Illegal drug problems and their treatment

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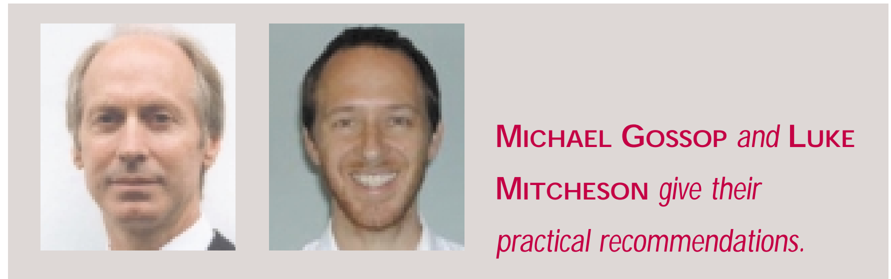

MICHAEL GOSSOP and LUKE MITCHESON give their practical recommendations.

DRUG use affects individuals, their families and society as a whole, and the consequences of illegal drug use impose enormous costs upon society. Psychologists are well placed to contribute to a rational and informed understanding of this complex problem, and to play an important role in raising the standard of public and political debate. Their skills in assessment and formulation, their awareness of the embeddedness of individual behaviour within society, their knowledge of normal behaviour and its continuities with abnormal behaviour – all are important assets in a field which is often dominated by psychiatry and psychiatric models. Psychologists can also make an influential research and academic contribution, and have the potential to play a key part in the treatment of drug problems.

Different drugs have different risks and different impacts on the individual and society. Drugs are powerful neurochemical reinforcers and it is possible that all problematic drug use may yet be understood at a similar neurobiological level of reward systems and motivational pathways. But we feel that it is not just desirable but essential to differentiate between the issues raised by the 14-year-old glue sniffer with severe social, family and educational difficulties, the 20-year-old undergraduate who collapses after taking a first tablet of Ecstasy, and the 44-year-old chronic heroin injector with HIV infection and an extensive history of failed treatment experiences. Drug use involves a range of substances, user characteristics, and psychological, social and health problems. Since diverse problems require diverse solutions, our first recommendation is that:

1. *A range of different treatment services should be the basis of any coherent national response.*

Different interventions are required for different people with different problems (Simpson, 1997). Drug problems can be conceptualised as being represented along three dimensions: consumption behaviours

THE PLAN IN BRIEF

- A range of different treatment services should be the basis of any coherent national response.
- Problems associated with drug use may be more important than the drug taking itself. Harm-reduction measures require adequate funding and clinical support.
- Policies addressing social exclusion at a national and local level are essential.
- More input from psychologists would improve interventions.
- Treatment should be properly resourced to enable people with drug problems to easily access effective programmes.
- Treatment interventions should be made available in different settings.
- Training for professionals should be broadened.
- Policies to reduce drug use should be based on evidence of effectiveness.

(e.g. dose levels, polydrug use, route of administration), substance-related problems (intoxication, confusion, accidents and injury, overdose, infections), and severity of dependence (withdrawal symptoms, impaired behavioural control of use). Not all drug problems are 'addiction' problems, since the three dimensions can be regarded as conceptually distinct. In reality, of course, they may be related (sometimes closely) in a number of ways. Different behaviours and problems may indicate a need for interventions in different settings (e.g. in the community, and in accident and emergency clinics, rather than specialist treatment agencies).

One of the most important recent influences upon national responses to drug problems was the identification of HIV/AIDS in the mid-1980s. More recently concern has been directed towards the extremely high rates of hepatitis C infection among injectors, giving increased emphasis on the need for practical harm-reduction measures. Interventions like these, such as needle exchange schemes, can be vulnerable to moral censure. But they have played an important role in maintaining low levels of HIV seroprevalence amongst drug injectors in the UK (Stimson, 1995). This should teach us that:

2. *Problems associated with drug use may be more important than the drug taking itself. Harm-reduction measures require adequate government funding and active support from clinicians.*

Problematic drug-use and addiction problems do not develop in isolation. They are often closely related to psychological, social and environmental factors, such as poverty, social exclusion and comorbid psychological problems. Dependent illegal drug use may also lead to further problems such as criminal activity, increased social marginalisation and alienation.

Through the 1980s the erosion of collective responsibilities and values, income polarisation and widespread unemployment – coupled with greater availability of cheaper heroin and crack cocaine – created the conditions for the rapid increase in drug problems, and their spread through the inner cities and subsequently throughout the country. It is outside the immediate scope of the psychologist directly to address such complex social and political problems. However, the implementation of an effective national policy to tackle drug problems requires that preventive policies should address the social and environmental factors underlying drug problems. Treatment programmes should also implement interventions to help drug users tackle problems in their social environment, facilitate their access to support services and assist them in making use of educational and employment-related opportunities (Meyers & Miller, 2001). This brings us to our third recommendation:

3. *Policies that seek to reduce social exclusion at a national and local level are essential in reducing problematic drug use.*

A psychological perspective on problematic substance use brings with it a basic but useful view that it is a learned behaviour, often in a context where other opportunities for reinforcement are lacking. Learning theory provides an intuitive basis for a range of social interventions, a theoretical rationale for specific interventions and a useful starting point for the development of broader theories such as cognitive behaviour therapy (e.g. Carroll, 1998).

This perspective draws problematic substance use closer to other phenomena more commonly studied by psychologists, and is important in reducing the stigma associated with drug misuse, as well as inviting more academic interest in the area. But the psychological perspective could be more widely used. Dissemination of psychological interventions through manuals provides opportunities to evaluate the effectiveness of these approaches in standard treatment settings, as well as providing clinicians with explicit and increasingly sophisticated interventions to use with their clients.

4. *More input from psychologists would improve the design of programmes and the quality of treatment interventions.*

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Income polarisation is a factor in creating conditions for the increase in drug use

During the past 30 years a number of large-scale, prospective, multi-site treatment outcome studies have shown that patients who have been treated in existing drug treatment programmes can make substantial reductions in a range of outcome domains – reduced use of illegal drugs, reduced crime, improved physical and psychological health (e.g. Gossop *et al*., 2002). This evidence is supported by a number of carefully controlled treatment trials. In an increasingly cost-conscious world, treatment for problematic substance use has been demonstrated to be a cost-effective means of reducing the level of drug use and associated social problems.

One of the most widely used treatments (and one of the most widely researched) involves providing opiate addicts with methadone replacement treatments. Methadone maintenance is a useful intervention that can be part of a treatment package for opiate users that provides people with an opportunity to achieve some stability to address other social and psychological issues (Ward *et al*., 1998).

As well as the treatment of dependence on opiates there have also been encouraging outcomes from trials of psychological interventions with other substances, such as cocaine. Several promising psychosocial, and cognitive-behavioural interventions have been developed by psychologists. These have been used both on their own and in conjunction with existing treatment programmes.

Unfortunately, waiting lists are too common, and cost considerations influence clinical decisions about keeping clients in treatment. It is not just morally desirable but also the most practically effective response that good-quality treatment should

WEBLINKS

Drug policy documents, including the National Treatment Outcome Research Study findings: *www.doh.gov.uk*

National Institute on Drug Abuse: *www.nida.nih.gov*

Useful articles on motivational interviewing: *www.motivationalinterview.org*

be available on demand through a variety of settings:

5. *Treatment should be properly resourced to enable people with drug problems to easily access effective programmes.*

A 'stepped care' conceptualisation of levels of intervention determined by client need is a useful starting point to delivering adequately funded and integrated care packages. Brief interventions have been found to be effective for some problem drug users. There is also increasing interest in the provision of treatment in community, non-specialist and primary care settings.

For those drug users with chronic, severe and complex problems, specialist treatment services may be required. Such drug users are likely to require supervision, management and specialist treatment that are beyond the capacity and the competence of other services. Residential rehabilitation programmes need to be available as an intensive and specialist aftercare option for those with the most complex needs.

Psychological interventions will generally be required at each of these levels. These are likely to support, or to be themselves, the active treatment element. For example, motivational interviewing and brief interventions can be readily used in primary care settings (Miller & Rollnick, 2002), contingency contracting is relevant to methadone treatment programmes, and relapse prevention and longer-term psychotherapy are likely to form a key part of residential rehabilitation programmes.

6. *Treatment interventions should be made available in different settings.*

It is also important that working with problematic drug users is not just seen as an issue for specialist treatment agencies (Task Force Review, 1996). General practitioners, medical practitioners, psychiatrists, psychologists, nurses, social workers and criminal justice workers need to incorporate an understanding of drug-use problems, assessment and intervention into the core of their professional training. In addition, training needs to be available and encouraged for those already working in the field, as well as for people without a specific professional background. Adequate training is an important step in increasing greater competence and a willingness to work with drug users. So:

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Government money would be better spent on treatment than on enforcement

7. *Training for professionals should be broadened, and psychologists should take a more active role in its design and implementation.*

There are undoubtedly areas of conflict between current policy around society's responses to illegal drug use and what has been demonstrated to be effective in ameliorating some of the associated medical, psychological and social problems and costs. In the financial year 1997/98, £1.4 billion was spent in the UK on anti-drug interventions. Two thirds of this was spent on enforcement, compared with one eighth spent on treatment. In contrast to the substantial literature on treatment effectiveness, there is little or no evidence to indicate the effectiveness of responses that punish and further criminalise drug users. Government money would be better spent on treatment than on enforcement.

8. *Policies to reduce problematic drug use should be based on evidence of effectiveness.*

Illegal drug use and its many associated problems are going to be with us for many years (see Gossop, 2000). A variety of interventions and services are being provided to problem drug users. Psychologists should be encouraged to engage with these problems and help to develop and strengthen the treatment options. In particular, psychologists should support the provision of treatment on the basis of evidence of effectiveness.

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Your article will be reviewed by the Editor and an associate editor. Send three copies to *The Psychologist* at the Leicester office, or by e-mail to psychologist@bps.org.uk.

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