.

"We envisage a much stronger and more explicit focus on supporting the individual to reintegrate within mainstream society," the group says. "There could be greater ambition for, and focus on, their potential to make further progress."

Regular review is a key part of ensuring that patients do not remain on opioid substitution therapy inappropriately, or miss out on other treatment strategies. In a checklist of good practice, the group recommends that clinicians should review all patients to ensure they are working to achieve abstinence from their problem drugs, and give them the opportunity to come off medication when they are ready to do so.

Professor Strang noted, "The relationship between recovery and abstinence is an area that needs careful attention. For some individuals it will be abstinence from all drugs; for others it will be abstinence from their problem drug; and for others it will mean working towards abstinence. This may change for each individual over time. Clearly, people are individuals and recovery from drug addiction is complex."

The review acknowledges that it may take some time for drug treatment services to develop recovery oriented treatment programmes. In the meantime, it suggests that services audit their balance between overcoming dependence and reducing harm. Each patient should have a personalised assessment of their needs and be reviewed regularly to ensure they have achieved—or are working towards—abstinence from their problem drug.

After publication of its interim report, the expert group is now looking at five key areas where it considers further information is needed: the proportion of patients who might be expected to recover rapidly with no or limited substitute prescribing and the proportion needing longer term care; understanding the dimensions of recovery and what patients need to achieve this; how to measure progress in treatment; how treatment interventions can be better sequenced to maximise benefit; and how new types of medication may contribute in the future to achieving and maintaining recovery.

The group's final report will be published early next year and will include a framework of recovery that examines how medication can be used to best effect, and guidance on measuring treatment benefit.

Recovery-Orientated Drug Treatment: An Interim Report is available at www.nta.nhs.uk.

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