The Scottish Government’s drug strategy ‘The Road to Recovery: a new approach to tackling Scotland’s drug problem’ was published earlier this year. The strategy outlines a “new vision where all our drug treatment and rehabilitation services are based on the principle of recovery”.

The term “recovery” is open to various interpretations both within the strategy and by those responding to it. It is described as “a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society” but also as “an achievable goal”. It confirms that “recovery will mean different things at different times to each individual person”.

Historically, drug treatment in Lothian has had a strong emphasis on harm reduction, including interventions aimed at reducing:

- health related harms, including overdose and BBVs
- social harms, including unemployment, crime and social exclusion
- harm to children and families
- harm to communities, including anti-social behaviour

These aims remain consistent with the strategy, which quotes the UN Office on Drugs and Crime (2008): “Harm reduction is often made an unnecessarily controversial issue, as if there were a contradiction between treatment and prevention on the one hand and reducing the adverse health and social consequences of drug use on the other.”

The strategy states that work by clinical services should continue to be underpinned by the recently updated ‘Drug misuse and dependence: UK guidelines on clinical management’. It does not advocate a change from effective practices already taking place (e.g. methadone maintenance), but it does encourage an augmentation of the multidisciplinary services required to support recovery.

The strategy seeks to balance the need for:

- Person-centred care - “recovery is most effective when service users’ needs and aspirations are placed at the centre of their care and treatment”
- A family focus, with the choice for clients to involve family members in their care
- Wider measures to promote the wellbeing of children in families with parental substance misuse

The strategy outlines factors more likely to lead to success in treatment, including rapid access, retention in treatment and structured aftercare. It affirms that Primary Care has a key role in providing both general health care and specialist care under the National Enhanced Service (NES), as in the Lothian model. It stresses the need for treatment services to “integrate effectively with a wider range of generic services to fully address the needs of people with problem drug use, not just their addiction.”

An action plan is laid out including key points for Health Boards and service providers. These include the need for “an appropriate range of drug treatment and rehabilitation services to promote recovery”. They stress the need for adequate service capacity, co-operation between Health Boards, local authorities and other partners, and flexible service provision. Services are encouraged to offer individual care plans in line with the National Quality Standards for Substance Misuse, and to ensure data collection and ongoing evaluation of the outcome of treatment is carried out.

Around two-thirds of drug users in drug treatment with NHS Lothian receive care through the National Enhanced Service, and this model of care remains appropriate. Primary Care is well placed to provide accessible, patient-centred health care, as well as liaison with other services as appropriate. Audit data, from the introduction of the NES in April 2004 until present, shows improvement in many key areas including the quality of prescribing, toxicology testing, testing for hepatitis C and HIV, hepatitis B immunisation, and completion of SMR reports and Christo Inventories. These achievements are all in keeping with the strategy and provide a sound basis for future development.

Optimising the process of recovery requires a multi-agency, holistic approach. This requires the provision and adequate resourcing of the range of necessary services, including those within Health, Social Work and non-statutory services, as well as availability of the essential supports in areas such as housing and progress into education and employment.

References:

“The Road to Recovery” (Scottish Government 2008) www.scotland.gov.uk

“Drug misuse and dependence: UK guidelines on clinical management” www.dh.gov.uk/publications